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93593024



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

93593024

STATE OF ILLINOIS
COUNTY OF COOK

ss.

Order No. _____

_____ Carolyn Zielinski being duly sworn
states that He resides at 4644 N. Kilbourn in the City of
Chicago

That She was acquainted with Leonard T. French
deceased who, at the time of his death, was one of the owners of the land in Cook
County, Illinois, described as

Lot three (except North 32 feet 2 inches thereof) (3) North sixteen (16) feet one (1)
inch of Lot four (4) in L. B. Shepard's Subdivision of Block seventeen (17) in Montrose,
being a Subdivision of the Northwest quarter (1/4) and the North half (1/2) of the South
West quarter (1/4) of Section 15, and the East half (1/2) of Lot one (1) of a Subdivision
of the North half (1/2) of Section 16, all in Town 40 North, Range 13, East of the Third
Principal Meridian, in Cook County, Illinois.**

13-15-112-021

That the deceased died June 3rd 1987, as evidenced by a
certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois about _____

DEPT-11 RECORD - T \$25.50
T43333 TRAN 9234 07/29/93 12:18:00
#7854 # *-93-593024
COOK COUNTY RECORDER

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of N/A dollars.

Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

this 29 day of July, A.D. 19 93

Violeta Gonzales
Notary Public

Carolyn Zielinski
Affiant's signature

THIS INSTRUMENT WAS PREPARED BY
LEONARD T. FRENCH
FORM 3703
4644 N. Kilbourn Chicago

"OFFICIAL SEAL"
Violeta Gonzales
Notary Public, State of Illinois
My Commission Expires 2/21/96

2550
7/10

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15017 129

Property of Cook County Clerk's Office

52086986
93593024



CAROLYN ZIELINSKI
4644 N. KILBOURN
CHICAGO ILL 60630

UNOFFICIAL COPY

STATE OF ILLINOIS
County of Cook

DAVID D. ORR, County Clerk

I, DAVID D. ORR, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appear from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, in my office in the City of Chicago, in said County, on this _____ day of _____, 1987.

93593024

David D. Orr
County Clerk

DATE BIRTH NO. DECEASED 1601 686 1629 CHIEF CERTIFIED DISPOSITION	REGISTRATION DISTRICT NO. 16.10 REGISTERED NUMBER	STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH	STATE FILE NUMBER 610644	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">1. DECEASED - NAME Stephen W. Ziolkowski</td> <td style="width: 10%;">SEX Male</td> <td style="width: 15%;">DATE OF DEATH June 3rd 1987</td> <td style="width: 50%;">MONTH, DAY, YEAR</td> </tr> <tr> <td>2. RACE - (WHITE, BLACK, AMERICAN INDIAN, ETC.) White</td> <td>3. POLARITY Polish</td> <td>4. AGE 48</td> <td>5. DATE OF BIRTH June 14th 1938</td> </tr> <tr> <td>6. CITY, TOWN, VILLAGE OR POST OFFICE Chicago</td> <td colspan="2">7. HOSPITAL OR OTHER INSTITUTION 4644 N. Kilbourn Ave.</td> <td>8. COUNTY OF DEATH Cook</td> </tr> <tr> <td>9. STATE OF BIRTH Illinois</td> <td>10. MARRIAGE STATUS Married</td> <td colspan="2">11. NAME OF SURVIVOR SPOUSE (MAIDEN NAME, IF WIFE) Carolyn (Brud)</td> </tr> <tr> <td>12. SOCIAL SECURITY NUMBER 356-28-9871</td> <td>13. OCCUPATION Machinist</td> <td>14. BUSINESS Medical research</td> <td>15. WAS DECEASED OVERNIGHT ARMED FORCE? No</td> </tr> <tr> <td>16. RESIDENCE - STREET AND NUMBER 4644 N. Kilbourn Ave.</td> <td>17. CITY, TOWN, VILLAGE OR POST OFFICE Chicago</td> <td>18. COUNTY Cook</td> <td>19. STATE Illinois</td> </tr> <tr> <td colspan="2">20. FATHER - NAME Edmund Ziolkowski</td> <td colspan="2">21. MOTHER - MAIDEN NAME Francis Novakowski</td> </tr> <tr> <td colspan="2">22. INFIRMITY NAME (TYPE OR PRINT) Respiratory Failure</td> <td colspan="2">23. RELATIONSHIP wife</td> </tr> <tr> <td colspan="2">24. ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE, ZIP) 4644 N. Kilbourn Ave Chicago, IL 60630</td> <td colspan="2">25. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE (a), (b), and (c))</td> </tr> <tr> <td colspan="2">26. (a) Respiratory Failure</td> <td colspan="2">27. IMMEDIATE CAUSE Immediate</td> </tr> <tr> <td colspan="2">28. 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