

# UNOFFICIAL COPY

## AFFIDAVIT RE DECREASED JOINT TENANT

93041263

STATE OF ILLINOIS )  
COUNTY OF COOK ) SS.

Dolores C. Najdowski being duly sworn for the purpose of recording a transfer of the real estate described below, states:

1. That she resides at 1001 Brentwood Circle, Buffalo Grove, Illinois, 60089.
2. That she was married to Chester J. Najdowski who died on May 16, 1992, as evidenced by the attached certified copy of death certificate;
3. That said decedent was one of the owners of land legally described as follows:

Unit 9-1 in Covington Manor Condominium as delineated on a survey of the following described real estate: Part of the East 1/2 of the North East 1/4 of Section 8, Township 42 North, Range 11, East of the Third Principal Meridian, in Cook County, Illinois which survey is attached as Exhibit "A" to the Declaration of Condominium recorded as Document Number 27412916 and amended from time to time together with its undivided percentage interest in the common elements in Cook County, Illinois

P.I.N.: 03-08-201-038-1058

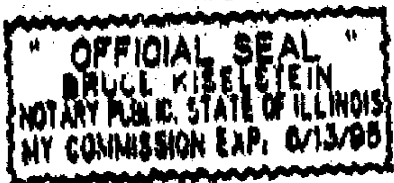
*Dolores C. Najdowski*  
Dolores C. Najdowski

DEPT 01 RECORDING 125.50  
T06666 TRM 5703 01/15/93 15:13:00  
08634 + 93-041263  
COOK COUNTY RECORDER

SUBSCRIBED AND SWORN to before me this 6th day of January, 1993.



*Bruce Kiselestein*



MAIL TO:  
Dolores C. Najdowski  
1001 Brentwood Circle  
Buffalo Grove, IL 60089

Prepared by:  
Bruce Kiselestein, 930 N. Northwest Hwy., Mt. Prospect, IL 60056

25/1

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12/10/10

PROPERTY OF COOK COUNTY CLERK'S OFFICE

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Property of Cook County Clerk's Office

930-12-63

DECEASED'S BIRTH NO.

REGISTRATION DISTRICT NO. 4970

STATE OF ILLINOIS

STATE FILE NUMBER

# UNOFFICIAL COPY MEDICAL CERTIFICATE OF DEATH

Type of Place in Permanent Care See Federal Director, Hospital or Physicians Handbook for Instructions

DECEASED'S NAME FIRST MIDDLE LAST SEX	<u>Chester Joseph Najdowski Male</u>			DATE OF DEATH MONTH DAY YEAR	<u>May 16, 1992</u>	
COURTY OF DEATH	<u>Lake</u>					
CITY, TOWN, VILL, OR ROAD DISTRICT NUMBER	<u>North Chicago</u>					
HOSPITAL OR OTHER INSTITUTION NAME IF NOT IN OTHER, GIVE STREET AND NUMBER	<u>Veterans Affairs Medical Center</u>					
DATE OF BIRTH MONTH DAY YEAR	<u>January 20, 1919</u>					
BIRTH PLACE CITY AND STATE OR FOREIGN COUNTRY	<u>Evansville, Illinois</u>			NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)	<u>Dolores Catherine Fischbach</u>	
SOCIAL SECURITY NUMBER	<u>10-329-03-5128</u>			WAS DECLARED EVER IN U.S. ARMED FORCES? (YES/NO)	<u>Yes</u>	
RESIDENCE STREET AND NUMBER	<u>1301 Brentwood Circle</u>			CITY, TOWN, VILL, OR ROAD DISTRICT NO.	<u>Buffalo Grove</u>	
STATE	<u>Illinois</u>			COUNTY (YES/NO)	<u>Yes Cook</u>	
FATHER FIRST MIDDLE LAST	<u>Walter Jacob Najdowski</u>			MOTHER FIRST MIDDLE LAST	<u>Martha Ziolkowski, Najdowski</u>	

A B C D E

EDUCATION (TYPE DEGREE)	<u>17s Army J. Quinn</u>			RELATIONSHIP	<u>17s Records</u>		
MAXIMUM ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)	<u>3001 Green Bay Rd., N. Chicago, Illinois 60064</u>						

IMMEDIATE CAUSE (Final change of condition resulting in death)	<u>Cardio-respiratory Arrest secondary to Pulmonary Edema - Aspiration Pneumonia</u>					
CONDITIONS IF ANY WHICH GIVE RISE TO DEATH OR STATE THE UNDERLYING CAUSE LAST	<u>PVD, Dementia, non Insulin-dependent Diabetes Mellitus</u>					

DATE OF OPERATOR IF ANY	<u>VA</u>			IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?	<u>NO</u>		
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TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.	<u>May 16, 1992</u>						
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SIGNATURE OF PHYSICIAN	<u>Malec Karassi, M.D., VA Medical Center, N. Chicago, Illinois</u>			ADDRESS OF PHYSICIAN	<u>60064</u>		
NAME OF ATTENDING PHYSICIAN OTHER THAN DECEASED	<u>60064</u>						

PLACE OF BURIAL	<u>All Saints Cemetery</u>			LOCATION	<u>Des Plaines, Illinois</u>		
STREET AND NUMBER OR R.F.D.	<u>1520 N. Arlington Heights Rd., Arlington Heights, Illinois</u>			CITY OR TOWN	<u>60004-1906</u>		



REGISTRAR SIGNATURE	<u>Tom Miller</u>			NUMBER OF MOTOR VEHICLE LICENSE	<u>01436</u>		
NAME AND ADDRESS OF REGISTRAR	<u>ARA DOUGLAS</u>			DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	<u>5-18-92</u>		

I HEREBY CERTIFY that the foregoing is a true and correct copy of the death record for the decedent named Item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

DATE May 18, 1992 SIGNED Tom Miller  
AT North Chicago, Illinois OFFICIAL TITLE Sub-Registrar

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Property of Cook County Clerk's Office

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