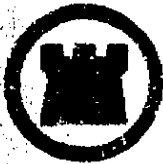


93222961



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

93222961

STATE OF ILLINOIS  
COUNTY OF COOK

} ss.

Order No. \_\_\_\_\_

DOBRIVOV MILICHEVICH

being duly sworn

states that he resides at 7001 W. Agatite in the City of Norridge

That he was acquainted with DRAGICA MILICHEVICH

deceased who, at the time of her death, was one of the owners of the land in Cook County, Illinois, described as:

Lot One (1) in Block Four (4) in Harlem Avenue Highlands, Subdivision in the Northwest Quarter (1/4) of Section 18, Town 40 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois, according to Plat of said Subdivision registered May 21, 1924, as Document Number 218267.

DEPT-11 RECORD T 123.50  
137777 TRAN 6798 03/25/93 14:37:06  
66904 \* -93-222961  
COOK COUNTY RECORDER

7001 W. Agatite Ave, Norridge  
13-18-115-019

That the deceased died October 20, 1992, 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 \_\_\_\_\_

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 \_\_\_\_\_ dollars.

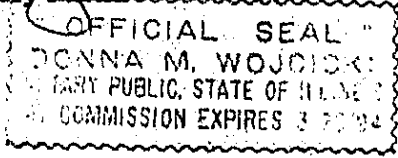
Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

DOBRIVOV MILICHEVICH

this 23rd day of March, A.D. 19 93

*Donna M. Wojcik*  
Notary Public



*George J Skuros*  
(affiant's signature)

George J Skuros  
5045 N Harlem  
Chicago IL 60656

93222961

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10000000

Property of Cook County Clerk's Office

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# UNOFFICIAL COPY

## MEDICAL EXAMINER - CORONER'S CERTIFICATE OF DEATH

PERMANENT CERTIFICATE  
 TEMPORARY CERTIFICATE

REGISTRATION DISTRICT NO. <u>15</u>		DECEASED-NAME <b>Dragica Milichevich</b>		SEX <b>Female</b>	DATE OF DEATH <b>Oct. 20, 1992</b>
REGISTERED NUMBER		FIRST	MIDDLE	LAST	
COUNTY OF DEATH <b>Cook</b>		AGE-LAST BIRTHDAY (Y/M/S) <b>63</b>	UNDER 1 YEAR MOS DATE	UNDER 1 DAY HOURS AM	DATE OF BIRTH (MONTH DAY YEAR) <b>Sept. 9, 1929</b>
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>Mattoon, Lafayette Twp.</b>		HOSPITAL OR OTHER INSTITUTION NAME (IF NOT WHETHER GIVE STREET AND NUMBER) <b>Sarah Bush Lincoln Health Center</b>			IF HOSPITAL INDICATED O.A. OR EMER. RM. INPATIENT (SPECIFY) <b>QQA/OP / Emer.</b>
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>		NAME OF SURVIVING SPOUSE (Maiden Name, if wife) <b>Dobrovoje Milichevich</b>			WAS DECEASED EVER IN US ARMED FORCES (YES/NO) <b>No</b>
SOCIAL SECURITY NUMBER <b>357-40-2109</b>		USUAL OCCUPATION <b>Housekeeping</b>		KIND OF BUSINESS OR INDUSTRY <b>Hospital</b>	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary Secondary (0-12) <b>4</b> College (1-4 or 5) <b>4</b>
RESIDENCE (STREET AND NUMBER) <b>7001 W. Agatite</b>		CITY, TOWN, OR ROAD DISTRICT NO. <b>Norridge</b>		INSIDE CITY (YES/NO) <b>Yes</b>	COUNTY <b>Cook</b>
STATE <b>Illinois</b>		ZIP CODE <b>60656</b>	PLACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <b>White</b>	OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <b>XXNO</b>	

Type of Print at REGISTRATION BUREAU See Coroner's or Funeral Director's Handbook for INSTRUCTIONS

**A** DECEASED

**B**

**C**

**D**

**E**

**PARENTS**

FATHER'S NAME FIRST MIDDLE LAST <b>Anjel Divukic</b>		MOTHER'S NAME FIRST MIDDLE LAST <b>Smiljka N/A</b>	
INFORMATION NAME (TYPE OF PRINT) <b>Ljubinka Jekic</b>		RELATIONSHIP <b>Daughter</b>	MAILING ADDRESS (STREET AND NO. CHURCH, CITY OR TOWN, STATE, ZIP) <b>5456 W. Foster, Chicago, IL 60630</b>

**CAUSE**

**16. PART I. (Enter the direct cause, or complication that caused the death. Do not enter the mode of injury, but do describe it fully, such as heart failure. List only one cause on each line.)**

Immediate Cause (Final disease or condition resulting in death)  
**(a) Crushing Head & Chest Injuries**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF  
**(b) Car Accident**

IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF  
**(c) Or**

**N**

**P**

**HQ**

**HP**

**UNK**

**PART II. (Enter significant elements contributing to death but not entering the underlying cause given in PART I.)**

NATURAL ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED (SPECIFY)  
**Accident**

DATE OF INJURY (MONTH, DAY, YEAR)  
**Oct 20, 92**

HOUR  
**7:43 AM**

HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 16)  
**20b**

INJURY AT WORK (YES/NO)  
**20c**

PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY)  
**20f**

LOCATION (CITY, VIL. OR TOWN, OR TWP. CHURCH DIST. NO., COUNTY, STATE)  
**20g**

IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?  
**20h. YES ( ) NO ( )**

**CERTIFY**

I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND ON THE INFORMATION, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT

THE DECEASED WAS PRONOUNCED DEAD ON  
 21a. **10** 21b. **20** 21c. **1992**  
 AT **7:43 A. M.**

22a. *John R. Schilling* (MEDICAL EXAMINER'S SIGNATURE) 22b. **Jan 7, 1993** (DATE SIGNED)

22c. *John R. Schilling* (CORONER'S PHYSICIAN'S SIGNATURE) 22d. **Jan 7, 1993** (DATE SIGNED)

**DISPOSITION**

23a. **Burial**

CEMETERY OR CREMATORY NAME  
**Most Holy Mother Cemetery**

LOCATION CITY OR TOWN STATE  
**Third Lake, IL**

DATE (MONTH, DAY, YEAR)  
**10/24/92**

24a. **Schilling Funeral Home, Ltd agent for**

24b. **Muzyka-Kowacke Funeral Home, 5776 West Lawrence Ave., Chicago, IL 60630**

24c. **Illinois**

24d. **10/24/92**

25a. *Clinton H. Smith* (FUNERAL DIRECTOR'S SIGNATURE) 25b. **034-014285** (LICENSE NUMBER)

25c. *Evelyn M. Donnell By: Mary E. Covington* (LOCAL REGISTRAR'S SIGNATURE) 25d. **January 7, 1993** (DATE)

41202 (Rev. 1987) Illinois Department of Public Health - Office of Vital Records

93222961

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

DATE January 7, 1993 SIGNED Evelyn M. Donnell  
 AT Mattoon, Illinois OFFICIAL TITLE City Clerk

UNOFFICIAL COPY

Property of Cook County Clerk's Office

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