

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF COOK

ss.

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

MATHILDA NOSAL

being duly sworn

states that she resides at 725 Campbell Ave in the City of Chicago Heights, IL 60411

That she was acquainted with ANTHONY NOSAL deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

see legal description attached hereto and made a part hereof

DEPT-11 RECORD - T \$25.00  
743333 TRAN 1729 04/01/93 14:28:00  
93297 \* -93-239771  
COOK COUNTY RECORDER

That the deceased died March 4, 1970, 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

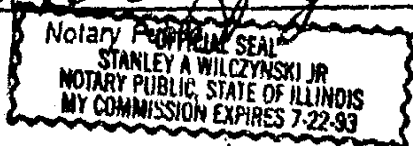
Mathilda Nosal

this 22 day of MARCH A.D. 19 93

Stanley A. Wilczynski Jr

Mathilda Nosal

(Affiant's Signature)



Box 445

250

93239771

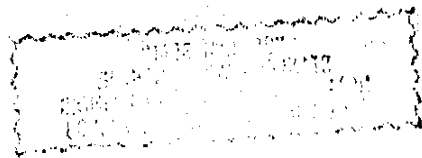
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Property of Cook County Clerk's Office

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7 7 2 3 9 / 7 1

Lot Twenty-Seven (27) Block Four (4) in Olympia Highlands, a Subdivision of the Northwest Quarter (1/4) of the southwest Quarter (1/4) of Section 17, Township 35 North, Range 14, East of the Third Principal Meridian (except the East 265 feet of the North 623 feet of said tract), in Cook County, Illinois, being 37 acres more or less, and that part of the East Half (1/2) of the Southwest Quarter (1/4) of Section 17, Township 35 North, Range 14, East of the Third Principal Meridian, lying Westerly of the Westerly line of Dixie Highway cut-off and North of a line 2403.72 feet South of and parallel to the East and West center line of Section 17, Township 35 North, Range 14, East of the Third Principal Meridian (except thereon that part of the North 576 feet, lying Westerly of the Westerly line of Dixie Highway cut-off, of the East Half (1/2) of the Southwest Quarter (1/4) of Section 17, Township 35 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois, according to Plat thereof registered in the Office of the Registrar of Titles of Cook County, Illinois, on April 14, 1955, as Document Number 1587740.

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STATE OF ILLINOIS

STATE FILE NUMBER

REGISTRATION DISTRICT NO. **16.32**  
REGISTERED NUMBER

## MEDICAL CERTIFICATE OF DEATH

DECEASED—NAME: **ANTHONY JOSEPH NOSAL** SEX: **Male** DATE OF DEATH (MONTH, DAY, YEAR): **March 4, 1970**

RACE: **White** AGE—LAST BIRTHDAY (YRS.): **68** UNDER 1 YEAR: **Yes** DATE OF BIRTH (MONTH, DAY, YEAR): **6. Nov. 9, 1901** PLACE OF DEATH: **Cook**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **Chicago Heights** INSIDE CITY (YES/NO): **Yes** HOSPITAL OR OTHER INSTITUTION—NAME: **St. James Hospital**

BIRTHPLACE (STATE OR FOREIGN COUNTRY): **Czechoslovakia** CITIZEN OF WHAT COUNTRY: **U.S.A.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **Married** NAME OF SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): **Mathilda Gabrisko**

SOCIAL SECURITY NUMBER: **329-07-0574** USUAL OCCUPATION: **Loader** KIND OF BUSINESS OR INDUSTRY: **Brick Company** U.S. WAR VETERAN; WAR OR DATES OF SERVICE (YES/NO): **No**

RESIDENCE STATE: **Illinois** COUNTY: **Cook** CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **Chicago Heights** INSIDE CITY (YES/NO): **Yes** STREET AND NUMBER: **725 Campbell Avenue**

FATHER—NAME: **Steven Nosal** MOTHER—MAIDEN NAME: **Elizabeth Isvolt**

INFORMANT'S SIGNATURE: *[Signature]* RELATIONSHIP: **Wife** MAILING ADDRESS: **725 Campbell Ave. Chicago Heights, IL 60611**

**PART I. DEATH WAS CAUSED BY:** (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

18. IMMEDIATE CAUSE: **Cerebro Vascular Accident** APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: **Hours**

(a) DUE TO OR AS A CONSEQUENCE OF: **Cerebro Vascular Accident**

(b) DUE TO OR AS A CONSEQUENCE OF: **Arterio Sclerotic Cerebro Vascular Disease** APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: **Years**

PART II. OTHER SIGNIFICANT CONDITIONS; CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): **Emphysema**

19a. AUTOPSY (YES/NO): **No** 19b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH: **No**

DATE OF OPERATION, IF ANY; MAJOR FINDINGS OF OPERATION: **None**

21. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED AT **8:50 AM** ON THE DATE, AT THE PLACE AND FROM THE CAUSE(S) STATED. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.

21a. ATTENDED THE DECEASED FROM: **Feb 22 70** TO: **Mar 4 70** AND LAST SAW HIM/HER ALIVE ON: **Mar 4 70**

22a. SIGNATURE: *[Signature]* DATE SIGNED: **Mar 4, 1970** ILLINOIS LICENSE NUMBER: **2640840**

23. MAILING ADDRESS—CERTIFIER: **165 West 10th Street Chicago Heights Illinois 60411**

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): **Burial** CEMETERY OR CREMATORY—NAME: **Calvary Cemetery** LOCATION: **Steger, Illinois** DATE (MONTH, DAY, YEAR): **March 7, 1970**

25a. FUNERAL HOME: **West End Funeral Home** ADDRESS: **1340 Otto Blvd. Chicago Heights, Illinois 60411**

25b. FUNERAL DIRECTOR'S SIGNATURE: *[Signature]* FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **6169**

26a. LOCAL REGISTRAR'S SIGNATURE: **L. H. Schramm Dpty: Edna Solomon** DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **March 5, 1970**

VS 200—(1968) ILLINOIS DEPARTMENT OF PUBLIC HEALTH — BUREAU OF STATISTICS (BASED ON 1968 U. S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 3 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: March 5, 1970 SIGNED: L.H. SCHRAMM LOCAL REGISTRAR  
AT: CHICAGO HEIGHTS, ILLINOIS DPTY: Edna Solomon

11-55-2000

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MORTGAGE

JOHN C. OLSON and ROSANNA T. OLSON,  
a/k/a ROSINA T. OLSON, his wife

SOUTH SHORE BANK OF CHICAGO

TO

3 2 1 0 9 8 7 6 5 4

RECORDING DATA



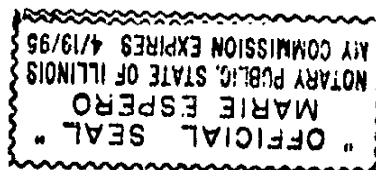
92229857

RETURN TO:

Name: Thomas S. Eisner

Address: 990 Maple Road

HomeWOOD, IL 60430



(NOTARIAL SEAL)

My commission expires: 4/19/95

NOTARY PUBLIC

Marie Espero

GIVEN under my hand and notarial seal this 1st day of February, 1993.

I, the undersigned, a Notary Public in and for said County, in the State of Illinois, do hereby certify that on this day personally appeared before me, JOHN C. OLSON and ROSANNA T. OLSON a/k/a ROSINA T. OLSON, his wife, personally known to me to be the same persons whose names are subscribed to the foregoing instrument, and acknowledged that they signed, sealed, and delivered the said instrument as their free and voluntary act and deed, for the uses and purposes therein set forth, including the waiver of right of redemption and waiver of all rights and benefits under and by virtue of the homestead exemption laws of this state.

STATE OF ILLINOIS  
COUNTY OF COOK

SS.

(Add Appropriate Acknowledgment)

Executed and delivered in the presence of the following witnesses:

ROSANNA T. OLSON, a/k/a ROSINA T. OLSON

JOHN C. OLSON

IN WITNESS WHEREOF, the mortgagor has executed this instrument and the mortgagee has accepted delivery of this instrument as of the day and year aforesaid.

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STATE OF ILLINOIS

STATE OF ILLINOIS



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