



Attorneys' National Title Network, Inc.

Three First National Plaza • Suite 575 • Chicago, IL 60602 • 312-407-0320 • Fax 312-521-1001

STATE OF ILLINOIS)
) SS
COUNTY OF Cook)

DEFT-11 **94433404** 135.50

TRADIT. TRAN 4021 09/19/97 10:05:00

9380 = CT *--94--433404

JOINT TENANCY AFFIDAVIT COOK COUNTY RECORDER

Edwin R. Niemira - attorney for seller, hereinafter referred to as the affiant, states under oath that the affiant resides in 1110 N. Ashland in the City of Chicago, Illinois; that the affiant was acquainted with John Newiarowski, the decedent; that at the time of death, the decedent was one of the owners of the property by virtue of properly recorded joint tenancy warranty deed, said property located in Cook County, Illinois, and legally described as follows: As per contract # 1937929, Parcel 1

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent died on 5-1-60, leaving no/a last will and testament;

That the total value of decedent's estate, including the life interest in the above property was \$ 5000-; and

That the value of the above property individually was \$ 2000-

That the affiant makes this affidavit to induce ATTORNEYS' TITLE INSURANCE FUND, INC. to issue its policy of title insurance on the above described property.

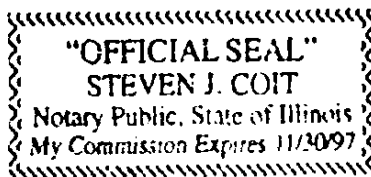
The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATTORNEYS' TITLE INSURANCE FUND, INC. harmless and to reimburse the Fund for all loss, costs, damages, suits, attorney's fees and expenses and every kind and nature which the Fund may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of John Newiarowski, the decedent;
2. Illinois State Inheritance Tax and Federal Tax which may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights to contribution.

94433404
[Handwritten signatures]

Subscribed and Sworn to before me

this 5 day of May, 1997
[Signature]
Notary Public



Note: If the decedent left a will, it will be necessary that the original or a certified copy thereof be presented to us for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

MAIL TO *[Handwritten]* mail to Edwin Niemira
1110 N. Ashland Ave
Chicago IL 60622

UNOFFICIAL COPY

10/18/2016

Property of Cook County Clerk's Office

PARCEL 1

South 1/2 of North 2/3 of Lot 11 in Block 24 in Johnston's Subdivision of the East 1/2 of South East 1/4, Section 6, Township 39 North, Range 14, Lying East of the Third Principal Meridian in Cook County Illinois

PARCEL 2

South 1/3 of Lot 11 in Block 24 in Johnston's Subdivision of the East 1/2 of South East 1/4, Section 6, Township 39 North, Range 14, Lying East of the Third Principal Meridian in Cook County Illinois

Property Commonly Known as: 835-837 North Marshfield, Chicago, Illinois

PTN: 17-06-440-002 and 17-06-440-003

09/18/16
10/18/2016

UNOFFICIAL COPY

LETTERS OF OFFICE- DECEDENT'S ESTATE

(Rev. 4-88) CCP-415

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
County Department, Probate Division

Estate of **STEPHANIA NICPON** No. **94 P 709**
Docket **007**
Deceased Page **577**

LETTERS OF OFFICE-DECEDENT'S ESTATE

THERESA ARROYO has been appointed
INDEPENDENT ADMINISTRATOR of the estate of
STEPHANIA NICPON, deceased,
who died **MAY 27**, 19**91**, and is authorized to take possession of and collect the estate of
the decedent and to do all acts required by law.

LS

Witness, **FEBRUARY 02**, 19**94**

AURELIA PUCINSKI

Clerk of court

CERTIFICATE

I certify that this is a copy of the letters of office now in force in this estate.

DB

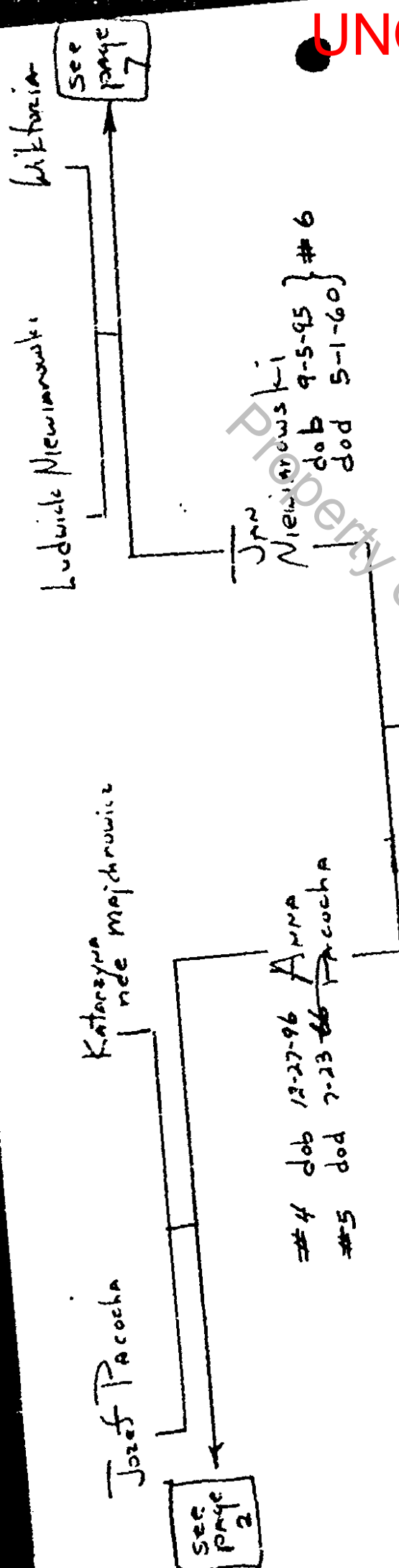
Witness, **FEBRUARY 17**, 19**94**

Aurelia Pucinski

Clerk of court

9413241A

AURELIA PUCINSKI, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS



for testimony see Affidavit #1 p 2-3

Page 1

Property of Cook County Clerk's Office

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Property of Cook County Clerk's Office

02/13/2014
11:56:16

94439414

July 26, 1966

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO } SS

I, Samuel L. Andelman, M.D., Local Registrar of Vital Statistics of the City of Chicago, do hereby certify that I am the keeper of the records of births, stillbirths and deaths of the City of Chicago by virtue of the laws of the State of Illinois and the ordinances of the City of Chicago; that the accompanying certificate on this sheet is a true copy of a record kept by me in pursuance of said laws and ordinances.

This Certified Copy VALID
Only When Original BLUE
SEAL AND BLUE SIGNATURE
Are Affixed.



Samuel L. Andelman, M.D.
LOCAL REGISTRAR

FILL IN WITH TYPEWRITER OR LEGIBLE PRINTING

STATE FILE NUMBER 50583

MEDICAL CERTIFICATE OF DEATH

1. PLACE OF DEATH
a. STATE ILLINOIS b. COUNTY COOK
c. INSIDE corporate limits and in City, Village, or Incorporated Town CHICAGO
d. OUTSIDE corporate limits and in Township name, Road District No. 50 yrs
e. LENGTH OF RESIDENCE IN IL or IN Road District No. 50 yrs

2. USUAL RESIDENCE (where deceased lived if institution residence before admission)
a. STATE ILLINOIS b. COUNTY COOK
c. INSIDE corporate limits and in City, Village, or Incorporated Town Chicago
d. OUTSIDE corporate limits and in Township name, Road District No. 50 yrs
e. LENGTH OF RESIDENCE IN IL or IN Road District No. 50 yrs

3. NAME OF DECEASED
a. (LAST) 835 N. Marshfield Ave.
b. (FIRST) Anna
c. (MIDDLE) Niewiarowski
4. DATE OF DEATH July 23, 1966
5. SEX female
6. RACE White
7. MARRIED, SEPARATED, DIVORCED, WIDOWED, OR UNMARRIED
8. DATE OF BIRTH 12/27/1896
9. AGE (in years, months, and days) 69

10. USUAL OCCUPATION Housewife
11. BIRTHPLACE (City and state or foreign country) Poland
12. Citizen or what country? U.S.A.
13. FATHER'S FULL NAME Unknown Pacocha
14. MOTHER'S FULL MAIDEN NAME Unknown Mafchrowicz

15. Was deceased ever in U.S. Armed Forces? (Give unit or service) None
16. MEDICAL CAUSE OF DEATH
PART I. DEATH WAS CAUSED BY (State what you consider to be the (A), (B), and (C) IMMEDIATE CAUSE (A) Acute Coronary Occlusion
(B) due to (B) Chronic Myocarditis
(C) due to (C)
INTERVAL BETWEEN ONSET AND DEATH 2 Years
17. INFERMANT'S SIGNATURE
18. ADDRESS 835 N. Marshfield Ave.
19. RELATIONSHIP TO DECEASED Daughter

20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION
21. DATE OF EXAMINATION, IF ANY (1966, month, day) July 23, 1966
22. SIGNATURE OF REGISTRAR
23. DATE OF DEATH July 23, 1966
24. ILLINOIS STATE NO. 36-22135
25. PHONE NO. 271-2215

26. DISPOSITION: BURIAL REMOVAL OR CREMATION
a. DATE 7/26/66
b. CEMETERY St. Adalberts
c. LOCATION Niles, Illinois
27. FUNERAL DIRECTOR
a. NAME Malec Funeral Home
b. ADDRESS 834 N. Ashland Ave. Chicago, Illinois
c. LICENSE NO. 547
28. SIGNATURE OF REGISTRAR
a. NAME Samuel L. Andelman, M.D.
b. ADDRESS 1133 W. Wilson Ave. Chicago, Illinois
c. PHONE 271-2215

ORIGINAL # C-501

JUL 25 1966

Samuel L. Andelman, M.D.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County...

David D. Orr
County Clerk

DAVID D. ORR, County Clerk

Form with fields for DECEASED, NEXT OF KIN, and other details. Includes handwritten entries like 'Chicago', 'John', 'M. J. ...', and 'C. J. ...'. A large 'COOK COUNTY' watermark is visible across the center.

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

568 MAY 91

615718

APR 21 1992

0447706

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I VIRGINIA L. PARKER, M.B.A. LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

NAME: Wallace		LAST: Wallace		DATE OF BIRTH: MAY 27, 1991		AGE: 3		SEX: F		DATE OF DEATH: MAY 27, 1991		TIME: 1916	
ADDRESS: 3 N. MARSHFIELD CHICAGO		CITY: CHICAGO		STATE: ILLINOIS		COUNTRY: USA		EDUCATION: HS		OCCUPATION: COOK		RELIGION: COCK	
FATHER: WALLACE		MOTHER: WHITE		MARRIED: 1988		DIVORCED: 1991		WIDOWED: 1991		SINGLE: 1991		REASON: COCK	
RELATIONSHIP: WALLACE		ADDRESS: 2121 W. HARRISON		CITY: CHICAGO		STATE: ILLINOIS		COUNTRY: USA		EDUCATION: HS		OCCUPATION: COCK	
CAUSE OF DEATH: Myocardial Infarction		MANNER OF DEATH: Natural		DATE OF DEATH: MAY 27, 1991		TIME: 1916		SEX: F		AGE: 3		DATE OF BIRTH: MAY 27, 1991	
SIGNATURE: Robert J. Stein, M.D.		ADDRESS: HOMEWOOD GARDENS		CITY: HOMEWOOD ILLINOIS		STATE: ILLINOIS		COUNTRY: USA		EDUCATION: HS		OCCUPATION: COCK	
DATE: APR 21 1992		TIME: 1916		SEX: F		AGE: 3		DATE OF BIRTH: MAY 27, 1991		TIME: 1916		DATE OF DEATH: MAY 27, 1991	

PROPERTY OF COUNTY OF COOK

11-11-83

DEPARTMENT OF HEALTH CITY OF CHICAGO

STATE OF ILLINOIS }
COUNTY OF COOK } SS
CITY OF CHICAGO }
1. Myself M. D. Leonard
Register of Vital Statistics of
the City of Chicago, do hereby
certify that I am the holder of
the record of birth, marriage
and deaths of the City of Chicago
by virtue of the laws of the State
of Illinois and the ordinance of
the City of Chicago; that the
aforementioned certificate on this
sheet is a true copy as a record
kept by me in pursuance of said
laws and ordinance.

[Signature]

This Certified Copy VALID
When MULTICOLOR SEAL
And BLUE SIGNATURE ARE
Affixed

MEDICAL CERTIFICATE OF DEATH

REGISTRATION NUMBER 18-10

Name of Deceased: Stanley Nicpon		Sex: Male	Date of Birth: APR 11 12-1941
Race: White		Marital Status: Married	Residence: 1-1-1090 Cook
Address: 875 N. Marshfield Chicago		Deceased's Signature: <i>[Signature]</i>	Date of Death: APR 12 1983
Cause of Death: Grand Mal Seizure		Place of Death: Sudden	
Immediate Cause: Brain Metastatic Carcinoma		Survival: 5 Months	
Contributing Cause: Left Kidney Carcinoma		Date of Autopsy: APR 12 1983	
Detailed History: Carcinoma, Biopsy March 26, 1983		Physician: F. Mann, M.D.	
Place of Death: 2233 W. Division St., Chicago, Illinois 60672		Death Certificate: 16-4507	
Place of Burial: St. Adalbert Niles, Illinois		Burial Certificate: 4-16-83	
Funeral Home: Niles Funeral Home 734 N. Ashland Ave. Chicago, Illinois 60622		Issued: APR 13 1983	

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Property of Cook County Clerk's Office