

94436772

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Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

} ss.

Order No. _____

LORRAINE MACIOROWSKI being duly sworn
states that she resides at 2929 W. 40th St. in the City of Chicago

That she was appointed with JOHN E. MACIOROWSKI
deceased who, at the time of his death, was one of the owners of the land in Cook
County, Illinois, described as:

Lot 12 in Rubin Brothers Subdivision of the East half of Lot 7
in Lurton's Subdivision of the North fractional half of the
East half of the Northwest quarter of Section 1, Township 38
North, East of the Third Principal Meridian, in Cook County,
Illinois.

PIN - 19 01-110-010-0000

DEPT-01 RECORDING \$23.50
199337 TRAN 9252 05/16/94 10:34:00
49236 : EE * - 94-436772
COOK COUNTY RECORDER

That the deceased died September 21, 1973, 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 Cook 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 _____

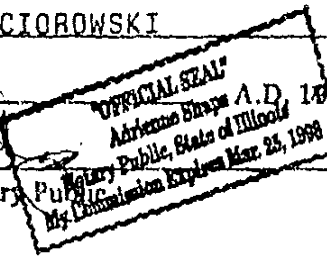
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of TEN THOUSAND (\$10,000.00) dollars.

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.

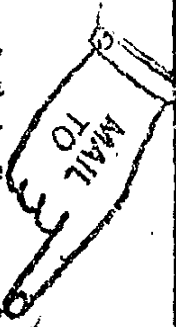
Subscribed and sworn to before me by the said

LORRAINE MACIOROWSKI

this 22 day of May



Lorraine N. Maciorowski
(affiant's signature)



Mail to:
ADELLEN SHAPS
4268 S Archer Ave
Chgo, IL 60632

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ER

UNOFFICIAL COPY

Property of Cook County Clerk's Office

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BOARD OF HEALTH - CITY OF CHICAGO



MEDICAL CERTIFICATE OF DEATH

625650

REGISTERED NUMBER: 625650

DECEASED—NAME: JOHN E MACIOROWSKI

SEX: MALE

DATE OF DEATH: SEPT. 21, 1973

PLACE OF DEATH: Cook

AGE: 53

DATE OF BIRTH: MARCH 21, 1920

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: Chicago

HOSPITAL OR OTHER INSTITUTION NAME: MERCY MEDICAL CENTER

CITIZENSHIP: USA

CITIZENSHIP OF WHAT COUNTRY: USA

USUAL OCCUPATION: JANITOR

INDUSTRY: SCHOOL

RESIDENCE: ILLINOIS

CITY, TOWN, TWP. OR ROAD DISTRICT NO.: CHICAGO

STREET AND NUMBER: 146. 2929 W. 40TH ST.

FATHER—NAME: ALEX MACIOROWSKI

MOTHER—Maiden Name: ROSE DETLAN

INFORMANT'S SIGNATURE: ADM. CLERK

RELATIONSHIP: REC.

ADDRESS: 176. STEVENSON EXPWY AT KING DR.

DEATH WAS CAUSED BY: BRONCHOPNEUMONIA - BILATERAL

IMMEDIATE CAUSE: PERITONEAL CARCINOMATOSIS

PERIOD OF ILLNESS: 3 DAYS

OTHER SIGNIFICANT CONDITIONS: OTHERS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I: UNKNOWN

DATE OF OPERATION: 9/20/73

MAJOR FINDINGS OF OPERATION: CARCINOMA OF PANCREAS

PERITONEAL CARCINOMATOSIS

ATTENDED THE DECEASED FROM: 9/18/73 TO 9/21/73

HOUR OF DEATH: 8:00 P.M.

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED.

SIGNATURE: JOHN E. WETSENBURGER, M.D.

DATE SIGNED: 9/22/73

ILLINOIS LICENSE NUMBER: 36-38151

ADDRESS—CERTIFIER: 6711 N. NORTH AVE. OAK PARK ILL. 60302

BURIAL CEMETERY OR CREMATORY—NAME: Resurrection

LOCATION: Justice

DATE: Sept. 24 1973

FUNERAL HOME: Fortuna Funeral Home

ADDRESS: 4401 South Kedzie Avenue Chicago Ill. 60632

FUNERAL DIRECTOR'S SIGNATURE: Dawn Fortuna

REGISTERAR'S SIGNATURE: Murray C. Brown

DATE REC'D. BY LOCAL REGISTRAR: SEP 23 1973

MARCH 14, 1975

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

SS

I, Murray C. Brown, 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 and 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.

Murray C. Brown
LOCAL REGISTRAR

CHICAGO BOARD OF HEALTH
Chicago Civic Center, Room 105
Concourse Level, Chicago 60602-1255

ILLINOIS DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS
VIR-200 (3-73)

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