



Attorneys' National Title Network, Inc.

Three First National Plaza • Suite 575 • Chicago, IL 60602 • 312-407-0320 • Fax 312-621-1001

94509470

STATE OF ILLINOIS)
COUNTY OF DUPAGE) SS

DEPT-01 RECORDING \$25.50
140000 TRAM 8042 06/09/94 11:06:00
\$6796 + C.S. * -94-509470
COOK COUNTY RECORDER

JOINT TENANCY AFFIDAVIT

EWA D. DMITRIK, hereinafter referred to as the affiant, states under oath that the affiant resides at 160 ABBEYWOOD in the City of STREAMWOOD, Illinois; that the affiant was acquainted with MARK A. DMITRIK, 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:

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 May 23, 1988, leaving no/a last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$68,000.00; and

That the value of the above property individually was \$136,000.00

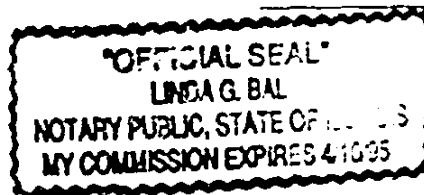
That the affiant makes this affidavit to induce ATTORNEYS' TITLE INSURANCE FUND, INC. to issue its policy of title insurance on the above described property.

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 less, costs, damages, suits, attorney's fees and expenses and every kind and nature which 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 MARK A. DMITRIK, 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.

X EWA D. DMITRIK (Seal)

Subscribed and Sworn to before me
this 27th day of May, 1994
Notary Public



Return to
Kermit Birk
227 N. W. ARDUIT
ITP 5046 60143

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.

25.50



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UNOFFICIAL COPY

REGISTRATION DISTRICT NO. 000 STATE OF ILLINOIS STATE FILE NUMBER
 REGISTERED NUMBER **MEDICAL CERTIFICATE OF DEATH**

DECEASED - NAME Mark A. Drotosky SEX Male DATE OF BIRTH - MONTH DAY YEAR May 20, 1988
 RACE - WHITE BLACK AMERICAN ORIGIN OR DESCENT AGE - LAST BIRTHDAY SOCIAL SEC. NO. COUNTY OF DEATH COOK
 CITY/TOWN/TWP OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION - NAME IF NOT WHETHER ONE STREET AND NUMBER HOURS OR INST. INDICATE DAY OPENED AND INSTANT SPECIFY

DEASED
 STATE OF BIRTH - MONTH DAY YEAR COUNTRY OF BIRTH MARRIED NEVER MARRIED WIDOWED DIVORCED SEPARATED NAME OF SURVIVING SPOUSE - MARRIED NAME IF WIFE
 SOCIAL SECURITY NUMBER LEGAL OCCUPATION LAND OF BUSINESS OR HOUSING WAS DECEASED EVER IN U.S. ARMED FORCES? YES NO YEAR OR DATES OF SERVICE
 RESIDENCE - STREET AND NUMBER CITY/TOWN/TWP OR ROAD DISTRICT NO. COUNTY STATE
 ZIP CODE

PARENTS
 FATHER - NAME MIDDLE LAST MOTHER - MARRIED NAME FIRST MIDDLE LAST
 INFORMANT NAME TYPE OR REL RELATIONSHIP MAILING ADDRESS - STREET AND NO. OR P.O. BOX CITY OR TOWN STATE ZIP

CAUSE
 DEATH WAS CAUSED BY ENTER ONLY THE CAUSE BY LIST FOR NO. 1 AND 2. ILLINOIS STATUTE NUMBER
 PART 1
 1. DUE TO OR AS A COMPLICATION OF
 2. DUE TO OR AS A COMPLICATION OF
 3.
 PART 2 OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE LISTED IN PART 1
 DATE OF OPERATION, IF ANY MAJOR FINDINGS ON OPERATION
 DID YOU NOT ATTEND THE DECEASED AND LAST SAW HIM/her/LIVE ON MONTH DAY YEAR HAS CORNER OF MEDICAL EXAMINER NOTIFIED YES NO HOUR OF DEATH
 TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME DATE AND PLACE AND DUE TO THE CAUSE(S) STATED DATE SIGNED - MONTH DAY YEAR

CERTIFIER
 SIGNATURE NAME AND ADDRESS OF CERTIFIER LICENSE NUMBER
 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER TYPE OR REL NOTE: IF AN INQUIRY HAS BEEN MADE IN THIS DEATH THE CORNER OF MEDICAL EXAMINER MUST BE NOTIFIED
 SURVIVAL CERTIFICATION - CEMETERY OR CREMATOR - NAME LOCATION CITY OR TOWN STATE MONTH DAY YEAR
 FUNERAL HOME NAME STREET AND NUMBER OR P.O. BOX CITY OR TOWN STATE

DISPOSITION
 FUNERAL DIRECTOR'S SIGNATURE LICENSE NUMBER
 LOCAL REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR MONTH DAY YEAR
 (2000 REV. 5-02) ILLINOIS DEPARTMENT OF PUBLIC HEALTH - OFFICE OF VICE REGISTRAR - BASED ON THE 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 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 SIGNED
 AT ILLINOIS OFFICIAL TITLE

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LOT 91 IN WOODLANDS II, BEING A RESUBDIVISION OF THAT PART OF LOT 3 IN DEEKE'S SUBDIVISION OF PART OF THE EAST HALF OF THE SOUTHEAST QUARTER OF SECTION 14, TOWNSHIP 41 NORTH, RANGE 9 EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTH OF A LINE 100.0 FEET NORTH OF AND PARALLEL WITH THE SOUTH LINE OF THE NORTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 14, AFORESAID IN THE VILLAGE OF STREAMWOOD, ACCORDING TO THE PLAT THEREOF RECORDED MAY 8, 1979 AS DOCUMENT NO. 24951986 IN COOK COUNTY, ILLINOIS.

06-14-419 017

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Property of Cook County Clerk's Office