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94577943

Arlington Heights 1216 E. Central Rd. 708-577-1500 / Chicago 33 N. Dearborn St. 312-853-1191 / Crystal Lake 149 N. Virginia St. 815-455-2500
Homewood 17450 S. Halsted 708-957-1888 / Libertyville 1641 N. Milwaukee 708-367-4400 / Palos Hills 9800 S. Roberts Rd. 708-598-6500
Oak Brook 1200 Harger Rd. 708-954-5601 / Skokie 8930 Gross Point Rd. 708-967-0121
Waukegan 222 N. County St. 708-249-1200 / Wheaton 373 S. County Farm Rd. 708-690-9500

JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF Cook } SS

ORDER NO. 406302

DATE:

DECEDENT: Helen Cap

Ronald J. Cap

states that the affiant resides at 13221 Crandoleet in the City of Chicago, Illinois

That the decedent at the time of his/her death was one of the owners of the property in COOK County, Illinois, legally described as follows:

LOT THIRTY NINE (Except South Half (1) thereof)-----(39)
LOT FORTY-----(40)

in Block Four (4) in Hegewisch Subdivision of the South West Quarter (1) of the North East Quarter (1) and the West 165.86 feet of the North 1152.3 feet of the South East Quarter (1) of the North East Quarter Section 21, Township 37 North, Range 15, East of the Third Principal Meridian, in Cook County, Illinois.

DEPT-11 RECORD TOR \$25.00
T42222 TRAM 4840 07/01/94 12:31:00
44888 + KB #-94-577943
COOK COUNTY RECORDER

That said decedent died on 5-8-77 leaving no/a last will and testament;

That the total value of the estate of said decedent including his/her taxable interest in the above real estate is \$ 20,000.00

That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

That if the decedent had a will it was not a joint and mutual will; nor was the survivor of the joint tenant allowed under said will to elect to take any property in lieu of the joint tenancy property.

If affiant was the spouse of the decedent, affiant states that they were never divorced in any state or country.

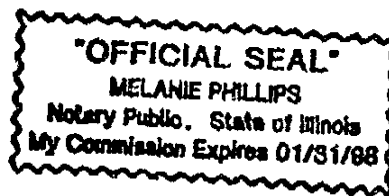
That the affiant makes this affidavit to induce MID AMERICA TITLE COMPANY® to issue a Policy of Title Insurance on the above described property.

Signature Ronald J. Cap

94577943

SUBSCRIBED AND SWORN TO before me this 24th day of June, 1994, a Notary Public in and for said State and County.

[Handwritten signature]



BOX 158
25.00
JM

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.

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STATE OF ILLINOIS  
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER  
6177782

OCT 09 1992

STATE OF ILLINOIS  
(COUNTY OF COOK)  
CITY OF CHICAGO

REGISTRATION DISTRICT NO. 16, 10

REGISTERED NUMBER

DECEASED-NAME: **Leo J. Cap Sr.** FIRST MIDDLE LAST

AGE LAST BIRTHDAY (M/D/Y): 64 SEX: Male

DATE OF BIRTH (MONTH, DAY, YEAR): Sept 28 1928

DATE OF DEATH (MONTH, DAY, YEAR): September 29 1992

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

HOSPITAL OR OTHER INSTITUTION, NAME & NOT IN LITHEN ONE STREET AND NUMBER: South Chicago Community Hospital

ROOM OR SUITE AND CARE DOA ORDER NO. (MAY BE LEFT BLANK): Emer. Room

MARRIED, NEVER MARRIED, WIDOWED, OR SEPARATED: Widowed

NAME OF SURVIVING SPOUSE (MARRIED NAME, IF WIFE): None

KIND OF BUSINESS OR INDUSTRY: None

EDUCATIONAL LEVEL (SEE INSTRUCTIONS): 12

RESIDENCE (STREET AND NUMBER): 10318 20 1659

USUAL OCCUPATION: Welder

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

INSIDE CITY (YES/NO): YES

COUNTY: Cook

RESIDENCE (STREET AND NUMBER): 133221 Carondole

STATE: Illinois

FATHER-NAME FIRST MIDDLE LAST: Joseph Cap

RELATIONSHIP: Daughter

MAILING ADDRESS (STREET AND NUMBER, CITY, TOWN, STATE, ZIP): 16360 Grant Crown Point, Ind.

14b. Ethn: DYES SPECIFY: LACNA

15. INFORMANT'S NAME (TYPE OF RELATIVE): Barlana Hlymarczyk

16. BUILDING ADDRESS (STREET AND NUMBER, CITY, TOWN, STATE, ZIP): 16360 Grant Crown Point, Ind.

17. PART I: Includes Cause (Final Cause or Cause Pending to Court)

18. PART II: Enter the disease, or conditions that caused the death. Do not enter a mode of death, such as cardiac or pulmonary arrest, shock, or head injury. List only one cause on each line.

(a) CARCLADIA OF Aorta

(b) SEVERE Cerebral Ostial Rupture Aorta Dissect

CAUSE LIST: 1. Atrial Fibrillation

19a. YEARS: years

19b. YEARS: years

20a. DATE OF OPERATION, IF ANY: None

20b. MAJOR FINDINGS OF OPERATION: None

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED: September 29 1992

21b. HOUR OF DEATH: 4:21 PM

21c. DATE SIGNED (MONTH, DAY, YEAR): Sept. 30 1992

22a. SIGNATURE: [Signature]

22b. NAME AND ADDRESS OF PHYSICIAN (TYPE OF PRACTICE): F. Sanders MD 7905 Calumet Ave. Munster, Ind.

22c. NAME OF ATTENDING PHYSICIAN OR OTHER TRAINED PERSON (TYPE OF PRACTICE): [Signature]

23. SIGNATURE: [Signature]

23a. NAME: Holy Cross

23b. STREET AND NUMBER OR R.F.D.: Calumet City, Illinois

23c. CITY OR TOWN: Chicago, Ill.

23d. STATE: Illinois

23e. DATE (MONTH, DAY, YEAR): Oct 3 1992

24. SIGNATURE: [Signature]

24a. NAME: Helen Cap Sr.

24b. STREET AND NUMBER OR R.F.D.: 13350 So. Baltimore Ave. Chicago, Ill.

24c. CITY OR TOWN: Chicago, Ill.

24d. STATE: Illinois

24e. DATE (MONTH, DAY, YEAR): Oct 01 1992

25. SIGNATURE: [Signature]

25a. NAME: Helen Cap Sr.

25b. STREET AND NUMBER OR R.F.D.: 13350 So. Baltimore Ave. Chicago, Ill.

25c. CITY OR TOWN: Chicago, Ill.

25d. STATE: Illinois

25e. DATE (MONTH, DAY, YEAR): Oct 01 1992

26. SIGNATURE: [Signature]

26a. NAME: Helen Cap Sr.

26b. STREET AND NUMBER OR R.F.D.: 13350 So. Baltimore Ave. Chicago, Ill.

26c. CITY OR TOWN: Chicago, Ill.

26d. STATE: Illinois

26e. DATE (MONTH, DAY, YEAR): Oct 01 1992

27. SIGNATURE: [Signature]

27a. NAME: Helen Cap Sr.

27b. STREET AND NUMBER OR R.F.D.: 13350 So. Baltimore Ave. Chicago, Ill.

27c. CITY OR TOWN: Chicago, Ill.

27d. STATE: Illinois

27e. DATE (MONTH, DAY, YEAR): Oct 01 1992

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 APPLIED.

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REGISTRATION DISTRICT NO. 16.10  
 REGISTERED NUMBER  
 RECEIVED-NAME  
 STATE OF ILLINOIS  
**MEDICAL CERTIFICATE OF DEATH**  
 STATE FILE NUMBER  
**610367**

1. **REGISTRATION**  
 DISTRICT NO. 16.10  
 REGISTERED NUMBER  
 RECEIVED-NAME  
 STATE OF ILLINOIS

2. **PERSONAL DATA**  
 NAME: Helen  
 AGE: 44  
 SEX: Female  
 DATE OF BIRTH: August 15, 1932  
 PLACE OF BIRTH: Cook  
 HEIGHT: 5' 4 1/2"  
 HAIR: Brown  
 EYES: Blue  
 BUILD: Slender  
 MARRIED: Yes  
 WIDOWED: No  
 DIVORCED: No

3. **RESIDENCE**  
 ADDRESS: 13221 Concordale Ave  
 CITY: Chicago  
 STATE: Illinois  
 ZIP: 60616

4. **DEATH**  
 DATE: May 8, 1977  
 TIME: 2:30 P.M.  
 PLACE: Home  
 CAUSE: Internal carotid occlusion  
 MANNER: Natural

5. **DEATH WITNESSES**  
 NAME: John Mokrzycki  
 ADDRESS: 176 Records  
 CITY: Chicago  
 STATE: Illinois  
 ZIP: 60616

6. **DEATH CERTIFICATE**  
 I, the undersigned, being a duly qualified medical examiner, certify that the above is a true and correct copy of the original as shown to me by the deceased or by the informant.

7. **SIGNATURE**  
 NAME: LARRY T. RIGUSO  
 ADDRESS: 13350 So. Baltimore Ave.  
 CITY: Chicago  
 STATE: Illinois  
 ZIP: 60633

8. **LOCAL REGISTRAR'S SIGNATURE**  
 NAME: Murray C. Brown  
 ADDRESS: Chicago Civic Center, Room 105  
 CITY: Chicago  
 STATE: Illinois  
 ZIP: 60603

9. **LOCAL REGISTRAR'S SIGNATURE**  
 NAME: Murray C. Brown  
 ADDRESS: Chicago Civic Center, Room 105  
 CITY: Chicago  
 STATE: Illinois  
 ZIP: 60603

May 10, 1977  
 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 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 as 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



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