

UNOFFICIAL COPY



Intercounty Title Company of Illinois



8847 WEST CERMAK ROAD • NORTH RIVERSIDE • IL 60540 • (312) 442-5863

94734295

94734295

AFFIDAVIT RE DECEASED JOINT TENANT

STATE OF ILLINOIS  
COUNTY OF COOK

SS

RE: YOUR ORDER NO. ATA 191023

Alma Marie Burt, being duly sworn and for the purpose of inducing Intercounty Title Company of Illinois to issue a subject policy covering the hereinafter-described land, state:

- 1. That SHE resides at 8346 ALDEN LANE / DANIEL K GOJEC
- 2. That SHE was acquainted with Jessie Burt, who died on 2-2-47,

as evidenced by the attached certified copy of death certificate;

- 3. That said decedent was one of the owners of land described:
  - in the subject order number;
  - in the following legal description,

DEPT-01 RECORDING \$23.50  
 10011 TRAN 3414 08/18/94 16:13:00  
 6622 + RV \*-94-734295  
 COOK COUNTY RECORDER

and State of Illinois, to wit: Lot 22 in E.A. Cummings and Company  
Addition to Warren Park, being a subdivision of the East 1/2 of the Southeast  
1/4 of the Southeast 1/4 of Section 20, Township 39 North, Range 13, East of the  
Third Principal Meridian, in Cook County, Illinois PIN 16-20-432-013  
Commonly known as 2108 S. Central Ave., Cicero, Illinois 60690

- 4. That said decedent died:
  - leaving no last will and testament;
  - leaving a last will and testament, a copy of which is attached;

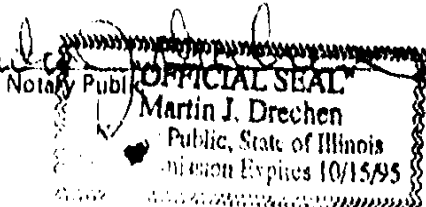
Pin 16-20-432-013, Property Address:  
2108 South Central Ave.  
Cicero, IL 60690

5. That the total value of the estate of said decedent for State of Illinois inheritance tax and Federal estate tax purposes does not exceed \$ 20,000.

Subscribed and sworn to before

me by the said affiant  
this 25th day of July, 1994.

Mary Anne Burt  
 (affiant's signature)



94734295

23 m

# UNOFFICIAL COPY

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the record for the person named 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: APR 4 1994

SIGNATURE: Robert C. Beckman

AT: BERWYN, ILLINOIS

OFFICIAL TITLE: DEPUTY REGISTRAR

The original record is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. Local registrars are authorized to make certifications from copies of the original record. The Illinois Statutes provide that the certification of this record by the Department of Public Health or the local registrar shall be prima facie evidence in all courts and places of the facts therein.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.

NOTE: Local Registrar must make on this form a complete and accurate copy of the Original Certificate, and forward this copy to County Clerk on 10th day of each month. Corrections or abbreviations must not be made. Local Registrars must not issue this form to Funeral Directors, Physicians or others, but must use it only for preparing County Clerk's (or Local Registrar's) Copies.

REGISTRATION NO. 172  
REGISTRATION NO. 3103  
REGISTRATION NO. 90  
V. S. No. 5

1. PLACE OF BIRTH <b>COOK</b>		Registration No. <b>172</b>	
2. NAME OF DECEASED <b>BERNIE</b>		Hospital No. <b>3103</b>	
3. PLACE OF RESIDENCE AT TIME OF DEATH <b>3245 Oak Park Avenue Chicago</b>		Registered No. <b>90</b>	
4. LENGTH OF TIME AT PLACE WHERE DEATH OCCURRED <b>2</b>			
5. (a) Full Name <b>JOSEPH ZEJENKA</b>		6. (b) Social Security No. <b>NONE</b>	
7. (a) Sex <b>MALE</b>		8. (a) Color of Hair <b>WHITES</b>	
9. (a) Name of Husband or Wife <b>VIVICIR</b>		10. (a) Age of Husband or Wife <b>52</b>	
11. Date of Decedent's Birth <b>APR 13 1892</b>		12. Date of Death <b>February 26th 1947</b>	
13. Age <b>54</b>		14. Cause of Death <b>CEREBRAL HEMORRHAGE</b>	
15. Place of Birth <b>Chicago Illinois</b>		16. (a) Name of Doctor <b>WATSON</b>	
17. (a) Name of Physician <b>Frank Zelanka</b>		18. (a) Name of Hospital <b>Cook Co. Highway</b>	
19. (a) Name of Funeral Home <b>unknown Czechoslovakia</b>		20. (a) Name of Undertaker <b>Katherine Peterka</b>	
21. (a) Name of Coroner <b>unknown Czechoslovakia</b>		22. (a) Name of Registrar <b>A.R. Toman</b>	
23. (a) Name of Hospital <b>Hospital records</b>		24. (a) Name of Physician <b>Anthony V. Dominicki</b>	
25. (a) Name of Coroner <b>James J. Steo</b>		26. (a) Name of Registrar <b>Bob Mar. 3</b>	
27. (a) Name of Funeral Home <b>6227 Central Rd Berwyn, Ill.</b>		28. (a) Name of Undertaker <b>Emil Vacin</b>	
29. (a) Name of Coroner <b>James J. Steo</b>		30. (a) Name of Registrar <b>Bob Mar. 3</b>	
31. (a) Name of Coroner <b>James J. Steo</b>		32. (a) Name of Registrar <b>Bob Mar. 3</b>	
33. (a) Name of Coroner <b>James J. Steo</b>		34. (a) Name of Registrar <b>Bob Mar. 3</b>	
35. (a) Name of Coroner <b>James J. Steo</b>		36. (a) Name of Registrar <b>Bob Mar. 3</b>	
37. (a) Name of Coroner <b>James J. Steo</b>		38. (a) Name of Registrar <b>Bob Mar. 3</b>	
39. (a) Name of Coroner <b>James J. Steo</b>		40. (a) Name of Registrar <b>Bob Mar. 3</b>	
41. (a) Name of Coroner <b>James J. Steo</b>		42. (a) Name of Registrar <b>Bob Mar. 3</b>	
43. (a) Name of Coroner <b>James J. Steo</b>		44. (a) Name of Registrar <b>Bob Mar. 3</b>	
45. (a) Name of Coroner <b>James J. Steo</b>		46. (a) Name of Registrar <b>Bob Mar. 3</b>	
47. (a) Name of Coroner <b>James J. Steo</b>		48. (a) Name of Registrar <b>Bob Mar. 3</b>	
49. (a) Name of Coroner <b>James J. Steo</b>		50. (a) Name of Registrar <b>Bob Mar. 3</b>	
51. (a) Name of Coroner <b>James J. Steo</b>		52. (a) Name of Registrar <b>Bob Mar. 3</b>	
53. (a) Name of Coroner <b>James J. Steo</b>		54. (a) Name of Registrar <b>Bob Mar. 3</b>	
55. (a) Name of Coroner <b>James J. Steo</b>		56. (a) Name of Registrar <b>Bob Mar. 3</b>	
57. (a) Name of Coroner <b>James J. Steo</b>		58. (a) Name of Registrar <b>Bob Mar. 3</b>	
59. (a) Name of Coroner <b>James J. Steo</b>		60. (a) Name of Registrar <b>Bob Mar. 3</b>	
61. (a) Name of Coroner <b>James J. Steo</b>		62. (a) Name of Registrar <b>Bob Mar. 3</b>	
63. (a) Name of Coroner <b>James J. Steo</b>		64. (a) Name of Registrar <b>Bob Mar. 3</b>	
65. (a) Name of Coroner <b>James J. Steo</b>		66. (a) Name of Registrar <b>Bob Mar. 3</b>	
67. (a) Name of Coroner <b>James J. Steo</b>		68. (a) Name of Registrar <b>Bob Mar. 3</b>	
69. (a) Name of Coroner <b>James J. Steo</b>		70. (a) Name of Registrar <b>Bob Mar. 3</b>	
71. (a) Name of Coroner <b>James J. Steo</b>		72. (a) Name of Registrar <b>Bob Mar. 3</b>	
73. (a) Name of Coroner <b>James J. Steo</b>		74. (a) Name of Registrar <b>Bob Mar. 3</b>	
75. (a) Name of Coroner <b>James J. Steo</b>		76. (a) Name of Registrar <b>Bob Mar. 3</b>	
77. (a) Name of Coroner <b>James J. Steo</b>		78. (a) Name of Registrar <b>Bob Mar. 3</b>	
79. (a) Name of Coroner <b>James J. Steo</b>		80. (a) Name of Registrar <b>Bob Mar. 3</b>	
81. (a) Name of Coroner <b>James J. Steo</b>		82. (a) Name of Registrar <b>Bob Mar. 3</b>	
83. (a) Name of Coroner <b>James J. Steo</b>		84. (a) Name of Registrar <b>Bob Mar. 3</b>	
85. (a) Name of Coroner <b>James J. Steo</b>		86. (a) Name of Registrar <b>Bob Mar. 3</b>	
87. (a) Name of Coroner <b>James J. Steo</b>		88. (a) Name of Registrar <b>Bob Mar. 3</b>	
89. (a) Name of Coroner <b>James J. Steo</b>		90. (a) Name of Registrar <b>Bob Mar. 3</b>	
91. (a) Name of Coroner <b>James J. Steo</b>		92. (a) Name of Registrar <b>Bob Mar. 3</b>	
93. (a) Name of Coroner <b>James J. Steo</b>		94. (a) Name of Registrar <b>Bob Mar. 3</b>	
95. (a) Name of Coroner <b>James J. Steo</b>		96. (a) Name of Registrar <b>Bob Mar. 3</b>	
97. (a) Name of Coroner <b>James J. Steo</b>		98. (a) Name of Registrar <b>Bob Mar. 3</b>	
99. (a) Name of Coroner <b>James J. Steo</b>		100. (a) Name of Registrar <b>Bob Mar. 3</b>	

94734295  
94734295

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
CERTIFICATE OF DEATH  
Knoles Memorial Hospital

MEDICAL CERTIFICATE OF DEATH

Date of Death: **February 26th 1947** at **8:24 P.M.**

Time of Death: **11:45 to Feb. 28 47**

Age: **54** Sex: **MALE**

Place of Birth: **Chicago Illinois**

Cause of Death: **ARTERIO-SCLEROSIS & HYPERTENSION 18 yrs**

Other Conditions: **None**

Was an operative performed? **NO**

Was there an autopsy? **NO**

Was a coroner's inquest held? **NO**

Was a death certificate issued? **NO**