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Attorneys' National Title Network, Inc.

29 South LaSalle Street • Suite 905 • Chicago, IL 60603 • 312-407-0320

94859107

STATE OF ILLINOIS

COUNTY OF Cook

SS.

DEPT-11

225.50

180013 TRAN 9491 10/01/91 15:25:00

16260 # AF # 94-94-859107

COOK COUNTY RECORDER

JOINT TENANCY AFFIDAVIT

Florence Perlinski

hereinafter referred to as the affiant, states under oath that the affiant resides

at 3040 E. 192nd Street

In the City of Lansing

Illinois;

that the affiant was acquainted with Stephen J. Perlinski, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of a properly recorded joint tenancy warranty deed, said property,

located in Cook County, Illinois, and legally described as follows:

SEE ATTACHED

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 retained or of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent died on November 8, 1991, leaving no last will and testament;

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

and that the value of the above property individually was \$

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 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 of 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 Stephen J. Perlinski, the decedent;
- 2) Illinois State Inheritance Tax and Federal Estate 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.

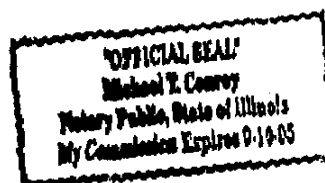
Florence Perlinski (Seal)

(Seal)

Subscribed and Sworn to before me

this 16 day of Sept, 1991.

Notary Public signature



25.50 RP

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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5/21/2011

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Lot 270 in Oakwood Estates Unit 9, being a Subdivision of part of the South Half (1/2) of the Northeast Quarter (1/4) of the Southeast Quarter (1/4) of Section 6, Township 35 North, Range 15, East of the Third Principal Meridian, according to the Plat thereof registered in the Office of the Registrar of Titles of Cook County, Illinois, on May 24, 1971, as Document Number 2558832.

Permanent Real Estate Index Number: 33-06-410-021

Address of Real Estate: 3040 E. 192nd Street, Lansing, IL 60438

Mail To: Michael T. Conroy
P.O. Box 27
Dalton, IL 604



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ATTORNEY'S NATIONAL
TITLE NETWORK, INC.

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STATE OF ILLINOIS

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Certified Copy of a Death Record

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.92	STATE OF ILLINOIS			STATE FILE NUMBER
	REGISTERED NUMBER 1537	MEDICAL CERTIFICATE OF DEATH			
Type or Print in PERMANENT ink See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED-NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
	STEPHEN J PERLINSKI		MALE	NOVEMBER 8, 1991	
A. B. C. D. E.	COUNTY OF DEATH		AGE - LAST BIRTHDAY (TIME)	UNDECEASED (AGE)	DATE OF BIRTH (MONTH, DAY, YEAR)
	4 COOK		59 71	NO	NO
CITY, TOWN, TWP. OR ROAD DISTRICT HOBBIN		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN ITEM 10, GIVE STREET AND NUMBER)		IF HOSP. OR INST. INDICATE S.O.A. (CIVILIAN OR MILITARY) (SPECIFY)	
44 PROVISIO TOWNSHIP		66 FOSTER G MCGAW HOSPITAL		NO INPATIENT	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MARRIED NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
7 POLAND		NO MARRIED	NO FLORENCE SZCZEPANEK		NO YES
SOCIAL SECURITY NUMBER		USUAL OCCUPATION	INDUSTRY OR BUSINESS		EDUCATION (SCHOOL) (COLLEGE) (UNIVERSITY)
10 332-05-2268		110 DRAFTSMAN	111 CONTINENTAL CAN		12 12
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO		COUNTY	
130 3040 192ND ST		130 LANSING		131 COOK	
STATE		PLACE (WHITE, BLACK, AMERICAN INDIAN, OR JAPANESE)	OF HISPANIC ORIGIN? (SPECIFY) (NO/YES) (IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, OR OTHER)		
130 ILLINOIS		140 WHITE	140 NO		
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE LAST			
18 JOHN PERLINSKI		18 MARY NORKOWSKI			
APPOINTMENT NAME (IF ON DEATH)		HOSPITAL RECORDS	MAILING ADDRESS (STREET AND ADDRESS) (CITY OR TOWN STATE ZIP)		
17 ROBERT A KALNICKY		170 RECORDS	170 2160 S 1ST AVE MAYWOOD IL 60153		
19. PARTY		Enter the disease, or compound, or list of causes of the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one on each line.			
Immediate Cause (Final disease or condition resulting in death)		(a) Left Ventricular Failure		1 wk	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) Malignant Hypertension		1 wk	
		(c) Coronary Artery Disease		> 5 yrs	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause (PART I)		AUTOPSY (YES/NO)		IF FEMALE, WAS THERE A PREGNANCY IN PART I (YES/NO) (IF YES, DO)	
Diabetes, Hypertension, Arteriosclerosis		NO		NO	
DATE OF OPERATION, IF ANY		MAJOR OPERATION			
11/3/91		Coronary bypass Xg. Arteriosclerosis			
16. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)		DATE OF DEATH (MONTH, DAY, YEAR)		HOURS OF DEATH	
191		191		5:40 A.M.	
TO THE BEST OF MY KNOWLEDGE, DATE, TIME, DATE AND PLACE AND TIME TO THE CAUSE(S) STATED		DATE SIGNED (MONTH, DAY, YEAR)		DATE OF DEATH (MONTH, DAY, YEAR)	
11/19/91		11/19/91		11/19/91	
SIGNATURE		NAME AND ADDRESS OF CERTIFIER (IF DECEASED)		ILLINOIS LICENSE NUMBER	
John L. Andershak		ORIGON ANDERSAK		125026337	
NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER)		CITY OR TOWN		STATE	
Montoya		Broadview, Illinois 60153		ILLINOIS	
MANNER OF DEATH (BURIAL, CREMATION, REMOVAL (SPECIFY))		CITY OR TOWN		STATE	
240 BURIAL		240 HOLY CROSS		240 CALUMET CITY ILLINOIS	
FUNERAL HOME		STREET AND NUMBER OR P.O.		CITY OR TOWN	
250 COMMUNITY-OPYT FUNERAL HOME LTD 14338 S INDIANA AVE RIVERDALE ILLINOIS 60627		250		250	
LOCAL HEALTH DEPARTMENT SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		FURNACE NO. (IF ANY)	
Richard J. Billib		Broadview, Illinois 60153		034 011213	
				NOVEMBER 10, 1991	

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 Vital Records Act.

DATE **NOV 11 1991** SIGNED **Richard J. Billib**
 AT **BROADVIEW, IL 60153**, Illinois OFFICIAL TITLE **Local Registrar of Vital Statistics**

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of the fact.

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