

# UNOFFICIAL COPY

## 94876608 Affidavit by Surviving Joint Tenant

L. R. .... Doc. No. .... Certificate No. ....

State of Illinois

County of Cook

THE PROPERTY INDEX NUMBER IS BEING PROVIDED AT THE CUSTOMER'S REQUEST. THE OFFICE OF THE RECORDER OF DEEDS DISCLAIMS ALL LIABILITY FOR ANY ERROR OR INACCURACY IN THE NUMBER. THE CUSTOMER ACCEPTS ALL RESPONSIBILITY FOR THE CORRECTNESS OF THIS PROPERTY INDEX NUMBER.

Stella R. Przybylaki

being first

duly sworn, upon oath deposes and says:

That she resides at ..... in the City of .....

and that she is one of the parties who took title, not in tenancy in common, but in joint tenancy, to real estate shown in Certificate of Title No. .... situated in said Cook County, Illinois,

described as follows:

Lot 33 in Block 15 in John R. Eberhart's Subdivision of the North East 1/4 of Section 23, Township 33 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

*PN# 19-23-226-023*

DEPT-01 RECORDING \$23.50  
T#0012 TRAN 3804 10/12/94 10:04:00  
#7797 SK \*-94-876608  
COOK COUNTY RECORDER

Affiant states that William T. Przybylaki

one of the said owners in joint

tenancy, died intestate, in the city (Village) of Chicago in the State of Illinois

as is confirmed by a Certificate of the health department of said municipality hereto attached.

Affiant states that the remaining joint tenant has not changed her marital status since

the issuance of Certificate of Title Number (except who

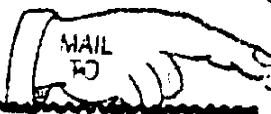
has been married but once since acquiring said real estate and then to .....

Further, that the affiant makes this affidavit for the purpose of inducing the Registrar of Titles of Cook County, Illinois, to issue a certificate of title to the surviving Joint Tenant to said above described premises, relying on this statement as true, and in consideration thereof affiant guarantees the truth of the statements herein contained.

*Stella R. Przybylaki*

Subscribed and sworn to before me

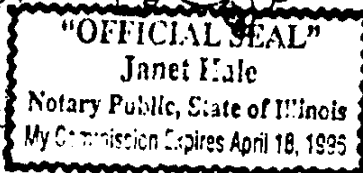
this 6th day of September 19 94



*HBH Trust L-3322  
606 Warner AVE.  
Lemont, IL 60439*

*Janet Hale*

NOTARY PUBLIC



*23 50*

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Property of Cook County Clerk's Office

94876608

**UNOFFICIAL COPY**  
**CITY OF CHICAGO - BOARD OF HEALTH**  
**OFFICE OF THE PRESIDENT**

STATE OF ILLINOIS }  
 COUNTY OF COOK }  
 CITY OF CHICAGO } SS

I, Herman N. Bundesen, M. D.,  
 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 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.*

JULY 21, 1955

**MEDICAL CERTIFICATE OF DEATH**

STATE FILE NO. **9889**

DECEASED'S BIRTH NO.:		STATE OF ILLINOIS <b>66-840</b>	DIST. NO. <b>3104</b>	REG. NO.
1. PLACE OF DEATH a. COUNTY <b>COOK</b> b. CITY (If outside corporate limits, or in RURAL, give township and road dist.) <b>CHICAGO</b>		2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission). a. STATE <b>ILLINOIS</b> b. COUNTY <b>COOK</b> c. CITY (If outside corporate limits, with RURAL, and give township or road dist.) <b>CHICAGO</b>		
c. FULL NAME OF HOSPITAL, OR INSTITUTION <b>3336 West 66th Place</b>		d. STREET ADDRESS (If rural, give location) <b>3336 West 66th Place</b>		
3. NAME OF DECEASED (Type as listed) <b>WILLIAM O. PRZYBYLSKI</b>		4. DATE (Month) (Day) (Year) DEATH <b>2-19-1954</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIAGE STATUS (Specify) <b>Married</b>	8. DATE OF BIRTH <b>11-15-1908</b>	
9. OCCUPATION (Give kind of work done during most of working life, or if retired) <b>INSPECTOR</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Ford Motor Co.</b>		11. BIRTHPLACE (State or foreign country) <b>ILLINOIS</b>
12. FATHER'S NAME <b>VINCENT PRZYBYLSKI</b>		13. MOTHER'S MAIDEN NAME <b>MARY FETTER</b>		14. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>351039103</b>		17. INFORMANT (Hospital, funeral home, or other) (Name) <b>Wife Przybylski</b>
18. CAUSE OF DEATH a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH b. This does not mean the cause of dying, such as heart failure, etc., but the disease, injury or complication which caused death. ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).				19. INTERVAL BETWEEN ONSET AND DEATH
Direct cause (a) <b>Cardiac Failure</b>				
Should condition, if any, leading first to the above cause (a), stating the underlying cause last. due to (b) <b>Hypertensive Heart Disease</b>				
due to (c)				
20. OTHER SIGNIFICANT CONDITIONS (Give those contributing to the death, but not related to the disease or condition causing death)				
21. DATE OF OPERATION	22. MAJOR FINDINGS OF OPERATION <b>94876600</b>		23. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24. ACCIDENT SOURCE (Specify)	25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)	26. CITY, TOWN, OR TOWNSHIP		COUNTY (STATE)
27. TIME (Month) (Day) (Year) (Hour)	28. INJURY OCCURRED (While at work) <input type="checkbox"/> (Not while at work) <input type="checkbox"/>	29. HOW DID INJURY OCCUR		
30. I hereby certify that I attended the deceased from <b>11 8 1</b> 19 <b>53</b> to <b>2 19</b> 54 that I am the deceased after on <b>2-19</b> 54, and that death occurred at <b>8:15 P.</b> m. from the causes and on the date stated above.				
31. SIGNATURE <b>Louis J. Lerner M.D.</b>		32. ADDRESS AND PHONE NO. <b>5604 West 63rd Street</b>		33. DATE SIGNED <b>2-19-1954</b>
34. SOCIAL SECURITY NO. <b>2-33</b>		35. RECEIVED FOR FILING ON: <b>1954 FEB 21 AM 11 51</b>		
36. COUNTY <b>JUSTICE ILLINOIS</b>		37. SIGNED <b>John Harry Patka</b> LOCAL REGISTRAR Address <b>1258 West 51st St</b>		
38. SIGNATURE <b>John Harry Patka</b> License Number <b>6807</b>		39. SIGNED <b>Herman N. Bundesen</b> REGISTRAR Address Reserved For State Office		