

UNOFFICIAL COPY

94371232



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

Order No. _____

DANIEL J. FEDOR being duly sworn
states that he resides at 5515 OTTO PLACE in the City of
OAK LAWN

That he was acquainted with JOHN FEDOR
deceased who, at the time of his death, was one of the owners of the land in COOK
County, Illinois, described as:

Lot 45 and the West 5 feet of lot 46 in block 6 in John F. Eberhart's
Subdivision of the North East quarter of the North West quarter of
Section 23, Township 38 North, Range 13, East of the Third Principal
Meridian, in Cook County, Illinois.

Permanent index number: 19-23-110-036-0000
Commonly known as: 3708 W. 64th Place, Chicago, Illinois

DEPT-01 RECORDING 60629 \$23.50
T#7777 TRAN 9631 04/25/94 14:09:00
#7249 ÷ LC #-94-371232
COOK COUNTY RECORDER

That the deceased died JOHN FEDOR 3-27-94, as evidenced by a
certified copy of death certificate of the deceased attached hereto.

That the deceased died:

94371232

Leaving no Last Will & Testament.

Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven
will should be filed with the Clerk of the Probate Division of the Circuit Court of
COOK County, Illinois.

Leaving a Last Will & Testament which was filed in the Unproven Will Eo. of the Probate
Division of the Circuit Court of _____ County, Illinois about _____

That the total value of the estate of the deceased, including both real and personal property owned by
the deceased either individually or in joint tenancy at the time of the death of the deceased, does not
exceed the sum of _____ dollars.

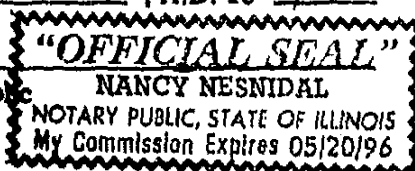
Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue
its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

DANIEL FEDOR

this 18th day of April, A.D. 1994

Nancy Nesnidal
Notary Public



X Daniel J. Fedor
(affiant's signature)

Return to: Daniel Fedor
5515 Otto Bl.
Oak Lawn, Ill. 60453

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94071202

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I HEREBY CERTIFY that the foregoing is a true and correct copy of the death record for the decedent named in 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 March 29, 1994

Signed *Charles P. ...*

At Cook County Department of Public Health Official Title Chief Deputy Registrar, 1010 Lake Street, Oak Park, Illinois 60301

REGISTRATION DISTRICT NO. 16.0
REGISTERED NUMBER

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
940712002

STATE FILE NUMBER

1. DECEASED-NAME John		FIRST		MIDDLE		LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
2. COUNTY OF DEATH Cook		AGE-LAST BIRTHDAY (MOS)		UNDER 1 DAY		UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)		3. March 27 1994	
4. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER Chicago Ridge		HOSPITAL OR OTHER INSTITUTION NAME (IF NOT NEMEM, OR STREET ADDRESS)		FEDOR		FEDOR		5. October 21 1905		6. Inpatient	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		8a. Widowed		8b. NAME OF SURVIVING SPOUSE (LAST, FIRST, MIDDLE & SUFFIX)		8c. NAME OF SURVIVING SPOUSE (LAST, FIRST, MIDDLE & SUFFIX)		8d. NAME OF SURVIVING SPOUSE (LAST, FIRST, MIDDLE & SUFFIX)		8e. NAME OF SURVIVING SPOUSE (LAST, FIRST, MIDDLE & SUFFIX)	
8. SOCIAL SECURITY NUMBER 321 26 2724		9. USUAL OCCUPATION Labor		10. KIND OF BUSINESS OR INDUSTRY Steel Ind.		11. EDUCATION (SPECIFY GRADE COMPLETED)		12. EDUCATION (SPECIFY GRADE COMPLETED)		13. EDUCATION (SPECIFY GRADE COMPLETED)	
13a. RESIDENCE (STREET AND NUMBER) 3708 W. 64th Pl		13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO. Chicago 7		13c. INSIDE CITY (YES/NO)		13d. INSIDE CITY (YES/NO)		13e. INSIDE CITY (YES/NO)		13f. INSIDE CITY (YES/NO)	
13d. STATE IL		13e. ZIP CODE 60629		13f. RACE (WHITE, BLACK, AMERICAN INDIAN OR ALASKA NATIVE, HISPANIC ORIGIN)		13g. RACE (WHITE, BLACK, AMERICAN INDIAN OR ALASKA NATIVE, HISPANIC ORIGIN)		13h. RACE (WHITE, BLACK, AMERICAN INDIAN OR ALASKA NATIVE, HISPANIC ORIGIN)		13i. RACE (WHITE, BLACK, AMERICAN INDIAN OR ALASKA NATIVE, HISPANIC ORIGIN)	
14. FATHER-NAME Michael		14a. FIRST		14b. MIDDLE		14c. LAST		14d. MOTHER-NAME Elizabeth		14e. MOTHER-NAME (FIRST, MIDDLE, LAST)	
15. MOTHER-NAME Elizabeth		15a. FIRST		15b. MIDDLE		15c. LAST		15d. MOTHER-NAME (FIRST, MIDDLE, LAST)		15e. MOTHER-NAME (FIRST, MIDDLE, LAST)	
16. DECEASED'S NAME (TYPE OR PRINT) Daniel Fedor		16a. FIRST		16b. MIDDLE		16c. LAST		16d. MOTHER-NAME Elizabeth		16e. MOTHER-NAME (FIRST, MIDDLE, LAST)	
17. PART I Immediate Cause (Final diagnosis or condition resulting in death) Cerebrovascular Accident		17a. Enter the disease, or complications, or conditions, or causes of death, or heart failure. List only one on each line. Cerebrovascular Accident		17b. Enter the mode of dying, such as cardiac or respiratory arrest. Cardiac Arrest		17c. Enter the date and time of death. March 27 1994 5:15 PM		17d. Enter the date and time of death. March 27 1994 5:15 PM		17e. Enter the date and time of death. March 27 1994 5:15 PM	
18. PART II Underlying Cause (Underlying condition or disease that resulted in the condition or conditions given in Part I) Hypertension		18a. Enter the disease, or complications, or conditions, or causes of death, or heart failure. List only one on each line. Hypertension		18b. Enter the mode of dying, such as cardiac or respiratory arrest. Cardiac Arrest		18c. Enter the date and time of death. March 27 1994 5:15 PM		18d. Enter the date and time of death. March 27 1994 5:15 PM		18e. Enter the date and time of death. March 27 1994 5:15 PM	
19. DATE OF OPERATION, IF ANY		20. MAJOR FINDINGS OF OPERATION		21. AUTOPSY (YES/NO)		22. AUTOPSY (YES/NO)		23. AUTOPSY (YES/NO)		24. AUTOPSY (YES/NO)	
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION		20c. MAJOR FINDINGS OF OPERATION		20d. MAJOR FINDINGS OF OPERATION		20e. MAJOR FINDINGS OF OPERATION		20f. MAJOR FINDINGS OF OPERATION	
21. I (DOD) (DATE AND TIME) END THE DECEASED AND LAST SAKE (IF EVER ALIVE ON)		21a. DATE AND TIME		21b. DATE AND TIME		21c. DATE AND TIME		21d. DATE AND TIME		21e. DATE AND TIME	
22. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED		22a. DATE AND TIME		22b. DATE AND TIME		22c. DATE AND TIME		22d. DATE AND TIME		22e. DATE AND TIME	
23. SIGNATURE KAREN E. SHOFF, M.D.		23a. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CENTER)		23b. ADDRESS (STREET AND NUMBER OR R.F.D.)		23c. CITY OR TOWN		23d. STATE		23e. ZIP	
24. BURIAL, CREMATION, REMOVAL (SPECIFY)		24a. CEMETERY OR CREMATORIUM-NAME		24b. LOCATION		24c. CITY OR TOWN		24d. STATE		24e. DATE (MONTH, DAY, YEAR)	
25. FUNERAL HOME		25a. STREET AND NUMBER OR R.F.D.		25b. CITY OR TOWN		25c. STATE		25d. DATE (MONTH, DAY, YEAR)		25e. DATE (MONTH, DAY, YEAR)	
26. LOCAL REGISTRAR'S SIGNATURE KAREN E. SHOFF, M.D.		26a. REGISTRAR		26b. ADDRESS (STREET AND NUMBER OR R.F.D.)		26c. CITY OR TOWN		26d. STATE		26e. ZIP	
27. LOCAL REGISTRAR'S SIGNATURE KAREN E. SHOFF, M.D.		27a. REGISTRAR		27b. ADDRESS (STREET AND NUMBER OR R.F.D.)		27c. CITY OR TOWN		27d. STATE		27e. ZIP	

Illinois Department of Public Health - Division of Vital Records

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