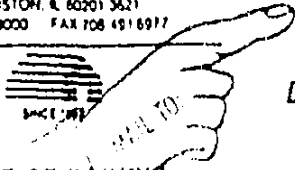


UNOFFICIAL COPY

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REI REAL ESTATE INDEX

1820 RIDGE AVENUE
EVANSTON, IL 60201-3621
708 864 9000 FAX 708 491 8977



DEPT-01 RECORDING \$25.50
T#0001 TRAN 8924 07/19/95 10:07:00
267 CG *-95-467295
COOK COUNTY RECORDER

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF _____

SS.

Order No. _____

245057

Mary A. Ziembra

being duly sworn

states that she resides at 15120 El Cameno Terrace in the City of Orland Park, Illinois

That she was acquainted with Raymond J. Ziembra

deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

Lot 12 in Cameno Terrace, a Resubdivision of Lot 12 in Cameno Re'al Unit 2, a Subdivision in the Northwest quarter of the Northeast Quarter of Section 16, Township 36 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

(95467295) RT-8520 110

95467295

Pin#27-16-205-012

That the deceased died 3-10-87, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

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 _____ County, Illinois.

Leaving a Last Will & Testament which was filed in the Unproven Will Box 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

Mary A. Ziembra

this 15 day of June, A.D. 19 95

Jennifer J. Sharp
Notary Public

OFFICIAL SEAL
Jennifer J. Sharp (Affiant's Signature)
Notary Public, State of Illinois
My Commission Expires 8-18-98

Handwritten initials/signature

UNOFFICIAL COPY

Property of Cook County Clerk's Office

UNOFFICIAL COPY

I HEREBY CERTIFY THAT THE FOLLOWING 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 16, 1994 Signed: [Signature]
At Court Court Department of Public Health Official Title: Chief Deputy Registrar, 1010 Lake Street, Oak Park, Illinois 60461

551005

REGISTRATION DISTRICT NO. 160
REGISTERED MEMBER

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

DECLARED NAME: **RAY**

REGISTERED MEMBER: **RAY**

SEX: **MALE** DATE OF BIRTH: **3 MARCH 16, 1994**

1. FULL NAME: **COOK**

AGE (LAST BIRTHDAY): **64**

DATE OF DEATH: **18 JANUARY 1990**

2a. PALOS HEIGHTS CHICAGO, IL.

3a. PALOS COMMUNITY HOSPITAL

4. ICD-9 CODE: **9**

5. 324-22-2326

6. LOSS CONTROL

7. COUNTY: **COOK**

10a. 15120 EL CAMENO TERRACE

11b. ORLAND PARK

13c. YES

13a. ILLINOIS

14b. XING

15. LEOPOLD ZIEMBA

15a. MARY ZIEMBA

17b. WIFE

17c. 15120 EL CAMENO TERR. ORLAND PARK, ILL.

18 PART 1

19a. YES

20a. YES

21a. YES

22a. YES

23a. YES

24a. YES

25a. YES

26a. YES

27a. YES

28a. YES

29a. YES

29b. YES

30a. YES

31a. YES

32a. YES

33a. YES

34a. YES

35a. YES

36a. YES

37a. YES

38a. YES

39a. YES

40a. YES

41a. YES

42a. YES

43a. YES

44a. YES

45a. YES

46a. YES

47a. YES

48a. YES

49a. YES

50a. YES

51a. YES

52a. YES

53a. YES

54a. YES

55a. YES

56a. YES

57a. YES

58a. YES

59a. YES

60a. YES

61a. YES

28a. SIGNATURE OF DECEASED: [Signature]
28b. SIGNATURE OF WITNESS: [Signature]
29a. SIGNATURE OF PHYSICIAN: [Signature]
29b. SIGNATURE OF OTHER: [Signature]
30a. SIGNATURE OF ATTENDING PHYSICIAN OR OTHER: [Signature]
31a. SIGNATURE OF PHYSICIAN: [Signature]
31b. SIGNATURE OF OTHER: [Signature]
32a. SIGNATURE OF PHYSICIAN: [Signature]
32b. SIGNATURE OF OTHER: [Signature]
33a. SIGNATURE OF PHYSICIAN: [Signature]
33b. SIGNATURE OF OTHER: [Signature]
34a. SIGNATURE OF PHYSICIAN: [Signature]
34b. SIGNATURE OF OTHER: [Signature]
35a. SIGNATURE OF PHYSICIAN: [Signature]
35b. SIGNATURE OF OTHER: [Signature]
36a. SIGNATURE OF PHYSICIAN: [Signature]
36b. SIGNATURE OF OTHER: [Signature]
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41b. SIGNATURE OF OTHER: [Signature]
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42b. SIGNATURE OF OTHER: [Signature]
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59b. SIGNATURE OF OTHER: [Signature]
60a. SIGNATURE OF PHYSICIAN: [Signature]
60b. SIGNATURE OF OTHER: [Signature]
61a. SIGNATURE OF PHYSICIAN: [Signature]
61b. SIGNATURE OF OTHER: [Signature]

26a. LOCAL HEALTH DEPARTMENT: [Signature]
26b. LOCAL HEALTH DEPARTMENT: [Signature]
26c. LOCAL HEALTH DEPARTMENT: [Signature]
26d. LOCAL HEALTH DEPARTMENT: [Signature]
26e. LOCAL HEALTH DEPARTMENT: [Signature]
26f. LOCAL HEALTH DEPARTMENT: [Signature]
26g. LOCAL HEALTH DEPARTMENT: [Signature]
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26i. LOCAL HEALTH DEPARTMENT: [Signature]
26j. LOCAL HEALTH DEPARTMENT: [Signature]
26k. LOCAL HEALTH DEPARTMENT: [Signature]
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26m. LOCAL HEALTH DEPARTMENT: [Signature]
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26o. LOCAL HEALTH DEPARTMENT: [Signature]
26p. LOCAL HEALTH DEPARTMENT: [Signature]
26q. LOCAL HEALTH DEPARTMENT: [Signature]
26r. LOCAL HEALTH DEPARTMENT: [Signature]
26s. LOCAL HEALTH DEPARTMENT: [Signature]
26t. LOCAL HEALTH DEPARTMENT: [Signature]
26u. LOCAL HEALTH DEPARTMENT: [Signature]
26v. LOCAL HEALTH DEPARTMENT: [Signature]
26w. LOCAL HEALTH DEPARTMENT: [Signature]
26x. LOCAL HEALTH DEPARTMENT: [Signature]
26y. LOCAL HEALTH DEPARTMENT: [Signature]
26z. LOCAL HEALTH DEPARTMENT: [Signature]

27a. LOCAL HEALTH DEPARTMENT: [Signature]
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27v. LOCAL HEALTH DEPARTMENT: [Signature]
27w. LOCAL HEALTH DEPARTMENT: [Signature]
27x. LOCAL HEALTH DEPARTMENT: [Signature]
27y. LOCAL HEALTH DEPARTMENT: [Signature]
27z. LOCAL HEALTH DEPARTMENT: [Signature]

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