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95215774



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

} ss.

Order No. _____

BERTHA M. WYSOCKI

being duly sworn

states that she resides at 4829 N. Central Avenue in the City of Chicago, Illinois 60630

That she was acquainted with ANTHONY M. WYSOCKI deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

(SEE ATTACHED)

DEPT-01 RECORDING \$25.00
T#0012 TRAN 3343 03/30/95 10:59:00
#3619 JM *-95-215774
COOK COUNTY RECORDER

2500

That the deceased died December 21, 1994, 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 ONE HUNDRED THOUSAND AND NO/100 (\$100,000.00) 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.

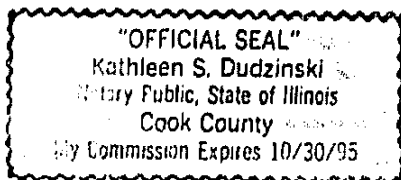
Subscribed and sworn to before me by the said

this 23 day of March, A.D. 19 95

Kathleen S. Dudzinski
Notary Public

Bertha M. Wysocki
(affiant's signature)
Bertha M. Wysocki

FORM 3105



BOX 333-CTI

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PROPERTY

PROPERTY OF COOK COUNTY CLERK'S OFFICE



PROPERTY OF COOK COUNTY CLERK'S OFFICE

[Faint, mostly illegible text, likely a document or form, possibly containing names and dates.]

Property of Cook County Clerk's Office

COOK COUNTY CLERK'S OFFICE
100 S. DEARBORN ST.
CHICAGO, ILL. 60604
TEL: 312-603-4000
WWW.COOKCOUNTYCLERK.COM

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UNIT NO. 205 AS DELINEATED ON PLAT OF SURVEY OF THE FOLLOWING DESCRIBE PARCEL OF REAL ESTATE (HEREINAFTER REFERRED TO AS "PARCEL"); THE NORTH 1/2 OF LOT 12 AND ALL OF LOT 13 IN ROBERT'S LAWRENCE AVENUE SUBDIVISION, A SUBDIVISION OF BLOCKS 48 AND 49 IN THE VILLAGE OF JEFFERSON IN THE SOUTHWEST 1/4 OF SECTION 9, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. WHICH PLAT OF SURVEY IS ATTACHED AS EXHIBIT A TO DECLARATION OF CONDOMINIUM MADE BY NATIONAL BOULEVARD BANK OF CHICAGO, A NATIONAL BANKING ASSOCIATION, AS TRUSTEE UNDER TRUST AGREEMENT DATED NOVEMBER 20, 1968 AND KNOWN AS TRUST NUMBER 2918, RECORDED IN THE OFFICE OF THE RECORDER OF DEEDS OF COOK COUNTY, ILLINOIS, AS DOCUMENT NO. 2122004, TOGETHER WITH AN UNDIVIDED 3.057 PERCENT INTEREST IN SAID PARCEL (EXCEPTING FROM SAID PARCEL ALL THE PROPERTY AND SPACE COMPRISING ALL THE UNITS THEREOF AS DEFINED AND SET FORTH IN SAID DECLARATION AND PLAT OF SURVEY).

13-09-328058-1017

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DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.0B	STATE OF ILLINOIS	STATE FILE NUMBER	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH		
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS DECEASED B C D E PARENTS CAUSE CERTIFIER DISPOSITION	1. DECEASED-NAME FIRST MIDDLE LAST ANTHONY M. WYSOCKI		SEX 2. MALE	
	DATE OF DEATH (MONTH, DAY, YEAR) 3. DECEMBER 21, 1994			
	4. COUNTY OF DEATH Cook		DATE OF BIRTH (MONTH, DAY, YEAR) 5d. November 3, 1922	
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 8a. OAK LAWN		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 8b. CHRIST HOSPITAL	
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Chicago, Illinois		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Divorced	
	SOCIAL SECURITY NUMBER 10. 339-18-5006		USUAL OCCUPATION 11. Dock Hand	
	RESIDENCE (STREET AND NUMBER) 13a. 7558 South HARLEM		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. Bridgeview	
	STATE 13a. Illinois		ZIP CODE 140455	
	FATHER-NAME FIRST MIDDLE LAST 15. Stanley Wysocki		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16. Rose N/A	
	INFORMANT'S NAME (TYPE OR PRINT) 17a. Martin Wysocki		RELATIONSHIP 17b. Son	
18. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. (a) MYOCARDIAL INFARCT (b) Atherosclerosis (c) FRAGILITY		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17a. 1731615 N. Hanlon Rd. Green Oaks, IL 60048		
PART II. Other significant conditions contributing to death but not resulting in the primary cause given in PART I.		AUTOPSY (YES/NO) 19a. NO		
DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20c.		
1. (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON 21a. 12/20/94 December 22 1994		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. YES		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH 21c. 8:13 PM 12/21/94		
22a. SIGNATURE KIDANU BIRHANU MD		DATE SIGNED (MONTH, DAY, YEAR) 22b. December 22 94		
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. KIDANU BIRHANU 4921 W. 79th ST, BURBANK, ILL.		ILLINOIS LICENSE NUMBER 22d. 036072060		
23. BURIAL, CREMATION, REMOVAL (SPECIFY) 23a. Entombment		CEMETERY OR CREMATORY-NAME 24b. St. Adalbert		
FURNERAL HOME 25a. MALEC & SONS FUNERAL HOME 6000 N. MILWAUKEE AVE. CHICAGO ILLINOIS 60646		LOCATION CITY OR TOWN STATE 24c. Niles Illinois		
FURNERAL DIRECTOR'S SIGNATURE Wesley Stinich		DATE (MONTH, DAY, YEAR) 24d. Dec. 24, 1994		
LOCAL REGISTRAR'S SIGNATURE KAREN L. SCOTT, M.D.		FURNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-011619		
25a. REGISTRAR		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 28b. DEC 22 1994		

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 DECEMBER 22, 1994 SIGNED *C. Louis Brown*
 AT EVANSTON Illinois OFFICIAL TITLE LOCAL REGISTRAR

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 in all courts and places of the facts therein stated.

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