

UNOFFICIAL COPY
Attorneys' Title Guaranty Fund, Inc.

STATE OF ILLINOIS

COUNTY OF Cook

SS.

90452175

DEPT. OF RECORDING 125.50
T30001 TRAR 127 10/11/06
11461 SJ * 96-452175
COOK COUNTY RECORDER

JOINT TENANCY AFFIDAVIT

75 50
N/S

John Bohonowicz, hereinafter referred to as the affiant, states under oath that the affiant resides at 92 N. Wolcott in the City of Chicago, Illinois.

that the affiant was acquainted with Olga Bohonowicz, 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:

Lot 11 in the Subdivision of the East 1/2 of Block 6 in Tousey Cochran Cram and Raymonds Subdivision of the West 1/4 of the Southeast 1/4 of Section 0, Township 09 North, Range 14, East of the Third Principal Meridian. Address: 932 N. Wolcott Ave Chicago, Ill 60642-4204

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

That the decedent died on December 30, 1987, 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 Guaranty 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 Guaranty 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 Olga Bohonowicz, 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.

MAIL 10
received by
PAUL KULAS
3001 N. WILCOTT AVE
CHICAGO, ILL 60642

John Bohonowicz (Seal)
John Bohonowicz (Seal)

Subscribed and Sworn to before me

(330474) RE: TITLE SERVICES # KG-1076-11

this 1st day of June, 19 92

Paul Kulas
Notary Public

OFFICIAL SEAL
PAUL KULAS
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 10/15/94

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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Property of Cook County Clerk's Office

90058175

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JAN 4 1988

625764

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

DATE FILED

NUMBER

REGISTRATION DISTRICT NO. 18-10

REGISTERED NUMBER

1. DECEASED - NAME: **John Bohonowicz** SEX: **Male** DATE OF BIRTH: **10/14/1926** COUNTY OF DEATH: **Cook**

2. PLACE OF BIRTH: **Poland** (COUNTRY) **St. Mary of Nazareth Hospital** (CITY, TOWN, TWP. OR ROAD DISTRICT NO.) **Chicago, Ill.** (STATE)

3. RACE: **White** SEX: **Male** DATE OF DEATH: **12/30/1987** COUNTY OF DEATH: **Cook**

4. USUAL OCCUPATION: **Homemaker** (CITY, TOWN, TWP. OR ROAD DISTRICT NO.) **Chicago, Ill.** (STATE)

5. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **Widowed**

6. SOCIAL SECURITY NUMBER: **28-0146**

7. RESIDENCE: **932 N. Wolcott** (CITY, TOWN, TWP. OR ROAD DISTRICT NO.) **Chicago, Ill.** (STATE)

8. FATHER - NAME: **John Kikisz** (CITY, TOWN, TWP. OR ROAD DISTRICT NO.) **Chicago, Ill.** (STATE)

9. MOTHER - MAIDEN NAME: **Anna Wolk** (CITY, TOWN, TWP. OR ROAD DISTRICT NO.) **Chicago, Ill.** (STATE)

10. RELATIONSHIP: **Son** (STREET AND NO. OR R.F.D. WITH TOWN, STATE, ZIP) **172 932 N. Wolcott, Chicago, Illinois**

11. DEATH WAS CAUSED BY: **Cardiac infarction** (CITY, TOWN, TWP. OR ROAD DISTRICT NO.) **Chicago, Ill.** (STATE)

12. INTERMEDIATE CAUSE: **General coronary artery disease**

13. MAJOR FINDINGS OF OPERATION: **30 years**

14. OTHER SIGNIFICANT CONDITIONS: **None**

15. DATE OF OPERATION, IF ANY: **None**

16. SIGNATURE OF CERTIFIER: **Dr. John P. ...** (TYPE OR PRINT) DATE: **12/31/1987**

17. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: **Mary Klodnycky, M.D.** (TYPE OR PRINT) ADDRESS: **2233 W. Division, Chicago, Illinois** ILLINOIS LICENSE NUMBER: **36-43501**

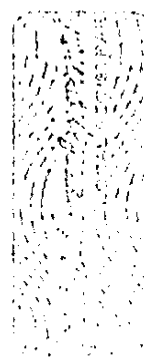
18. CEMETERY OR CREMATORY: **St. Nicholas** (CITY OR TOWN) **Chicago, Illinois** (STATE) DATE: **Jan 4, 1988**

19. FUNERAL HOME: **Muzyka Funeral Home** (CITY OR TOWN) **Chicago, Illinois** (STATE) ILLINOIS LICENSE NUMBER: **60622**

20. LOCAL REGISTRAR'S SIGNATURE: **...** (TYPE OR PRINT) DATE: **JAN 4 1988**

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

LOUISE E. EDWARDS, M.D., M.P.H.,
LOCAL REGISTRAR OF VITAL STATISTICS
OF THE CITY OF CHICAGO, DO HEREBY
CERTIFY THAT I AM THE PEOPLE OF
THE RECORDS OF BIRTHS, DEATHS,
AND MARRIAGES OF THE CITY OF CHICAGO
AND THAT THE ACCOMPANYING CERTIFICATE
IS A TRUE COPY AS A
RECORD KEPT BY ME IN PURSUANCE OF
SAYED LAWS AND ORDINANCES



THIS CERTIFIED COPY VALID
WHEN MULTICOLOR SEAL AND
BLUE SIGNATURE ARE AFFIXED

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