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STATE OF ILLINOIS

SS.

DEPT-11 TURNING

\$25.50

COUNTY OF COOK

140015 TRAN 9341 05/13/96 13:54:00

40068 : TB * -96-453030

COOK COUNTY RECORDER

JOINT TENANCY AFFIDAVIT

Anne M. Maczek, hereby referred to as the affiant, states under oath that the affiant resides at 7258 Hill, in the city of Niles, Illinois, that the affiant was acquainted with Casimir V. Maczek, 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 THIRTY SIX (36) BLOCK EIGHT (8)

In Niles Terrace, First Addition, being a subdivision of part of the east half (1/2) of the Northeast Quarter (1/4) of section 24, township 41 North, range 12, east of the third Principal Meridian, according to Plat thereof registered in the Office of the Registrar of titles of Cook County, Illinois on March 9, 1956 as document number 1655892.

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also known as: 7258 W. Hill St., Niles, IL 60714
 PIN: 09-24-209-037

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interest in the 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 September 6, 1989, leaving no/a last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ NA, and that the value of the above property individually was \$ NA.

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 Attorney's Title Guaranty Fund, Inc. to issue its policy of title insurance on the above

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March 2, 2011

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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 Attorney's Title Guaranty Fund, Inc. harmless and to reimburse The Fund for all the 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 Casimir V. Maczek, 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 of contribution.

[Signature] (Seal)
_____ (Seal)

Subscribed and sworn to before me this 28th day of May, 1994.

[Signature]

Notary Public



Note: If the decedent left a will, it will be necessary that the original or 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.

Prepared by:
Joseph La Zara
8111 N. Milwaukee Ave.
Niles, Illinois, 60714

Mail to:
Joseph La Zara
8111 N. Milwaukee Ave.
Niles, Illinois, 60714



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MEDICAL CERTIFICATE OF DEATH

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DISTRICT NO. 100		DECEASED-NAME CASIMER V. MACZEK		SEX Male	DATE OF DEATH (MONTH DAY YEAR) September 6, 1989
REGISTERED NUMBER COOK		AGE LAST BIRTHDAY (YRS) MONTH DAYS 58 69	UNDERLYING DAY MONTH YEAR 5d 20 1989		
CITY TOWN TWP OR ROAD DISTRICT NUMBER 58 Niles		HOSPITAL OR OTHER INSTITUTION-NAME IF NOT IN EITHER GIVE STREET AND NUMBER 80 7258 W. Lill St.		# HOSP OR INST INDICATE D.O.A. OR EMER. ADM. IN-PATIENT (SPECIFY) 9c	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago, IL		MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY) 88 Married		WAS DECEASED EVER ILLUS ARMED (YES) (YES/NO) 9	
SOCIAL SECURITY NUMBER 10 325 16 6607		USUAL OCCUPATION 11a Accountant		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12	
RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. COUNTY 13a 7258 W. Lill St. 13b Niles 13c Yes 13d Cook		RACE (WHITE BLACK AMERICAN INDIAN OR OTHER SPECIFY) 14a White		OF HISPANIC OR PORTO RICAN ORIGIN? (SPECIFY NO OR YES-IF YES SPECIFY CUBAN MEXICAN PUERTO RICAN ETC.) 14b No	
FATHER'S NAME FIRST MIDDLE LAST 15 Felix Maczek		MOTHER'S NAME FIRST MIDDLE LAST 16 Valerie Tryos		(MAIDEN) LAST	
INFORMANT'S NAME (TYPE OR PRINT) 17a Anne Maczek		RELATIONSHIP 17b Wife		MAILING ADDRESS (STREET AND NO. OR P.O. CITY OR TOWN STATE ZIP) 17c 7258 W. Lill St. Niles, IL. 60648	
18 PART I Immediate Cause (Final cause of condition resulting in death) (a) Sepsis due to pneumonia		18 PART II Other significant conditions contributing to death but not resulting in the underlying cause given in PART I (b) DUE TO OR AS A CONSEQUENCE OF		MIDDLE INITIAL AND LAST NAME OF DECEASED 9ms	
CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATE IN THE UNDERLYING CAUSE LAST. (b) DUE TO OR AS A CONSEQUENCE OF		19a AUTOPSY (YES/NO) 19b NO 19c YES		IF FEMALE WAS THERE A PREGNANCY TEST THREE MONTHS PRIOR TO HOUR OF DEATH 20c YES NO	
DATE OF OPERATION, IF ANY 20b		MAJOR FINDINGS OF OPERATION 20c		DATE SIGNED (MONTH DAY YEAR) 21c 9:35 A.M. 22d Sept. 6, 1989	
19 (10) (C) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a 7/29/89		WAS CORNER OF MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b NO		ILLINOIS LICENSE NUMBER 22d 3647247	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22a Dr. T. Kistellius 7435 Talcott Ave. Chicago, IL 60631		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 22c		NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORNER OF MEDICAL EXAMINER MUST BE NOTIFIED	
BURIAL CEMETERY (NAME) REMOVAL SPECIFY (TYPE OR PRINT) 23a Bupa		CITY OR TOWN STATE 23b Des Plaines ILL.		DATE (MONTH DAY YEAR) 23c 9/8/1989	
STREET AND NUMBER OF R.F.D. NAME 23d Skaja Terrace Funeral Home 7812 Milwaukee Ave. Niles, Illinois 60648		CITY OR TOWN STATE 23e Niles Illinois 60648		FURNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 23f 6102	
LOCAL FUNERAL HOME'S SIGNATURE 24a Mitchell Skaja		DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) 24b Sept. 7, 1989		24c	
LOCAL FUNERAL HOME'S NAME 24d Skaja Terrace Funeral Home		DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) 24e Sept. 7, 1989		24f	

I HEREBY CERTIFY THAT the foregoing is 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 **SEP 07 1989** SIGNED *Nadine McCarriff*

At Cook County, Department of Public Health
1500 S. Maybrook Drive - Maywood, Illinois 60154
Official Title Deputy Registrar

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