

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS.
 COUNTY OF COOK)

96478647

THE UNDERSIGNED AFFIANT, SOPHIE LIS, a widow and not since remarried, residing at 5324 S. Latrobe Ave., Chicago, IL (County of Cook), being duly sworn states as follows:

DEPT-01 RECORDING \$25.50
 T#2222 TRAN 0858 06/21/96 12:30:00
 #8390 JL #-96-478647
 COOK COUNTY RECORDER

1. That the affiant was married to WALTER LIS, deceased. That the deceased died on 1/17/77, as evidenced by a certified copy of his death certificate attached hereto.
 2. That the deceased died leaving no Last Will & Testament.
 3. 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, did not exceed the sum of Twenty Thousand Dollars (\$20,000.00). The affiant inherited all of the deceased's assets by joint tenancy or as a beneficiary thereof. No Illinois Inheritance Tax or Federal Estate Tax was due from the deceased.
 4. That the deceased and the affiant were husband and wife, and they were the sole owners in joint tenancy of the following land: LEGAL DESCRIPTION IS TYPED ON THE BACK OF THIS AFFIDAVIT, AND INCORPORATED HEREIN BY THIS REFERENCE.
- Address: 5324 S. Latrobe Ave., Chicago, IL 60628
 PIN # 19-09-320-019-0000
5. Affiant states that she was never divorced from the deceased in any state or county.
 6. Affiant makes this affidavit for the purpose of removing the deceased's name from the title, and transferring the above referenced land into the affiant's recently established trust.

Subscribed and sworn to before me by said affiant, SOPHIE LIS, on this 23 day of May, 1996.

"OFFICIAL SEAL"
 RONALD JANSKI
 Notary Public, State of Illinois
 My Commission Expires 9/12/96

Sophie M. Lis
 SOPHIE LIS, Affiant

96478647

This Instrument Prepared By: John G. Berger, Attorney, 3007 Fresno Lane, Homewood, IL 60430.

AFTER RECORDING, RETURN TO: John G. Berger, Attorney, 3007 Fresno Lane, Homewood, IL 60430.

\$25.50
 I.R.

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LEGAL DESCRIPTION

Address of Real Estate: 5324 S. Latrobe Ave., Chicago, IL 60638

Permanent Index Numbers: 19-09-320-019-0000

LEGAL DESCRIPTION:

Lot thirteen (13) in Block ten (10) in Hetzel's Archer Avenue Addition, a Subdivision of the East half of the South West quarter of Section nine (9), Township thirty eight (38) North, Range thirteen (13), East of the Third Principal Meridian, in COOK COUNTY, ILLINOIS**

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Property of Cook County Clerk's Office

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Department of Health and Rehabilitative Services
DIVISION OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH
FLORIDA

STATE FILE NO. _____

REGISTRAR'S NO. _____

TYPE OR PRINT IN
PERMANENT INK
SEE INSTRUCTIONS
FOR
FILLING IN

| | | | |
|--|---|--|--|
| DECEASED—NAME 1. Walter John Lis | | SEX Male | DATE OF DEATH (MONTH, DAY, YEAR) January 17, 1977 |
| RACE (SPECIFY) White | AGE—LAST BIRTHDAY (YEARS) 67 | DATE OF BIRTH (MONTH, DAY, YEAR) Aug. 2, 1909 | COUNTY OF DEATH Indian River |
| CITY, TOWN, OR LOCATION OF DEATH Roseland | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) No 9910 Brevard Avenue | | |
| STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Illinois | CITIZEN OF WHAT COUNTRY U.S.A. | MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (SPECIFY) Widower | SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NAME) Sophie Wojcik |
| SOCIAL SECURITY NUMBER 321-05-1819A | USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Machinist | KIND OF BUSINESS OR INDUSTRY Crane Co. | |
| RESIDENCE—STATE Illinois | COUNTY Cook | CITY, TOWN, OR LOCATION Chicago | STREET AND NUMBER 5324 S. Latrobe Ave. |
| FATHER—NAME John Lis | MOTHER—MAIDEN NAME Ann Fliz | | |
| INFORMANT—NAME Sophie Lis | MARRIAGE ADDRESS 5324 S. Latrobe Avenue Chicago, Illinois 60638 | | |
| PART I. DEATH CAUSED BY: (a) Natural Cause (Nonviolent) (b) History of cardiorenal disease (moderate) | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) (b) (c) | | | AUTOPSY (YES OR NO) No |
| PROBABLE ACCIDENT, SUICIDE OR HOMICIDE, OR UNDETERMINED (Specify) | DATE OF INJURY (MONTH, DAY, YEAR) | HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 13) | |
| INJURY AT WORK (SPECIFY YES OR NO) | PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) | LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) | |
| CERTIFICATION—PHYSICIAN: I ATTESTED THE DECEASED FROM | TO | AND LAST SAW HIM/HER ALIVE ON | DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. |
| CERTIFICATION—MEDICAL EXAMINER OR CORONER, ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. | Found | HOPE OF DEATH | DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. |
| CERTIFIER—NAME (TYPE OR PRINT) H. L. Schofield | SIGNATURE | DATE SIGNED (MONTH, DAY, YEAR) 1-17-77 | |
| MARRIAGE ADDRESS—CERTIFIER 1840 25th | STREET OR R.F.D. NO., CITY OR TOWN, STATE Vero Beach Florida | CITY OR TOWN, STATE 32960 | |
| BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | CEMETERY OR CREMATORY—NAME Resurrection Cemetery | LOCATION Summit, Illinois | |
| DATE January 19, 1977 | FUNERAL HOME—NAME AND ADDRESS Colonial Funeral Homes | CITY OR TOWN, STATE Indian River Drive Sebastian Florida | 32958 |
| FUNERAL DIRECTOR—SIGNATURE | REGISTRAR—SIGNATURE | DATE RECEIVED BY LOCAL REGISTRAR | |

"I HEREBY CERTIFY THE ABOVE TO BE A TRUE AND CORRECT COPY OF THE LOCAL REGISTRAR'S RECORD ON FILE IN THE INDIAN RIVER COUNTY HEALTH DEPARTMENT AT VERO BEACH, FLORIDA."

THIS IS NOT VALID UNLESS THE RAISED SEAL OF THE INDIAN RIVER COUNTY HEALTH DEPARTMENT IS AFFIXED.

[Signature]
COUNTY HEALTH DIRECTOR, REGISTRAR

[Signature]
DEPUTY REGISTRAR

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