

DEPT-11 TORRENS \$27.50
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#0838 : TP * -96-713097
COOK COUNTY RECORDER

96713097

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

Order No. _____

Anthony L. Zaba being duly sworn
states that he resides at 6431 W. 16th Street in the City of
Berwyn, Illinois

That he was acquainted with Katherine M. Zaba
deceased who, at the time of her death, was one of the owners of the land in
Cook County, Illinois, described as:

That the deceased died June 27, 1996, as evidenced by 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 deceased, does not exceed the sum of _____ dollars.

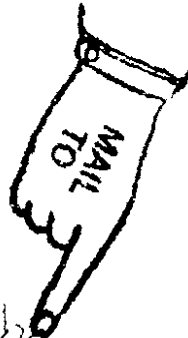
Subscribed and sworn to before me by the said
Anthony L. Zaba Affiant
this 28th day of August, A.D. 19 96

OFFICIAL SEAL
HANAN MERZA
Notary Public, State of Illinois
My Commission Expires Aug. 6, 1998

Hanan Merza
NOTARY PUBLIC
Anthony L. Zaba
(Affiant's signature)

27.50
+8

UNOFFICIAL COPY



mail to:

Anthony L. Zaba
6431 W. 16th Street
Berwyn, IL 60402

Prepared by:

Cindy M. Comella
600 Radnor Drive
Roselle, IL 60172

45075496

Property of Cook County Clerk's Office

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The West 8 feet of LOT TWENTY (20)
LOT TWENTY-ONE (21)

BLOCK SIXTY-THREE (63) in Pige's Subdivision of Blocks 62 and 63 in
the Subdivision of Section 19, Town 39 North, Range 13, East of the Third
Principal Meridian. (Except the South 300 acres thereof).

16-19-230-037-0000

36723037

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Property of Cook County Clerk's Office

6077496

UNOFFICIAL COPY

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the record for the person named 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: JUL 1 1996

SIGNED: Robert C. Beckhaus

AT: BERWYN, ILLINOIS

OFFICIAL TITLE: REGISTRAR

The original record is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. Local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of this record by the Department of Public Health or the local registrar shall be prima facie evidence in all courts and places of the facts therein.

PERMANENT CERTIFICATE
 TEMPORARY CERTIFICATE

Type of final in PERMANENT OR TEMPORARY See Coroner's or Funeral Director's Handbook for INSTRUCTIONS

REGISTRATION DISTRICT NO 16.21
 REGISTERED NUMBER 561

STATE OF ILLINOIS
 MEDICAL EXAMINER'S - CORONER'S
 CERTIFICATE OF DEATH

DECEASED NAME Katherine M. Zaba
 COUNTY OF DEATH CHICAGO, IL
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6431 W. 16th St.

AGE LAST BIRTHDAY 74
 SEX F
 DATE OF BIRTH (MONTH, DAY, YEAR) JULY 4, 1921

DECEASED NAME Katherine M. Zaba
 COUNTY OF DEATH CHICAGO, IL
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6431 W. 16th St.
 HOSPITAL OR OTHER INSTITUTIONAL NAME (IF NOT BIRTH PLACE) MACLEOD HOSPITAL

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) CHICAGO, IL
 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED, OR SINGLE MARRIED
 NAME OF SURVIVING SPOUSE (LAST NAME, FIRST NAME, INITIALS) Anthony Zaba

SOCIAL SECURITY NUMBER 333-14-5462
 USUAL OCCUPATION Housewife
 NAME OF BUSINESS OR INDUSTRY Domestic

STATE IL
 ZIP CODE 60402
 OF HIS/RACIAL ORIGIN (SPECIFY OR YES-IF YES SPECIFY OTHER RACIAL ORIGIN) White
 MOTHER-NAME Catherine Smith

FATHER-NAME John Bruen
 RELATIONSHIP Husband
 MAILING ADDRESS (STREET AND NO. OR P.O. BOX) CITY OR TOWN, STATE, ZIP 6431 W. 16th St. Berwyn, IL 60402

18 PART I: Immediate Cause (Final diagnosis or condition resulting in death) Sudden Cardiac Arrest
 19 PART II: Other significant conditions contributing to death but not classified in the underlying cause given in PART I

CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST
 (b) DUE TO (c) AS A CONSEQUENCE OF

20 NATURAL ACCIDENT, SUICIDE, SUICIDE UNDER DURESS, HOMICIDE, HOMICIDE UNDER DURESS, PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY)
 21 I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INFORMATION THIS DEATH OCCURRED ON THE DATE AT THE PLACE AND DUE TO THE CAUSE(S) STATED AND THAT

22 SIGNATURE OF CORONER/MEDICAL EXAMINER George A. Jones, M.D.
 23 SIGNATURE OF REGISTRAR Nancy L. Jones, M.D.

24a BURIAL, CREATION, REMOVAL, SPECIFIC BURIAL Queen of Heaven
 24b CEMETERY OR CREMATORIUM-NAME Queen of Heaven
 24c LOCATION Hillside
 24d CITY OR TOWN IL
 24e STATE IL
 24f DATE (MONTH, DAY, YEAR) JULY 1, 1996

25a FUNERAL DIRECTOR'S SIGNATURE Joseph Nosek
 25b STREET AND NUMBER OR P.O. BOX 6431 W. 16th St. Berwyn, IL 60402
 25c CITY OR TOWN IL
 25d STATE IL
 25e DATE (MONTH, DAY, YEAR) JUL 1 1996

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