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96736148

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF COOK)

COOK COUNTY
RECORDER
JESSE WHITE
ROLLING MEADOWS

09-26-96 13:10
RECORDING 23.00
MAIL 0.50
96736148

MICHAEL MAZUREK,

being duly sworn states

that he resides at 4264 Emerson Ave., Schiller Park, Il. 60176

That he was acquainted with **JOHN MAZUREK**, deceased, who, at the time of his death, was one of the owners in the land in Cook County, Illinois, described as follows:

Lot 41 in Block 1 in McAuley and Elliotts Subdivision, being a Subdivision of the North half of the North East quarter of the North East Quarter of Section 33, Township 40 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

13-33-203-026

4940 W. Medill, Chicago, Il. 60639

That the deceased died **APRIL 11, 1987**, as evidenced by a certified copy of death certificate of the deceased attached hereto.

The deceased died: leaving **NO** Last Will and Testament.

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individual or in joint tenancy at the time of the death of the deceased, does not exceed the sum of 100,000.00.

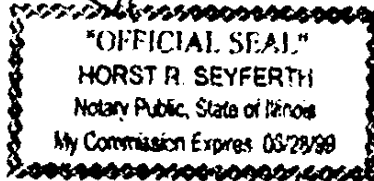
Subscribed and sworn to before me by the said **MICHAEL MAZUREK** this 24th day of June 1996

Horst R. Seyferth

Notary Public

Michael Mazurek

Affiant's signature



MAIL TO:

Horst R. Seyferth

ATTORNEY AT LAW
4003 N. ELSTON AVENUE
CHICAGO, ILLINOIS 60618

96736148



23.50

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April 14, 1987.

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I, LONNIE C EDWARDS M.D. M.P.A.,
LOCAL REGISTRAR OF VITAL STATISTICS
OF THE CITY OF CHICAGO, DO HEREBY
CERTIFY THAT I AM THE KEEPER OF
THE RECORDS OF BIRTHS, STILLBIRTHS
AND DEATHS OF THE CITY OF CHICAGO
BY VIRTUE OF THE LAWS OF THE
STATE OF ILLINOIS AND THE
ORDINANCES OF THE CITY OF CHICAGO.
THAT THE ACCOMPANYING CERTIFICATE
ON THIS SHEET IS A TRUE COPY AS A
RECORD KEPT BY ME IN PURSUANCE OF
SAID LAWS AND ORDINANCES.

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

STATE FILE
NUMBER
6072208

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

REGISTRATION
DISTRICT NO. 16.10

1. DECEASED - NAME FIRST: JOHN MIDDLE: MAZUREK LAST: MAZUREK	2. SEX: MALE	3. DATE OF DEATH (MONTH, DAY, YEAR): APRIL 11, 1987
4. PLACE OF BIRTH (CITY, STATE, COUNTY, ZIP CODE) POLISH, 56, Chicago	5. DATE OF BIRTH (MONTH, DAY, YEAR): JULY 14, 1920	6. COUNTY OF DEATH: Cook
7. CITY, TOWN, VILLAGE, OR ROAD DISTRICT NUMBER Chicago	8. HUSBAND OR SURVIVING SPOUSE (NAME AND NAME OF WIFE) KATHERINE WOLAN	9. MARITAL STATUS (MARRIED, SINGLE, DIVORCED, SEPARATED, WIDOWED, NEVER MARRIED) MARRIED
10. CITIZENSHIP (U.S.A., FOREIGN) U.S.A.	11. KIND OF BUSINESS OR INDUSTRY REST LIQUORS	12. SOCIAL SECURITY NUMBER 427-62-5797
13. RESIDENCE STREET AND NUMBER 4940 W. MEDILL	14. CITY, TOWN, VILLAGE, OR ROAD DISTRICT NO. CHICAGO	15. FATHER - NAME STANISLAW MAZUREK
16. MOTHER - NAME KATHERINE MAZUREK	17. RELATIONSHIP WIFE	18. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 174940 W. MEDILL CHICAGO ILLINOIS 60639
19. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE ONE (a), (b), AND (c); INDICATE CHAIN OF CAUSE) a) CARCINOMA OF LUNG WITH METASTASES 9 MONTHS b) c) d)	20. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE ONE (a), (b), AND (c); INDICATE CHAIN OF CAUSE) a) b) c) d)	21. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE ONE (a), (b), AND (c); INDICATE CHAIN OF CAUSE) a) b) c) d)
22. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE OF DEATH (LIST ALL) a) b) c) d)	23. DATE OF OPERATION, IF ANY MARCH 24, 1987	24. MAJOR FINDINGS OF OPERATION MARCH 24, 1987
25. SIGNATURE AND ADDRESS OF CERTIFIER DR. MARCO ORR MD 1515 N. HARLEM CHICAGO, ILLINOIS 60635	26. HOUR OF DEATH 8:30 P. M.	27. DATE SIGNED (MONTH, DAY, YEAR) APRIL 13, 1987
28. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE AND PRINT) DR. MARCO ORR MD 1515 N. HARLEM CHICAGO, ILLINOIS 60635	29. ILLINOIS LICENSE NUMBER 36-068020	30. NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
31. CEMETERY OF CREMATOR (NAME AND ADDRESS) MARYHILL	32. LOCATION NILES, ILLINOIS	33. DATE (MONTH, DAY, YEAR) APRIL 15, 1987
34. FUNERAL HOME NAME BARAN FUNERAL HOME, LTD. 2644-46 N. CENTRAL AVE. CHICAGO, ILLINOIS 60639	35. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 9178	36. LOCAL REGISTRAR'S SIGNATURE Lonnie C. Edwards M.D. M.P.A.
37. LOCAL REGISTRAR'S SIGNATURE Lonnie C. Edwards M.D. M.P.A.	38. DATE (MONTH, DAY, YEAR) APR 14 1987	39. ILLINOIS DEPARTMENT OF PUBLIC HEALTH - OFFICE OF VITAL RECORDS (BASED ON 1978 U.S. STANDARD CERTIFICATE)

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