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REAL ESTATE INDEX
1820 RIDGE AVE
EVANSTON, IL 60201

State of Illinois
County of COOK ss.

DEPT-01 RECORDING

\$23.50

T#0001 TRAN 5879 09/30/96 09:59:00

#7194 RC *-96-740672

COOK COUNTY RECORDER

96740672

DECEASED JOINT TENANCY AFFIDAVIT

SALLY PALUCH being duly sworn states
that SHE resides at 5332 S. NORDICA AVENUE in the City of
CHICAGO

That SHE was acquainted with JOHN T. PALUCH,
THE deceased who, at the time of HIS
death, was one of the owners of the land in COOK
County, Illinois, described as:

That the deceased died JUNE 20, 1960
as evidenced by a 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 _____
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 _____

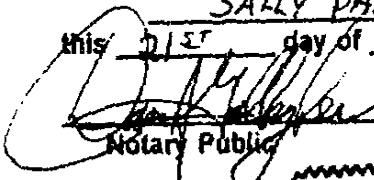
That the total value of the estate of the deceased, including both
real and personal property owned by the deceased either individually or in
joint tenancy at the time of the death of the deceased, does not exceed the
sum of one hundred thousand and no/100^{ths} dollars.

Affiant makes this affidavit for the purpose of inducing the Real
Estate Index to issue its Title Insurance Policy describing the above
mentioned property.

Subscribed and sworn to before me by the said

SALLY PALUCH

this 21ST day of SEPTEMBER A.D. 19 96


Notary Public

X Sally Paluch
(Affiant's Signature)



Standard BK + Trust
7800 W 95th St
Hickory Hills, IL 60757

2350
RBI TITLE SERVICES # R9-26074 Paap/106

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Property of Cook County Clerk's Office

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SEP 16 1966

STATE OF ILLINOIS
County of Cook

DAVID D. ORR, County Clerk

I, DAVID D. ORR, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David D. Orr
County Clerk

42157

ORIGINAL

STATE OF ILLINOIS

STATE FILE NUMBER

DECEDENT'S BIRTH NO.		MEDICAL CERTIFICATE OF DEATH		REGISTRATION DISTRICT NO. 16.10	REGISTERED NUMBER
1. PLACE OF DEATH a. COUNTY COOK		2. USUAL RESIDENCE (Where deceased lived. If multiple, residence before admission.) a. STATE ILLINOIS		b. COUNTY COOK	
b. Death took place <input type="checkbox"/> OUTSIDE city limits and in <input checked="" type="checkbox"/> INSIDE city limits and in the city, village, or town named as follows:		c. Residence was <input type="checkbox"/> OUTSIDE city limits and in <input checked="" type="checkbox"/> INSIDE city limits and in the city, village, or town named as follows:		TOWNSHIP	
c. CITY, VILLAGE, OR TOWN CHICAGO		d. LENGTH OF STAY IN is or is 56 YRS		e. CITY, VILLAGE, OR TOWN CHICAGO	
e. NAME OF HOSPITAL OR INSTITUTION 5332 S. NORDICA		f. LENGTH OF STAY IN is 10 YRS		g. STREET ADDRESS 5332 S. NORDICA	
3. NAME OF DECEASED a. (FIRST) JOHN		b. (MIDDLE) J		c. (LAST) PALUCH	
4. DATE OF DEATH JUNE 20 1960		5. SEX MALE		6. RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 8-22-1903		9. AGE (in years, months, days) 56	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER		10b. KIND OF BUSINESS OR INDUSTRY MAIL ORDER		11. BIRTHPLACE (City and state or foreign country) CHICAGO ILLINOIS	
12. Citizen of what country? U.S.A.		13. FATHER'S FULL NAME CASIMIR PALUCH		14. MOTHER'S FULL MARRIAGE NAME UNKNOWN	
15. Was deceased ever in U.S. Armed Forces? (Yes, no, or unknown) (If yes, give unit or dates of service) No		16. SOCIAL SECURITY NUMBER 318-10-6717		17. INFORMATION a. SIGNATURE <i>Raymond J. Paluch</i>	
18. CAUSE OF DEATH		b. ADDRESS 5431 S. MULLIGAN		c. RELATIONSHIP TO DECEASED SON	
PART I. DEATH WAS CAUSED BY [Enter only one cause per line for IAL, IB1, and ICL]					
IMMEDIATE CAUSE (IAL)		ACUTE CORONARY OCCLUSION 1/2 hr		INTERNAL BETWEEN ONSET AND DEATH	
Conditions, if any, which give rise to the above IMMEDIATE CAUSE (IAL), stating the UNDERLYING cause last		due to IB1 ARTERIOSCLEROTIC HEART DISEASE 4 yrs		due to ICL	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION (Mention in PART IAL)					
19. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
20. DESCRIBE CIRCUMSTANCES OF INJURY, IF ANY, WHOSE NATURE IS MENTIONED IN PART I OR PART II ABOVE.					
21. I hereby certify that I attended the deceased from 6/1956 to 6/20 19 60 , that I last saw the deceased alive on 6/18 19 60 , and death occurred at 8:25 P M. from the causes and on the date stated above.					
DATE SIGNED 6/20/60		ADDRESS 4255W 63rd St		PHONE RE-5-4884	
22. DISPOSITION: BURIAL, REMOVAL, CREMATION DATE: 6-24-1960		23. FIRM NAME SILER & GUZDZIOŁ		ADDRESS 2819 ARCHER AVE	
CEMETERY RESURRECTION		SIGNATURE <i>Edward J. Kral</i>		LICENSE NUMBER 5512	
LOCATION JUSTICE, ILLINOIS		24. Received for filing on JUN 23 1960 (Signed) <i>Edward J. Kral</i>			
54 West Hubbard Street, Chicago 10				CHICAGO BOARD OF HEALTH LOCAL REGISTRAR	

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