

# UNOFFICIAL COPY

95814560

## Attorneys' Title Guaranty Fund, Inc.

STATE OF ILLINOIS

COUNTY OF COOK

SS.

DEPT-01 RECORDING \$23.50  
 700009 TRAN 5167 10/25/96 12:08:00  
 #4616 # SK \* - 56 - 814560  
 COOK COUNTY RECORDER  
 DEPT-10 PENALTY \$20.00

### JOINT TENANCY AFFIDAVIT

DEBRA KOWALCZYK, hereinafter referred to as the affiant, states under oath that the affiant resides at 2108 WEST HURON in the City of CHICAGO, Illinois.

that the affiant was acquainted with HENRY KOWALCZYK, 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 97 IN BLOCK 6 IN THE CANAL TRUSTEES SUBDIVISION OF SECTION 7, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. P.I.N. 17-07-106-041 COMMONLY KNOWN AS 2108 W. HURON, CHICAGO, IL

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in 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 OCTOBER 14, 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 \$ 20,000.00

and that the value of the above property individually was \$ 20,000.00

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 Attorneys' Title Guaranty Fund, Inc. to issue its policy of title insurance on the above 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 Attorneys' Title Guaranty Fund, Inc. harmless and to reimburse the Fund for all 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 HENRY KOWALCZYK, 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 to contribution.

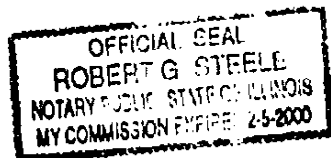
(Debra) Kowalczyk (Seal)  
 DEBRA KOWALCZYK

\_\_\_\_\_ (Seal)

Subscribed and Sworn to before me

this 17th day of September, 19 96.

Robert G. Steele  
 Notary Public



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

2350  
 2000

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6/17/74



Mail to  
Robert G. Steele  
3413 North Lincoln Avenue  
Chicago, IL 60657

Property of Cook County Clerk's Office

295

STATE OF ILLINOIS  
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER  
620096

OCT 2 9 1989

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

SS

REGISTRATION DISTRICT NO. 16.10  
REGISTERED NUMBER

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH MONTH DAY YEAR  
HENRY KOWALCZYK MALE 3. OCTOBER 19, 1989

1. COUNTY OF DEATH CITY, TOWN, TRP. OR ROAD DISTRICT NUMBER  
4. COOK CHICAGO

5a. AGE LAST BIRTHDAY (MYS) 5a. 66  
5b. MONTHS 5c. DAYS 5d. HOURS 5e. MINUTES  
6. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT MEMBER GIVE STREET AND NUMBER) 6a. ILLINOIS MASONIC MEDICAL CENTER  
6b. NAME OF SURVIVING SPOUSE (MARRIAGE #) 6c. TRIPATIENT  
6d. NAME OF SURVIVING SPOUSE (MARRIAGE #) 6e. INPATIENT  
6f. NAME OF SURVIVING SPOUSE (MARRIAGE #) 6g. INPATIENT  
6h. NAME OF SURVIVING SPOUSE (MARRIAGE #) 6i. INPATIENT

7. BIRTHPLACE (CITY AND STATE OR POSTOFFICE/COUNTRY) 7a. CLEVELAND OHIO  
8. MARRIED, UNMARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. MARRIED  
9. WAS DECEASED EVER IN THE U.S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD (YES OR NO) 9. YES

10. SOCIAL SECURITY NUMBER 326-16-9085  
11. RESIDENCE (STREET AND NUMBER) CITY, TOWN OR ROAD DISTRICT NO. COUNTY STATE  
13a. 2108 W. HURON ST. CHICAGO COOK ILL.

13b. ZIP CODE 60612  
13c. RACE (WHITE, BLACK, AMERICAN INDIAN OR ALASKA NATIVE, HISPANIC OR LATINO) 13d. WHITE  
14. FATHER-NAME FIRST MIDDLE LAST 14a. JOHN HENRY KOWALCZYK  
14b. MOTHER-NAME FIRST MIDDLE LAST 14c. ANTONIA BERNAS

15. INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP TO DECEASED MAILING ADDRESS (STREET AND NO. AND CITY, TOWN OR ROAD DISTRICT NO. AND STATE) 15a. MOLLY RIVERA 17b. RECORDS 17c. 1736 WILKINGTON; CHICAGO, ILLINOIS 60657

16. PART I: (For the deceased, report all conditions that caused the death. Do not omit the cause of death, even if it is a contributing cause. Do not omit the cause of death, even if it is a contributing cause. Do not omit the cause of death, even if it is a contributing cause.)  
17. IMMEDIATE CAUSE (Final cause or condition resulting in death) SEVERE CORONARY ARTERY DISEASE  
18. CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) CORONARY ATHEROSCLEROSIS (b) DUE TO OR AS A CONSEQUENCE OF (c) STAINING THE UNDERLYING CAUSE LAST

19. DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION  
20a. 20b. 20c. 20d. 20e. 20f. 20g. 20h. 20i. 20j. 20k. 20l. 20m. 20n. 20o. 20p. 20q. 20r. 20s. 20t. 20u. 20v. 20w. 20x. 20y. 20z.

21. (IF YOU DID NOT ATTEND THE DECEASED AND LAST SAW HIM HER ALIVE ON) MONTH DAY YEAR  
21a. 21b. 21c. 21d. 21e. 21f. 21g. 21h. 21i. 21j. 21k. 21l. 21m. 21n. 21o. 21p. 21q. 21r. 21s. 21t. 21u. 21v. 21w. 21x. 21y. 21z.

22. SIGNATURE (TYPE OR PRINT) NAME AND ADDRESS OF SIGNER (TYPE OR PRINT)  
22a. 22b. 22c. 22d. 22e. 22f. 22g. 22h. 22i. 22j. 22k. 22l. 22m. 22n. 22o. 22p. 22q. 22r. 22s. 22t. 22u. 22v. 22w. 22x. 22y. 22z.

23. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)  
23a. 23b. 23c. 23d. 23e. 23f. 23g. 23h. 23i. 23j. 23k. 23l. 23m. 23n. 23o. 23p. 23q. 23r. 23s. 23t. 23u. 23v. 23w. 23x. 23y. 23z.

24. BIRTHPLACE (CITY AND STATE OR POSTOFFICE/COUNTRY) CITY, TOWN, TRP. OR ROAD DISTRICT NUMBER STATE  
24a. 24b. 24c. 24d. 24e. 24f. 24g. 24h. 24i. 24j. 24k. 24l. 24m. 24n. 24o. 24p. 24q. 24r. 24s. 24t. 24u. 24v. 24w. 24x. 24y. 24z.

25. MACHACEK MELONE FUNERAL HOME 2245 W. HURON ST. CHGO. ILL. 60612  
25a. 25b. 25c. 25d. 25e. 25f. 25g. 25h. 25i. 25j. 25k. 25l. 25m. 25n. 25o. 25p. 25q. 25r. 25s. 25t. 25u. 25v. 25w. 25x. 25y. 25z.

26. LOCAL REGISTRAR'S SIGNATURE DATE THE LOCAL REGISTRAR ASSIGNED HIS DUTY (MONTH DAY YEAR)  
26a. 26b. 26c. 26d. 26e. 26f. 26g. 26h. 26i. 26j. 26k. 26l. 26m. 26n. 26o. 26p. 26q. 26r. 26s. 26t. 26u. 26v. 26w. 26x. 26y. 26z.

27. LOCAL REGISTRAR'S SIGNATURE DATE THE LOCAL REGISTRAR ASSIGNED HIS DUTY (MONTH DAY YEAR)  
27a. 27b. 27c. 27d. 27e. 27f. 27g. 27h. 27i. 27j. 27k. 27l. 27m. 27n. 27o. 27p. 27q. 27r. 27s. 27t. 27u. 27v. 27w. 27x. 27y. 27z.

28. LOCAL REGISTRAR'S SIGNATURE DATE THE LOCAL REGISTRAR ASSIGNED HIS DUTY (MONTH DAY YEAR)  
28a. 28b. 28c. 28d. 28e. 28f. 28g. 28h. 28i. 28j. 28k. 28l. 28m. 28n. 28o. 28p. 28q. 28r. 28s. 28t. 28u. 28v. 28w. 28x. 28y. 28z.

29. LOCAL REGISTRAR'S SIGNATURE DATE THE LOCAL REGISTRAR ASSIGNED HIS DUTY (MONTH DAY YEAR)  
29a. 29b. 29c. 29d. 29e. 29f. 29g. 29h. 29i. 29j. 29k. 29l. 29m. 29n. 29o. 29p. 29q. 29r. 29s. 29t. 29u. 29v. 29w. 29x. 29y. 29z.

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

96814560

I, JAMES W. MASTERSON, M.P.H., ACTING LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS 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.

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