

# UNOFFICIAL COPY

JOINT TENANCY AFFIDAVIT

96818699

DEPT-01 RECORDING \$25.50  
 T40011 TRAN 3926 10/28/96 15:58:00  
 #6543 + KF \*--96-818699  
 COOK COUNTY RECORDER  
 DEPT-10 PENALTY \$22.00

State of Illinois )  
 ) SS.  
 County of C o o k )

DANIEL C. MATUSZEWSKI

hereby referred to as  
 the affiant, states under  
 oath that the affiant resides at 2540 Massachusetts Ave. NW  
 in the City of Washington, DC ~~Illinois~~, that the affiant was  
 acquainted with IRENE MATUSZEWSKI, 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:

2550

Lot 29 in Block 3 and Hinkamp and Company's 55th Street and Crawford Avenue  
 Subdivision, being a Subdivision of Lots 1 to 123 in Lillian's 55th Street  
 Subdivision of the North half of the Northeast quarter of the Northeast  
 quarter of Section 15, Township 38 North, Range 13, East of the Third  
 Principal Meridian, in Cook County, Illinois.

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 1/19/96, leaving no/a last will and  
 testament;

That the total value of decedent's estate, including the taxable  
 interest in the above property was \$ 150,000.00, and that the  
 value of the above property individually was \$ 100,000.00.

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' National  
 Title Network, 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' National  
 Title Network, Inc. harmless and to reimburse the  
 title company for all loss, costs, damages, suits, attorney's fees  
 and expenses of every kind and nature which said title company may  
 suffer, expend or incur by reason of the issuance of said policy  
 free and clear of the following objections:

96818699

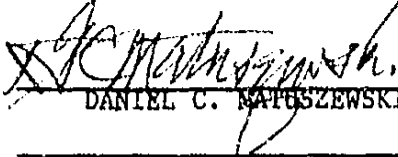
UNOFFICIAL COPY

Property of Cook County Clerk's Office

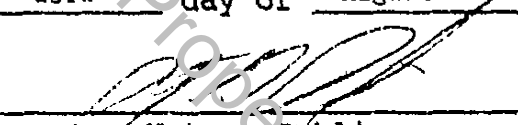
00016689

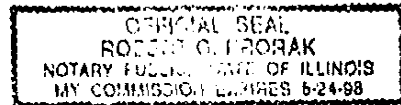
# UNOFFICIAL COPY

1. Claims against the Estate of IRENE MATUSZEWSKI, 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 of contribution.

  
DANIEL C. MATUSZEWSKI (SEAL)  
\_\_\_\_\_  
(SEAL)

Subscribed and sworn to before me this  
23rd day of August, 1996.

  
\_\_\_\_\_  
Notary Public

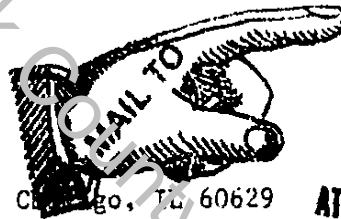


Prepared by:  
ROBERT G. PRORAK, ATTY. AT LAW  
8303 W. HIGGINS, #300  
CHICAGO, IL 60631

Mail to:  
ROBERT G. PRORAK, ATTY. AT LAW  
8303 W. HIGGINS, #300  
CHICAGO, IL 60631

PIN# 19-15-205-037

Common Address: 5548 S. Karlov, Chicago, IL 60629



ATTORNEYS' NATIONAL TITLE NETWORK  
THREE FIRST NATIONAL PLAZA  
SUITE 270  
CHICAGO, IL 60602

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

98018699

UNOFFICIAL COPY

Property of Cook County Clerk's Office

66918099

REGISTRATION DISTRICT NO. **16.10**  
 REGISTERED NUMBER

STATE FILE NUMBER  
**601223**

**MEDICAL CERTIFICATE OF DEATH**

STATE OF ILLINOIS  
 COUNTY OF COOK  
 CITY OF CHICAGO

**DECEASED NAME** FIRST **IRENE** MIDDLE **C.** LAST **MATUSZEWSKI** SEX **2 FEMALE** DATE OF BIRTH (MONTH DAY YEAR) **JANUARY 19, 1996** (MONTH DAY YEAR)

**CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER** **CHICAGO** **HOLY CROSS HOSPITAL** **INPATIENT**

**AGE - LAST BIRTHDAY (YRS)** **84** **UNDER 1 YEAR** **50** **DAYS** **50** **HOURS** **50** **MIN.** **50**

**HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)** **HOLY CROSS HOSPITAL** **INPATIENT**

**BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)** **Chicago, Ill.** **WIDOWED**

**SOCIAL SECURITY NUMBER** **346-07-4760** **SALES LADY**

**RESIDENCE (STREET AND NUMBER)** **5548 S. Karlov** **CHICAGO** **COOK**

**STATE** **Illinois** **130** **YES** **NO**

**FATHER - NAME** FIRST **John** MIDDLE **Burza** LAST **Burza** **16** **RELATIONS HP** **17 Daughter** **17c 5548 S. Karlov, Chicago, Ill. 60632**

**15. INFORMANT NAME (TYPE OR PRINT)** **John Burza** **16** **RELATIONS HP** **17 Daughter** **17c 5548 S. Karlov, Chicago, Ill. 60632**

**17a. Gloria Cap**

**18. PART I. Enter the cause, manner, or compensation for the death. Do not enter the mode of dying, such as suicide or respiratory arrest, shock, or heart failure. List only one cause on each line.**

**(a) Immediate Cause (Final disease or condition resulting in death)**  
**(b) Intermediate Cause (DUE TO OR AS A CONSEQUENCE OF)**  
**(c) Stating the underlying cause last.**

**19. MAJOR FINDINGS OF AUTOPSY (IF ANY)** **Cerebrovascular disease**

**20b. DATE OF OPERATION, IF ANY** **1/19/96**

**20c. DATE SIGNED (MONTH DAY YEAR)** **1/19/96**

**20d. HOUR OF DEATH** **1:16 P.M.**

**20e. ILLINOIS LICENSE NUMBER** **036059350**

**20f. SIGNATURE AND ADDRESS OF CERTIFIER** **Robert J. Andina, M.D.**  
**22c. 6250 South Archer Chicago, Illinois 60638**

**20g. NAME OF ATTENDING PHYSICIAN (OTHER THAN CERTIFIER)**

**21. WAS CORNER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)** **NO**

**21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED**

**21b. DATE SIGNED (MONTH DAY YEAR)** **1/19/96**

**21c. HOUR OF DEATH** **1:16 P.M.**

**21d. ILLINOIS LICENSE NUMBER** **036059350**

**21e. SIGNATURE AND ADDRESS OF CERTIFIER** **Robert J. Andina, M.D.**  
**22c. 6250 South Archer Chicago, Illinois 60638**

**21f. NAME OF ATTENDING PHYSICIAN (OTHER THAN CERTIFIER)**

**22. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)** **Chicago, Ill.** **WIDOWED**

**23. SOCIAL SECURITY NUMBER** **346-07-4760** **SALES LADY**

**24. RESIDENCE (STREET AND NUMBER)** **5548 S. Karlov** **CHICAGO** **COOK**

**25. STATE** **Illinois** **130** **YES** **NO**

**26. FATHER - NAME** FIRST **John** MIDDLE **Burza** LAST **Burza** **16** **RELATIONS HP** **17 Daughter** **17c 5548 S. Karlov, Chicago, Ill. 60632**

**27. MANNER OF DEATH** **17c 5548 S. Karlov, Chicago, Ill. 60632**

**28. LOCAL REGISTERED SIGNATURE** **Sheila L. Yne, RSM**

**29. LOCAL REGISTERED SIGNATURE** **Jonathan F. Siedlecki, RSM**

**30. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**31. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**32. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**33. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**34. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**35. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**36. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**37. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**38. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**39. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**40. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**41. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**42. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**43. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**44. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**45. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**46. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**47. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**48. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**49. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**50. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**51. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**52. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**53. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**54. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**55. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**56. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**57. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**58. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**59. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**60. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**61. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**62. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**63. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**64. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**65. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**66. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**67. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**68. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**69. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**70. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**71. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**72. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**73. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**74. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**75. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**76. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**77. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**78. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**79. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**80. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**81. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**82. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**83. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**84. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**85. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**86. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**87. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**88. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**89. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**90. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**91. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**92. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**93. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**94. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**95. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**96. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**97. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**98. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**99. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**100. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**20. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)** **Chicago, Ill.** **WIDOWED**

**21. SOCIAL SECURITY NUMBER** **346-07-4760** **SALES LADY**

**22. RESIDENCE (STREET AND NUMBER)** **5548 S. Karlov** **CHICAGO** **COOK**

**23. STATE** **Illinois** **130** **YES** **NO**

**24. FATHER - NAME** FIRST **John** MIDDLE **Burza** LAST **Burza** **16** **RELATIONS HP** **17 Daughter** **17c 5548 S. Karlov, Chicago, Ill. 60632**

**25. MANNER OF DEATH** **17c 5548 S. Karlov, Chicago, Ill. 60632**

**26. LOCAL REGISTERED SIGNATURE** **Sheila L. Yne, RSM**

**27. LOCAL REGISTERED SIGNATURE** **Jonathan F. Siedlecki, RSM**

**28. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**29. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**30. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**31. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**32. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**33. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**34. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**35. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**36. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**37. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**38. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**39. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**40. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**41. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**42. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**43. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**44. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**45. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**46. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**47. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**48. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**49. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**50. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**51. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**52. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**53. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**54. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**55. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**56. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**57. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**58. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**59. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**60. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**61. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**62. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**63. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**64. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**65. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**66. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**67. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**68. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**69. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**70. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**71. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**72. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**73. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**74. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**75. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**76. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**77. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**78. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**79. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**80. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**81. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**82. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**83. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**84. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**85. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**86. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**87. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**88. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**89. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**90. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**91. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**92. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**93. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**94. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**95. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**96. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**97. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**98. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**99. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**100. LOCAL REGISTERED SIGNATURE** **Robert J. Andina, M.D.**

**UNOFFICIAL COPY**

**JAN 2 1996**

**SHEILA LYNE, RSM, 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 FOR 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 OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.**

*Sheila Lyne*

**THIS CERTIFIED COPY VALID WHEN EITHER LOCAL OR SIGNATURE SEAL IS AFFIXED.**

UNOFFICIAL COPY

SECRET

Property of Cook County Clerk's Office