

INTERCOUNTY TITLE COMPANY OF ILLINOIS

5215 OLD ORCHARD ROAD □ SKOKIE, ILLINOIS 60077  
(312) 967-4250

DEPT-10 PENALTY

\$20.00

AFFIDAVIT RE DECEASED JOINT TENANT

STATE OF ILLINOIS  
COUNTY OF Cook

SS

RE: YOUR ORDER NO. \_\_\_\_\_

Patrick Slaper

being duly sworn and for the purpose of inducing Intercounty Title Company of Illinois to issue the subject policy covering the hereinafter-described land, state:

- 1. That he resides at 2543 N. Meade
- 2. That he was acquainted with Henry Slaper, who died on 2/17/89

as evidenced by the attached certified copy of death certificate;

- 3. That said decedent was one of the owners of land described:

- in the subject order number
- in the following legal description:

Lot Six (6) in Block One (1) is J. E. White's Kellogg Park subdivision of the East Twenty (20) acres of the South half (1/2) of the Southwest quarter (1/4) of Section Twenty Nine (29) Township Forty (40) North, Range (13) thirteen East of the third Principal Meridian in Cook County, Illinois.

- 4. That said decedent died: P.I. N. 13-29-31-15-291  
317-006-0000
- leaving no last will and testament;
- leaving a last will and testament, a copy of which is attached;

DEPT-11 TORRENS \$23.50  
T4003 TRAN 7941 12/27/96 15:22:00  
\$2230 DW \*-96-976811  
COOK COUNTY RECORDER

- 5. That the total value of the estate of said decedent for State of Illinois inheritance tax and Federal estate tax purposes does not exceed \$ 200,000-

Subscribed and sworn to before

me by the said Patrick Slaper affiant  
this 11 day of December, 1996

[Signature]  
(affiant's signature)

[Signature]  
Notary Public

OFFICIAL SEAL  
RICHARD E SCHIMMEL  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES: 02/28/98

23.50  
20  
43.50  
BML

UNOFFICIAL COPY

Property of Cook County Clerk's Office

Patrick H. Sloper  
8543 N Meade  
Chicago, IL 60639-2222



715 541 536

# Certified Copy of a Death Record

## UNOFFICIAL COPY

<b>REGISTRATION DISTRICT NO.</b>	16.92	<b>STATE OF ILLINOIS</b>				<b>STATE FILE NUMBER</b>		
<b>REGISTERED NUMBER</b>	276	<b>MEDICAL CERTIFICATE OF DEATH</b>						
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS  A DECEASED  B  C  D  E  PARENTS  1  2  3  CAUSE  4  5  N  P  CERTIFIER  25a  25b  26a  DISPOSITION	<b>DECEASED-NAME</b>		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
	1. Henry W. Sloper					2. Male	3. Febr. 17, 1989	
	<b>COUNTY OF DEATH</b>		AGE—LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		
	4. COOK		5a. 71	5b.	5c.	5d. March 21, 1917		
	<b>CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER</b>		<b>HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)</b>				<b>IF HOSP. OR INST. INDICATE O O A OP EMER. RM INPATIENT (SPECIFY)</b>	
	6a. PROviso TOWNSHIP		6b. VETERANS ADM. HINES, IL 60141				6c. Inpatient	
	<b>BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)</b>		<b>MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)</b>		<b>NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)</b>		<b>WAS DECEASED EVER IN US ARMED FORCES? (YES/NO)</b>	
	7. Chicago Illinois		8a. Married		8b. CLORRAINE CHMIOLA		9. Yes	
	<b>SOCIAL SECURITY NUMBER</b>		<b>USUAL OCCUPATION</b>		<b>KIND OF BUSINESS OR INDUSTRY</b>		<b>EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)</b>	
	10. 325-16-2519		11a. Polish Radio Broadcaster		11b. Ethic Radio Station		12. 12	
<b>RESIDENCE (STREET AND NUMBER)</b>		<b>CITY, TOWN, OR ROAD DISTRICT NO.</b>		<b>INSIDE CITY (YES/NO)</b>		<b>COUNTY</b>		
13a. <del>2543 N. MEADE</del> 2543 N. MEADE		13b. Chicago		13c. Yes		13d. Cook		
<b>STATE</b>		<b>ZIP CODE</b>		<b>RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)</b>		<b>OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)</b>		
13a. Illinois		13b. 60639		14a. White		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
<b>FATHER—NAME</b>		FIRST	MIDDLE	LAST	<b>MOTHER—NAME</b>			
15. Walter Sloper SZLAPA					16. Anna Bednarek			
<b>INFORMANT'S NAME (TYPE OR PRINT)</b>		<b>RELATIONSHIP</b>		<b>MAILING ADDRESS (WITH HANDY BOX OR P. O. BOX OR TOWN STATE ZIP)</b>				
17a. Kathryn Brown		17b. Details Clerk		17c. VETERANS ADM. HINES, IL 60141				
<b>18. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.</b>							<b>APPROXIMATE INTERVAL BETWEEN DEATH AND DEATH</b>	
Immediate Cause (Final disease or condition resulting in death) → (a) Acute myocardial infarction, DUE TO, OR AS A CONSEQUENCE OF							Unknown	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) Posterior Apical Wall Left Ventricular. DUE TO, OR AS A CONSEQUENCE OF								
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.								
<b>DATE OF OPERATION, IF ANY</b>		<b>MAJOR FINDINGS OF OPERATION</b>				<b>IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?</b>		
20a.		20b.				20c. YES <input type="checkbox"/> NO <input type="checkbox"/>		
<b>(100) (SPOUSE) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM HER ALIVE ON</b>		<b>WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)</b>		<b>HOUR OF DEATH</b>				
21a. Febr. 17, 1989		21b. No		21c. 7:58 A. M.				
<b>TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.</b>							<b>DATE SIGNED (MONTH, DAY, YEAR)</b>	
22a. SIGNATURE		22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)				22c. ILLINOIS LICENSE NUMBER		
<i>[Signature]</i>		22b. VETERANS ADM. HINES, IL 60141				22c. 2286-46841		
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)						<b>NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.</b>		
<b>BURIAL, CREMATION, REMOVAL (SPECIFY)</b>		<b>CEMETERY OR CREMATORY—NAME</b>		<b>LOCATION</b>	<b>CITY OR TOWN</b>	<b>STATE</b>	<b>DATE (MONTH, DAY, YEAR)</b>	
24a. BURIAL		24b. ST. ADALBERT		24c. NILES, ILLINOIS			24d. FEB. 20, 1989	
<b>FUNERAL HOME</b>		<b>NAME</b>		<b>STREET AND NUMBER OR P. O.</b>		<b>CITY OR TOWN</b>	<b>STATE</b>	
25a. POTEREK FUNERAL HOMES		5735 W. FULLERTON AVE.,		CHICAGO, ILLINOIS		60639		
25b. FUNERAL DIRECTOR'S SIGNATURE		25c. RICHARD A. POTEREK		25d. 31-5021				
<i>[Signature]</i>				25e. February 19, 1989				
26a. LOCAL REG. OFFICE SIGNATURE		26b. BROADVIEW, ILLINOIS 60153		26c. DATE FILED IN LOCAL REGISTRAR (MONTH, DAY, YEAR)				
<i>[Signature]</i>				26d. February 19, 1989				

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1 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 JAN 1 1 1995 SIGNED Richard J. Billie  
 AT BROADVIEW, IL 60153, Illinois, OFFICIAL TITLE Local Registrar of Vital Statistics

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

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