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DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS (ss.) Order No. _____
COUNTY OF COOK

DIANE MASCHKE _____ being duly sworn
states that SHE resides at 6035 S. NARRAGANSETT in the City of
CHICAGO

That SHE was acquainted with JOSEPH ZICKUS
deceased who, at the time of HIS death, was one of the owners of the land in
COOK County, Illinois, described as:

SEE ATTACHMENT

That the deceased died March 24, 1996, 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 of Cook 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 deceased, does not exceed the sum of \$30,000.00
dollars.

Subscribed and sworn to before me by the said

AFFIANT

this 10th day of MAY A.D. 19 96

NOTARY PUBLIC

(affiant's signature)

"OFFICIAL SEAL"
ANDREW LIGAS
Notary Public, State of Illinois
My Commission Expires 7-2-97

PREPARED BY
KUZLAWSKI & ASSOCIATES

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LAW OFFICES OF
LAW OFFICES OF ASSOCIATES
OLD MILEWATER PARK
8955 SPRINGS, ILLINOIS 60480
MORTON SPRINGS 839-3030

96382713

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ATTACHMENT

LEGAL DESCRIPTION

LOT 15 (EXCEPT THE SOUTH 5 FEET THEREOF) AND THE SOUTH 10 FEET OF LOT 16 IN BLOCK 4 IN FREDERICK H. BARTLETT'S 61ST STREET ADDITION, BEING A SUBDIVISION IN THE WEST 1/2 OF THE SOUTH WEST 1/4 OF SECTION 17, TOWNSHIP 38 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN 19-17-309-053-0000

ADDRESS: 6035 S. NARRAGANSETT AVENUE, CHICAGO IL 60638

JOSEPH J. KAZIENSKI & ASSOCIATES
LAW OFFICES OF
OLD WILLOWS UNIT NO. 1
8695 ARCHER AVENUE
WILLOW SPRINGS, ILLINOIS 60480
832-3050

96-3122703

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16.10

STATE OF ILLINOIS

REGISTERED
NUMBER

MEDICAL CERTIFICATE OF DEATH

1. DECEASED NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH	DATE OF BIRTH	NAME (DAY MONTH YEAR)
JOSEPH C.	ZICKUS	2 MALE	MARCH 24, 1996				
2. DATE OF DEATH	AGE (LAST BIRTHDAY)	MONTHS	DAY	YEAR	MONTH	DAY	YEAR
COOK	59	50	50	1914	50	25	1914
3. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER	HOSPITAL OR OTHER INSTITUTION NAME IF TREATMENT WAS RECEIVED AT ANOTHER PLACE						
CHICAGO	6035 S. NARRAGANSETT AV.						
4. BIRTH PLACE, STATE OR FEDERAL COUNTRY	NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)						
CHICAGO, IL	WILLIAM ZICKUS						
5. MARRIED, DIVORCED (SPECIFY)	NAME OF CHILDREN (NAME, GENDER, BIRTH DATE)						
NEVER MARRIED	LAWRENCE ZICKUS, BOY, BORN 1971						
6. MILDOMED	CATHY ZICKUS, GIRL, BORN 1973						
7. SOCIAL SECURITY NUMBER	NAME OF BUSINESS OR INDUSTRY						
01-23456	EDUCATION						
8. RESIDENCE STREET AND NUMBER	EDUCATIONAL ATTAINMENT						
13a. 6035 S. NARRAGANSETT AV.	EDUCATIONAL ATTAINMENT						
STATE	ZIP CODE	13b. CITY, TOWNSHIP, DISTRICT NO.	13c. INSIDE CITY	13d. COUNTY	13e. COUNTY	13f. COUNTY	
ILLINOIS	60638	CHICAGO	YES	CHICAGO	YES	CHICAGO	
9. FATHER'S NAME	FIRST	MIDDLE	LAST	MOTHER'S NAME	FIRST	MIDDLE	
MATTHEW	MICHAEL		ZIKUS	DIANNA	ANNA	GRETZ	
10. INFORMANT'S NAME (IF DIFFERENT)	RELATIONSHIP						
DIANE MASOKAS	MARRIAGE ADDRESS IS STREET AND NO. CHICAGO, IL 60638						
11a. ZIP CODE	16	17a. RELATIONSHIP	17b. MARRIAGE ADDRESS IS STREET AND NO. CHICAGO, IL 60638	17c. MARRIAGE ADDRESS IS STREET AND NO. CHICAGO, IL 60638	17d. MARRIAGE ADDRESS IS STREET AND NO. CHICAGO, IL 60638	17e. MARRIAGE ADDRESS IS STREET AND NO. CHICAGO, IL 60638	
12. PART II	NAME OF DOCTOR OR HOSPITAL WHERE DISEASE OR CONDITION WAS FIRST NOTICED						
13. MEDICAL RECORD NUMBER	NAME OF DOCTOR OR HOSPITAL WHERE DISEASE OR CONDITION WAS FIRST NOTICED						
14. MAJOR DISEASE OR CONDITION	NAME OF DOCTOR OR HOSPITAL WHERE DISEASE OR CONDITION WAS FIRST NOTICED						
15. MAJOR DISEASE OR CONDITION	NAME OF DOCTOR OR HOSPITAL WHERE DISEASE OR CONDITION WAS FIRST NOTICED						
16. MAJOR DISEASE OR CONDITION	NAME OF DOCTOR OR HOSPITAL WHERE DISEASE OR CONDITION WAS FIRST NOTICED						
17. MAJOR DISEASE OR CONDITION	NAME OF DOCTOR OR HOSPITAL WHERE DISEASE OR CONDITION WAS FIRST NOTICED						
18. PART III	NAME OF DOCTOR OR HOSPITAL WHERE DISEASE OR CONDITION WAS FIRST NOTICED						
19. MAJOR DISEASE OR CONDITION	NAME OF DOCTOR OR HOSPITAL WHERE DISEASE OR CONDITION WAS FIRST NOTICED						
20. MAJOR DISEASE OR CONDITION	NAME OF DOCTOR OR HOSPITAL WHERE DISEASE OR CONDITION WAS FIRST NOTICED						
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED ON DATE	NAME OF DOCTOR OR HOSPITAL WHERE DISEASE OR CONDITION WAS FIRST NOTICED						
21b. NAME AND ADDRESS OF CERTIFIER	NAME OF DOCTOR OR HOSPITAL WHERE DISEASE OR CONDITION WAS FIRST NOTICED						
22a. SIGNATURE	NAME OF DOCTOR OR HOSPITAL WHERE DISEASE OR CONDITION WAS FIRST NOTICED						
22b. NAME AND ADDRESS OF CERTIFIER	NAME OF DOCTOR OR HOSPITAL WHERE DISEASE OR CONDITION WAS FIRST NOTICED						
23. BURIAL CREMATION, REBURN OR BURIAL	CEMETERY OR CREMATORIUM, N. W. ST. CASIMIR	LOCATION	CITY/TOWN	STATE	DATE	MONTH DAY YEAR	
24a. FUNERAL HOME	24c. STREET AND NUMBER	24d. CITY OR TOWN	24e. STATE	24f. DATE	24g. MONTH	24h. DAY	
25a. FUNERAL DIRECTOR'S SIGNATURE	FUNERAL DIRECTOR'S LICENSE NUMBER						
25b. LOCAL REGISTRAR'S SIGNATURE	LOCAL REGISTRAR'S LICENSE NUMBER						
26a. ILLINOIS DEPARTMENT OF PUBLIC HEALTH - OFFICE OF VITAL RECORDS	BASED ON 1980 U.S. STANDARD CERTIFICATE						

THIS CERTIFIED COPY VALID WHEN
MULTICOLOR SIGNATURE SEAL IS
AFFIXED.

20. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?	YES	NO					
21c. DATE OF DEATH	12:40	P.M.					
21d. PLACE AND TIME OF DEATH	CHICAGO	ILLINOIS LICENSE NUMBER					
21e. CAUSE(S) OF DEATH	NO	ILLINOIS LICENSE NUMBER					
22a. SIGNATURE	3/26/96						
22b. NAME AND ADDRESS OF CERTIFIER	VIDAS J. NEOCIAS, M.D.						
22c. NAME OF ATTENDING PHYSICIAN OR CERTIFICATION	7722 S. KEDZIE AV. CHICAGO, IL						
23. BURIAL CREMATION, REBURN OR BURIAL	CEMETERY OR CREMATORIUM, N.W. ST. CASIMIR	LOCATION	CITY/TOWN	STATE	DATE	MONTH DAY YEAR	
24a. FUNERAL HOME	24c. STREET AND NUMBER	24d. CITY OR TOWN	24e. STATE	24f. DATE	24g. MONTH	24h. DAY	
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25b. LOCAL REGISTRAR'S SIGNATURE	LOCAL REGISTRAR'S LICENSE NUMBER						
26a. ILLINOIS DEPARTMENT OF PUBLIC HEALTH - OFFICE OF VITAL RECORDS	BASED ON 1980 U.S. STANDARD CERTIFICATE						

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