

23-JUN-1997 15:39

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Gold-Fax Message



CHICAGO TITLE INSURANCE COMPANY

1815 SOUTH WOLF ROAD, HILLSIDE, IL 60162

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS }
COUNTY OF COOK }

Order No.: 1410 007666638 HL

97474038

Handwritten initials and date: B, 20, 97

being duly sworn states that [Name] resides at [Address] in the City of [City]

That [Name] was acquainted with [Name] deceased who, at the time of death, was one of the owners of the land in [County] County, Illinois, described as:

LOT 33 IN BLOCK 3 IN MCREYNOLD'S SUBDIVISION OF PART OF THE EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 6, TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

- DEPT-01 RECORDING \$23.00
T#0012 TRAN 5719 07/01/97 12:18:00
\$2277 + ER \*-97-474038
COOK COUNTY RECORDER
DEPT-10 PENALTY \$20.00

That the deceased died [Date], as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- [X] Leaving no Last Will & Testament.
[ ] Leaving a Last Will & Testament a copy of which is attached hereto.
[ ] Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of [County] County, Illinois about [Date].

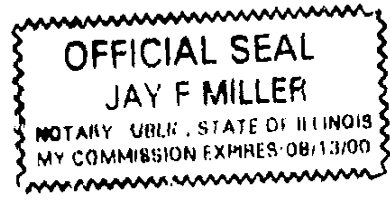
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of [Amount] dollars.

Affiant makes this affidavit for the purpose of inducing Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

this [Date] day of [Month], A.D. 19 [Year]

[Signature] Notary Public



[Signature] (Affiant's Signature)

97474038

BOX 333-CTT

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Property of Cook County Clerk's Office

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH 611086

JUN 14 1994

REGISTERED DISTRICT NO 16.10 NUMBER

DECEASED-NAME FIRST MIDDLE LAST  
 COUNTY OF DEATH  
 4. COOK  
 CITY, TOWN, TWP, OR ROAD/DISTRICT NUMBER  
 6a CHICAGO  
 BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)  
 7 POLAND  
 SOCIAL SECURITY NUMBER  
 10 356 28 8875  
 RESIDENCE (STREET AND NUMBER)  
 13a 511 NORTH WOOD STREET  
 STATE  
 13b ILLINOIS  
 ZIP CODE  
 13c 60622  
 FATHER-NAME FIRST MIDDLE LAST  
 15 N/A  
 REGISTRATION STATE (TYPE OR PRINT)  
 17a ANDREW NOWAK  
 RELATIONSHIP  
 17b SON  
 17c 1518 N. WOOD ST., CHICAGO, ILL.  
 18 (PART I)  
 Immediate Cause (if vital)  
 (a) CVA  
 DUE TO OR AS A CONSEQUENCE OF  
 (b) ASND ARTERIOSCLEROTIC HEART DISEASE  
 DUE TO OR AS A CONSEQUENCE OF  
 (c) Generalized Arteriosclerosis  
 CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST  
 PART II Cause of death (not necessary to submit for ruling of the underlying cause)  
 DATE OF OPERATION: ANY MAJOR FINDINGS OF OPERATION:  
 20a NONE N/A  
 (100) (DO NOT ATTEMPT TO DECEASED AND LAST SAWN OR ALIVE ON)  
 21a TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED  
 22a SIGNATURE  
 NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)  
 22c A. ROSANOVA MD., 5510 WEST MONROSE, CHICAGO, ILL.  
 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)  
 23  
 BURIAL CREMATION, REMOVAL (SPECIFY)  
 24a BURIAL  
 FUNERAL HOME  
 25a GOGOLINSKI - TROFIMUK FUNERAL HOME, 1850 N. WOOD ST., CHICAGO, ILL.  
 FUNERAL DIRECTOR'S SIGNATURE  
 25b  
 LOCAL REGISTRAR'S SIGNATURE  
 25c  
 DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR)  
 JUN 14 1994  
 STATE OF ILLINOIS  
 COUNTY OF COOK  
 CITY OF CHICAGO  
 I, JOYCE A. BRAUNER, MPA, 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.  
 THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS APPLIED.

8303A03416

BASED ON ILLINOIS STANDARD CERTIFICATE