



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF Cook

} ss.

Order No. _____

Debra L. Filskov

being duly sworn

states that she resides at 7 Onondaga in the City of Hawthorne Woods, IL.

That she was acquainted with Frank C. Filskov

deceased who, at the time of his death, was one of the owners of the land in Cook

County, Illinois, described as:

Lot Four in Block "J" in Kuntze's High Ridge Knolls Unit No. 3, being a Resubdivision of parts of Lots Five and Nine of the Owner's Subdivision of Section 13, Township 41 North, Range 11, East of the Third Principal Meridian, according to Plat of said Kuntze's High Ridge Knolls Unit No. 3, registered in the Registrar's Office of Cook County, Illinois, on June 27, 1960, as Document No. 1928619.

PIN: 08-13-412-004-0000 - Vol. 049

. DEPT-10 PENALTY

\$22.00

Commonly known as 220 West Millers Road - Des Plaines, IL 60016

That the deceased died Frank C. Filskov, 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 _____ County, Illinois.

Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Lake County, Illinois about November 10, 1996

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 \$50,000.00 dollars.

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

Subscribed and sworn to before me by the said

Debra L. Filskov

this 10th day of July, A.D. ~~199~~ 1997

Catherine G. Finnegan

Debra L. Filskov
(affiant's signature)



2550
2200
4750

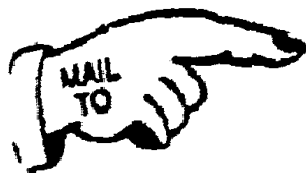
97507891

UNOFFICIAL COPY

Property of Cook County Clerk's Office

Prepared by
James W. Sapient
4801 W Peterson Avenue
Chicago, IL 60647

[Signature]
JAMES W. SAPIENT
Attorney at Law
4801 W. Peterson Avenue
Chicago, IL 60647



UNOFFICIAL COPY

M. LOUISE STINE, Clerk of the County of Berrien, Clerk of the Circuit Court of said County,

the same being a Court of Record and having a seal, do hereby certify that I have compared the below copy with the record thereof now remaining in my office and have found it to be a true copy.

IN TESTIMONY WHEREOF, I have hereunto set my hand and have affixed the Seal of said Circuit Court at St. Joseph,

this 15th day of OCTOBER A.D. 1996

M. LOUISE STINE
COUNTY CLERK

Debra Taylor
DEPUTY CLERK

07507891

LF 1168
CF _____



STATE OF MICHIGAN
DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER
0863209

TYPE PRINT
OR
PERMANENT
BLACK INK

NAME OF DECEDENT FOR USE BY PHYSICIAN OR INSTITUTION

1 DECEDENT'S NAME (First Middle Last) Frank C. Filskov			2 SEX Male	3 DATE OF DEATH (Month Day Year) October 12, 1996
4a AGE - Last Birthday (Years) 44	4b UNDER 1 YEAR MONTHS DAY 00 00	4c UNDER 1 DAY HOURS MINUTES 00 00	5 DATE OF BIRTH (Month Day Year) October 8, 1952	6 COUNTY OF DEATH Berrien
7a LOCATION OF DEATH (Enter place of death pronounced dead in 7a-7c) Community Hospital		7b HOSPITAL OR OTHER INSTITUTION (If not in either give street and number) DOA	7c CITY, VILLAGE OR TOWNSHIP OF DEATH Watervliet City	
8 SOCIAL SECURITY NUMBER 348-44-2300		9a USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retires) Owner Mechanic	9b KIND OF BUSINESS OR INDUSTRY Trucking Repair	
10a CURRENT RESIDENCE - STATE Illinois	10b COUNTY Lake	10c LOCALITY (Check one box and specify) <input checked="" type="checkbox"/> INSIDE CITY OR VILLAGE OF <input type="checkbox"/> TWP OF Hawthorn Woods	10d STREET AND NUMBER 7 Onondaga	
10e ZIP CODE 60047	11 BIRTHPLACE (City and State or Foreign Country) Chicago IL	12 MARITAL STATUS - Married (Specify) Married	13 SURVIVING SPOUSE (If wife give name before first married) Debra Prysil	14 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No
15 ANCESTRY - Mexican Puerto Rican Cuban Central or South American, Chicano (other Hispanic), Afro-American Arab English, French, German, etc. (Specify below) Italian		16 RACE - American Indian, Black, White, etc. (Specify) White		17 DECEDENT'S EDUCATION (Specify only highest grade completed) 12
18 FATHER'S NAME (First Middle Last) Earl F. Filskov		19 MOTHER'S NAME (First Middle Surname before first married) Carmella A. DiFazio		
20a INFORMANT'S NAME (Type or Print) Debra Filskov		20b MAILING ADDRESS (Street or Rural Route Number, City or Village, State, ZIP Code) 7 Onondaga Hawthorn Woods Illinois 60047		
21 METHOD OF DISPOSITION - Burial, Cremation, Removal, Donation, Other (Specify) Burial		22a PLACE OF DISPOSITION (Name of Cemetery, Crematory or other place) Memory Gardens Cemetery	22b LOCATION - City or Village, State Arlington Heights IL	
23 SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Ronald T. Hutchins</i>		24 LICENSE NUMBER (of licensee) 5076	25 NAME AND ADDRESS OF FACILITY Hutchins Funeral Home 209 S. Main Watervliet, MI 49098	
26 PART I: Enter the diseases, injuries, or complications that caused the death. Do NOT enter the mode of dying, such as of that or respiratory arrest, shock, or heart failure. List only one cause on each line. Broken neck and multiple associated injuries of head, neck, and minutes Automobile accident minutes				Approximate Interval Between Onset and Death
PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.				27a WERE DOCTORS PERFORMED? (Yes or No) No
28 ACTUAL PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify) Racetrack		29 WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) Yes		31a <input type="checkbox"/> The case reviewed and determined not to be a medical examiner's case. <input checked="" type="checkbox"/> On the basis of examination and of investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. <i>Ed Robertson MD</i>
CERTIFYING PHYSICIAN	30a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>Ed Robertson MD</i>	30b DATE SIGNED (Mo Day Yr) October 14, 1996	30c TIME OF DEATH M	31b DATE SIGNED (Mo Day Yr) October 14, 1996
	30d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Ed Robertson MD	31c TIME OF DEATH Approx 10:00P M		31d TIME OF DEATH Approx 10:00P M
	32a NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type or Print) E. Arthur Robertson, MD, 717 St. Joseph Dr., St. Joseph, MI 49085		32b LICENSE NUMBER 045007	
33a ACC. SUICIDE, HOMIC. NATURAL OR PENDING INVEST. (Specify) Accident	33b DATE OF INJURY (Mo Day Yr) October 12, 1996	33c TIME OF INJURY 9:59 P M	33d DESCRIBE HOW INJURY OCCURRED Crash on auto racetrack	
33e INJURY AT WORK (Specify Yes or No) No	33f PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Racetrack		33g LOCATION - Street or R.F.D. No., City, Village or Twp, State Hawthorn Speedway, Berrien MI	
34a REGISTRAR'S SIGNATURE <i>M. Louise Stine, T.S.</i>		34b DATE FILED (Month, Day, Year) October 15, 1996		

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Property of Cook County

M. H. H.
GERALD W. SAPERSTEIN
Attorney at Law
4801 W. Peterson Avenue
Chicago, IL 60643-5713

Office