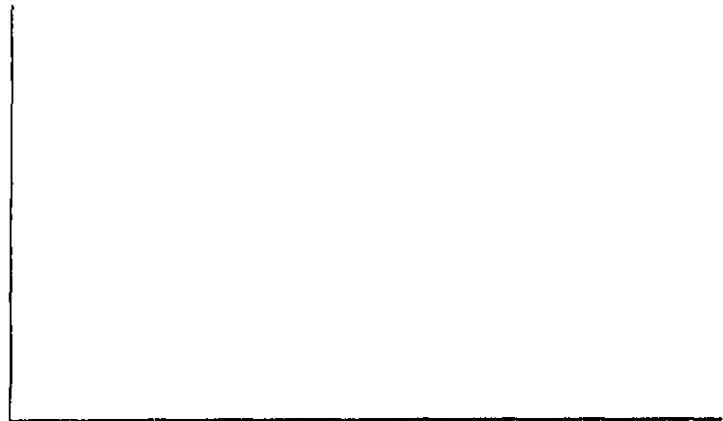


# UNOFFICIAL COPY

97552866



(The Above Space for Recorder's Use Only)

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS     )  
                                  ) S.S.  
COUNTY OF COOK        )

MARIA A. BUSCHENKO being duly sworn states that she  
resides at 6005 West Byron in the City of  
Chicago, State of Illinois.

That she was acquainted with Lydia Olga Buschenko,  
deceased, who, at the time of her death, was one of the owners of  
the land in Cook County, Illinois, described as:

LOT 2 IN BLOCK 3 IN ALBERT J. SCHORSCH IRVING PARK BOULEVARD  
GARDENS, IN THE NORTHWEST 1/4 OF SECTION 20, TOWN 40 NORTH,  
RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING  
TO PLAT FILED IN THE OFFICE OF THE REGISTRAR OF TITLES,  
ON FEBRUARY 14, 1917, AS DOCUMENT NO. 69920, IN COOK COUNTY,  
ILLINOIS.

Commonly known as:        6005 West Byron, Chicago, Illinois 60634

P.I.N.:    13-20-108-019

That the deceased died on December 23, 1996, as evidenced  
by a certified copy of death certificate of the deceased attached  
hereto.

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That the deceased died:

  x   Leaving no Last Will and Testament.

       Leaving a Last Will and 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 and 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 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:

\_\_\_\_\_ this 20<sup>th</sup> day of Oct, A.D., 1997.

  *Venice M Meyer*    
Notary Public

  *Maria A. Buschenko*    
MARIA A. BUSCHENKO  
(Affiant's signature)



PREPARED BY AND MAIL TO:  
GWENDOLYN J. STERK  
Goldstine, Skrodzki, Russian,  
Nemec and Hoff, Ltd.  
7660 West 62nd Place  
Summit, Illinois 60501  
Phone: (708) 458-1253

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

**DEC 26 1996**

**L 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.**

**THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.**

REGISTRATION DISTRICT NO. <b>10.18</b>		STATE FILE NUMBER <b>622153</b>	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH	
1. DECEASED-NAME	FIRST	MIDDLE	LAST
LYDIA		BUSCHENKO	
2. COUNTY OF DEATH	AGE LAST BIRTHDAY (MOS. DYS. YRS.)	SEX	DATE OF BIRTH (MONTH DAY YEAR)
COOK	52 66	2 FEMALE	3 DECEMBER 22, 1996
3. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN OTHER, GIVE STREET AND NUMBER)		DATE OF DEATH (MONTH DAY YEAR)
CHICAGO	OUR LADY OF RESURRECTION HOSPITAL		APRIL 18, 1930
4. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MARRIED NAME IF WIFE)	IF HOSP. OR INST. INDICATE D.O.A. OR NUMBER IN PATIENT (SPECIFY)
CHICAGO, IL.	8a. WIDOWED	NONE	9. NO
5. SOCIAL SECURITY NUMBER	USUAL OCCUPATION	10. KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ON VHS-TEST GRADE COMPLETED)
319 24 6725	11a. HOME MAKER	11b. OWN HOME	12. NOT AVAILABLE
6. RESIDENCE (STREET AND NUMBER)	CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY
6005 WEST BYRON AVENUE	CHICAGO	13c. YES	13d. COOK
7. ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	14b. SEX	14c. YES
131 60634	WHITE	MALE	14d. YES
8. FATHER-NAME	FIRST	MIDDLE	LAST
JOHN KRETOWICZ			
9. INFORMANT'S NAME (TYPE OR PRINT)	RELATIONSHIP	16. OLGA RUMINSKA	17c. CITY OF DEATH (CITY, STATE, ZIP)
DONNA VAN HOUGHTON	17a. DAUGHTER	17b. 6005 BYRON CHICAGO, IL	17d. 60634
18. PART I. Enter the character, or combination 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.	(a) MYOCARDIAL INFARCTION DUE TO: OR AS A CONSEQUENCE OF (b) SEVERE HYPERTENSION DUE TO: OR AS A CONSEQUENCE OF (c)		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.		
	PART II. Enter significant conditions contributing to death but not resulting in the underlying cause (such as PART I).		
19. MAJOR FINDINGS OF OPERATION	DATE OF OPERATION, IF ANY	20b. (10)(D) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON	21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AS DUE TO THE CAUSE(S) STATED
		NOVEMBER 20, 1996	NOVEMBER 20, 1996
22a. SIGNATURE	NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)	22b. SIGNATURE	ILLINOIS LICENSE NUMBER
	LINDA HENRIKSEN M.D. 7447 W. TALBOT CHICAGO, IL 60631		22d. 036-071749
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)	CITY OR TOWN	STATE	DATE (MONTH DAY YEAR)
	NILES, ILLINOIS	ILLINOIS	24c. DEC. 27/96
24. BURIAL CEMETERY, REMOVAL (SPECIFY)	24b. ST. ADALBERT CEMETERY	24c. NILES, ILLINOIS	24d. DEC. 27/96
25. FUNERAL HOME	NAME	STREET AND NUMBER, CITY OR TOWN	STATE
	TROFIMUK FUNERAL HOME	1350 NORTH WOOD STREET, CHICAGO, ILLINOIS	ILLINOIS
26. FUNERAL DIRECTOR'S SIGNATURE	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	27. LOCAL REGISTRAR'S SIGNATURE	DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR)
	34-14896		DEC 26 1996
28. LOCAL REGISTRAR'S SIGNATURE	28a. LOCAL REGISTRAR'S SIGNATURE	28b. LOCAL REGISTRAR'S SIGNATURE	28c. LOCAL REGISTRAR'S SIGNATURE