

This Instrument Prepared By:

Barry C. Bergstrom, Ltd.
3330 - 181st Pl.
Lansing, IL 60438

MAIL TO:

Barry C. Bergstrom, Ltd.
3330 - 181st Pl.
Lansing, IL 60438



AFFIDAVIT BY SURVIVING JOINT TENANT

STATE OF ILLINOIS

SS

COUNTY OF COOK

RENA LEWNADOWSKI being first duly sworn, upon oath deposes and says:

That she resides at 3011 E. 191st, in the City of Lansing, and that she is one of the parties who took title, not in tenancy in common, but in joint tenancy, in real estate shown in Certificate of Title No. 1043967 situated in said Cook County, Illinois, described as follows:

LOT THIRTY THREE ----- (33)
IN OAKWOOD ESTATES UNIT NO. 6 BEING A SUBDIVISION OF PART OF THE NORTH HALF (1/2) OF THE NORTH HALF (1/2) OF THE SOUTHEAST QUARTER (1/4) OF SECTION 6, TOWNSHIP 35 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO PLAT THEREOF REGISTERED IN THE OFFICE OF THE REGISTRAR OF TITLES OF COOK COUNTY, ILLINOIS, ON AUGUST 2, 1967, AS DOCUMENT NUMBER 2339096.

Street Address: 3011 E. 191st, Lansing, IL 60438
Permanent Index Number: 33-06-405-002

Affiant states that she was acquainted with SIGMUND J. LEWANDOWSKI, deceased, who, at the time of his death, was one of the owners of said described real estate in joint tenancy; that the deceased died July 16, 1997, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- 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 Cook 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 Cook County, Illinois on or about _____.

54
P3
N-
M-Y

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 death of the deceased, does not exceed the sum of \$600,000.00.

Affiant states that the remaining joint tenant has not changed her marital status since the issuance of Certificate of Title Number 1043967 (except none, who has been married but once since acquiring said real estate and then to none).

Further, that the Affiant makes this Affidavit for the purpose of inducing the Registrar of Titles of Cook County, Illinois, to record the Certificate of Title with the Cook County Recorder of Deeds as part of the Deregistration of the said above described premises, relying on this statement as true, and in consideration thereof Affiant guarantees the truth of the statements herein contained.

Rena Lewnadowski
RENA LEWNADOWSKI

Subscribed and sworn to before me
this ___ day of November, 1997

Barry C. Bergstrom, NOTARY PUBLIC

SURVIVOR.AFF - F/1
LEWANSUR.AFF - ESP WD 4

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I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death and record for the decedent named in 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 July 22, 1997
At Cook County Dept. of Public Health
1010 Lake Street
Oak Park, IL 60301

SIGNED

Juliana Wenc
Official Title Chief Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

DEPARTMENT OF PUBLIC HEALTH

REGISTRATION DISTRICT NO. 16.0
REGISTERED NUMBER

DECEASED-NAME 1. Sigmund J. Lewandowski

FIRST MIDDLE LAST

SEX Male

DATE OF DEATH: MONTH DAY YEAR
3 July 16, 1997

COUNTY OF DEATH Cook

AGE-LAST BIRTHDAY (YRS) 82

UNDER YEAR MONTHS DAYS

UNDER DAY HOURS MIN

DATE OF BIRTH: MONTH DAY YEAR
5 November 1914

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. Lansing

HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT NEITHER GIVE STREET AND NUMBER)
8b. 3011 191 St.

IF DECEASED EVER IN U.S. (NAME/FORCE?) (YES/NO)
9. NO

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Chicago, IL.

MARRIED NEVER MARRIED WIDOWED, DIVORCED (SPECIFY)
8a. Married

NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
8b. Regina Ogradowicz

WAS DECEASED EVER IN U.S. (NAME/FORCE?) (YES/NO)
9. NO

SOCIAL SECURITY NUMBER 10. 339-05-4053

USUAL OCCUPATION 11a. Supervisor

KIND OF BUSINESS OR INDUSTRY 11b. U.S. Steel

EDUCATION (SPECIFY GRADE COMPLETED)
12. 12

RESIDENCE (STREET AND NUMBER) 13a. 3011 191 St

CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. Lansing

INSIDE CITY (YES/NO) 13c. Yes

COUNTY 13d. Cook

STATE 13e. Illinois

ZIP CODE 13f. 60438

RACE (WHITE, BLACK, AMERICAN INDIAN, AND ISPECIFY)

OF HISPANIC OR LATION? (SPECIFY OR YES-IF YES SPECIFY CUBAN AMERICAN PUERTO RICAN ETC.)
13g. Yes

FATHER-NAME 14a. Felix Lewandowski

FIRST MIDDLE LAST

MOTHER-NAME 14b. Stella Zielinski

FIRST MIDDLE LAST (MAIDEN) LAST

INFORMANT'S NAME (TYPE OR PRINT) 15. George Lewandowski

RELATIONSHIP 15. Son

ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE ZIP)
17c. 18332 Rose Av. Lansing, IL 60438

17a. PART I: Immediate Cause (Final disease or condition resulting in death)

17b. PART II: Other significant conditions contributing to death but not itself a cause of death

18. PART I: CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST

(b) DUE TO OR AS A CONSEQUENCE OF

(c) DUE TO OR AS A CONSEQUENCE OF

19. DATE OF OPERATION, IF ANY

20a. MAJOR INDICES OF OPERATION

20b. WAS CORNER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)

20c. IF FEMALE, WAS THERE APPROPRIATE IN-HOSPITAL AUTOPSY (YES/NO)

21a. DID YOU NOT ATTEND THE DECEDENT AND OBSERVE HIM/HER ALIVE ON

21b. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE INDICATED TO THE DECEASED'S STATE

21c. DATE SIGNED (MONTH DAY YEAR)

21d. ILLINOIS LICENSE NUMBER

22a. SIGNATURE OF ATTENDING PHYSICIAN (TYPE OR PRINT)

22b. NAME AND ADDRESS OF OTHER PHYSICIAN (TYPE OR PRINT)

22c. NAME OF ATTENDING PHYSICIAN (TYPE OR PRINT)

NOTE: IF AN ANATOMY WAS PERFORMED IN THIS DEATH, THE CORNER OR MEDICAL EXAMINER MUST BE NOTIFIED

23. BIRTH INFORMATION

23a. CEMETERY OR CREMATORIUM-NAME

23b. LOCATION (CITY OR TOWN)

23c. DATE (MONTH DAY YEAR)

24a. FUNERAL HOME

24b. STREET AND NUMBER OR R.F.D.

24c. CITY OR TOWN

24d. STATE

25a. FUNERAL DIRECTOR'S SIGNATURE

25b. STREET AND NUMBER OR R.F.D.

25c. CITY OR TOWN

25d. STATE

26a. SIGNATURE OF REGISTRAR

26b. STREET AND NUMBER OR R.F.D.

26c. CITY OR TOWN

26d. STATE

27a. SIGNATURE OF REGISTRAR

27b. STREET AND NUMBER OR R.F.D.

27c. CITY OR TOWN

27d. STATE

28a. SIGNATURE OF REGISTRAR

28b. STREET AND NUMBER OR R.F.D.

28c. CITY OR TOWN

28d. STATE

29a. SIGNATURE OF REGISTRAR

29b. STREET AND NUMBER OR R.F.D.

29c. CITY OR TOWN

29d. STATE

30a. SIGNATURE OF REGISTRAR

30b. STREET AND NUMBER OR R.F.D.

30c. CITY OR TOWN

30d. STATE

31a. SIGNATURE OF REGISTRAR

31b. STREET AND NUMBER OR R.F.D.

31c. CITY OR TOWN

31d. STATE

32a. SIGNATURE OF REGISTRAR

32b. STREET AND NUMBER OR R.F.D.

32c. CITY OR TOWN

32d. STATE

33a. SIGNATURE OF REGISTRAR

33b. STREET AND NUMBER OR R.F.D.

33c. CITY OR TOWN

33d. STATE

34a. SIGNATURE OF REGISTRAR

34b. STREET AND NUMBER OR R.F.D.

34c. CITY OR TOWN

34d. STATE

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