



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

ss.

Order No. 098000484

ELEANORE F. ZASADZINSKI (A/K/A ELEANOR F. ZASADZINSKI) being duly sworn states that SHE resides at 217 WASHINGTON in the City of PARK FOREST, IL. 60466

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

LOT 21 IN BLOCK 11 IN VILLAGE OF PARK FOREST WESTWOOD ADDITION, BEING A SUBDIVISION OF PART OF THE SOUTHEAST 1/4 OF SECTION 26 AND PART OF THE NORTHEAST 1/4 OF SECTION 35, TOWNSHIP 35 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN ACCORDING TO THE PLAT THEREOF RECORDED NOVEMBER 12, 1954 AS DOCUMENT 16070880, IN COOK COUNTY, ILLINOIS. **w/r

PA: 217 Washington
Park Forest, Ill. 60466
Pin # 31-26-409-09

Method: Advance Bank
2320 Thornton Rd
Lansing, Ill.
60138

That the deceased died _____, 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 _____ 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 _____ 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

ELEANORE F. ZASADZINSKI, A/K/A ELEANOR F. ZASADZINSKI

this 8th day of June, A.D. 19 98

Sandra Collier

Notary Public

FORM 3703

Eleanor F. Zasadzinski
ELEANOR F. ZASADZINSKI
Eleanor F. Zasadzinski
(affiant's signature)
ELEANOR F. ZASADZINSKI
A/K/A ELEANOR F. ZASADZINSKI

BOX 333-CTI

UNOFFICIAL COPY

Property of Cook County Clerk's Office

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. <u>1610</u>		REGISTERED NUMBER		DECEASED - NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. <u>Theodore</u>		<u>Zasadzinski</u>		<u>Male</u>		<u>July 20, 1980</u>		
2. RACE - (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)		3. ORIGIN OR DESCENT		4. AGE - LAST BIRTHDAY (YRS)		5. DATE OF BIRTH (MO., DAY, YEAR)		COUNTY OF DEATH
4a. <u>White</u>		4b. <u>Polish</u>		5a. <u>52</u>		5b. <u>June 6, 1928</u>		5c. <u>7 Cook</u>
6. CITY, TOWN, TRF. OR ROAD DISTRICT NUMBER		7. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				8. IF HOSP. OR INST. INDICATE DOOR NUMBER, RM. (PATIENT) (SPECIFY)		
7a. <u>Palos Heights</u>		7b. <u>Palos Community Hospital</u>				7c. <u>Inpatient</u>		
9. STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY)		10. CITIZEN OF WHAT COUNTRY		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		12. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		
8. <u>Illinois</u>		9. <u>U.S.A.</u>		10. <u>married</u>		11. <u>Eleanore Soltis</u>		
13. SOCIAL SECURITY NUMBER		14. USUAL OCCUPATION		15. KIND OF BUSINESS OR INDUSTRY		16. U.S. WAR VETERAN (YES/NO)		17. WAR OR DATES OF SERVICE
12. <u>339-20-5937</u>		13a. <u>handler</u>		13b. <u>Litho-Strip</u>		13c. <u>YES</u>		13d.
18. RESIDENCE STREET AND NUMBER		19. CITY, TOWN, TRF. OR ROAD DISTRICT NO.		20. INSIDE CITY (YES/NO)		21. COUNTY		22. STATE
14a. <u>217 Washington street</u>		14b. <u>Park Forest</u>		14c. <u>yes</u>		14d. <u>Cook</u>		14e. <u>Illinois</u>
15. FATHER - NAME FIRST MIDDLE LAST			16. MOTHER - MAIDEN NAME FIRST MIDDLE LAST			17. INFORMANT'S SIGNATURE		
15a. <u>John</u>			15b. <u>Zasadzinski</u>			16. <u>Stella</u>		
15c. <u>Gdeula</u>			17a. <u>John B. Maszewski</u>			17b. <u>Hospital 80th Avenue at 23rd street</u>		
17c. <u>Record</u>			17d. <u>Palos Heights Illinois 60463</u>			18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		
PART I. IMMEDIATE CAUSE		18a. <u>Carcinoma of Pancreas</u>						
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		18b. <u>unknown</u>						
18c.		18d.						
PART II. OTHER SIGNIFICANT CONDITIONS OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)								19a. <u>no</u>
DATE OF OPERATION, IF ANY								19b.
20a.		20b.						19c.
21a. <u>July 3, 1980</u>		21b. <u>7-20-80</u>		21c. <u>7-20-80</u>		21d. <u>2:00 A.M.</u>		
22. SIGNATURE <u>Joseph E. Duffy</u>								22b. <u>7-21-80</u>
22c. <u>10424 S. Kedzie Chicago Ill</u>								22d. <u>31557</u>
23. BURIAL, CREMATION, REMOVAL (SPECIFY)								NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER MUST BE NOTIFIED.
24a. <u>BURIAL</u>		24b. <u>RESURRECTION</u>		24c. <u>Justice ILL</u>		24d. <u>July 24-1980</u>		
25a. <u>SOLTES FUNERAL Home</u>		25b. <u>2746 W 51st CHICAGO ILL</u>		25c. <u>60632</u>		25d. <u>4031</u>		
26a. <u>REGISTRAR</u>		26b. <u>Joseph E. Duffy</u>		26c. <u>July 21-1980</u>		26d.		

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death 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, JUL 23 1980
 At Cook County Department of Public Health
 1500 S. Maybrook Drive
 Maywood, Illinois 60153
 Signed Joseph E. Duffy
 Official Title Chief Deputy Registrar