

STATE OF ILLINOIS )  
 ) SS  
COUNTY OF COOK )

JOINT TENANCY  
AFFIDAVIT

=====

BARBARA JEDRZEJOWSKI hereinafter referred to as the Affiant, states under oath that the Affiant resides at 256 EAST FULLERTON AVENUE, NORTHLAKE, ILLINOIS 60164; that the Affiant was acquainted with WOJCIECH JEDRZEJOWSKI, the Decedent; that at the time of death, the Decedent was one of the owners of the property, by virtue of properly recorded joint tenancy warranty deed, said property located in COOK County, Illinois, and legally described as follows:

LOT 26 IN BLOCK 3 IN MIDLAND DEVELOPMENT COMPANY'S NORTHLAKE VILLAGE UNIT NO. 2, A SUBDIVISION OF THE SOUTH 1/2 OF THE SOUTH 1/2 OF THE SOUTHWEST 1/4 OF SECTION 29, TOWNSHIP 40 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PERMANENT INDEX NUMBER: 12-29-306-035-0005

PROPERTY ADDRESS: 256 EAST FULLERTON AVENUE  
NORTHLAKE, IL 60164

That the Decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the Decedent died on DECEMBER 5TH, 1997, in Park Ridge, Illinois;

leaving no Last Will and Testament;  
 leaving a Last Will and Testament; (Check one)

That the total value of the Decedent's estate, including the taxable interest in the above property was \$125,000; and

That the value of the property individually was \$125,000.

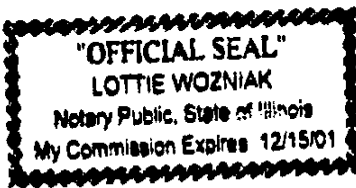
That the Affiant makes this Affidavit to induce CHICAGO TITLE INSURANCE COMPANY to issue its policy of title insurance on the above described property.

The Affiant hereby covenants and agrees, for himself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold for all loss, costs, damages, suits, attorney's fees and expenses and every kind and nature which the title company may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of WOJCIECH JEDRZEJOWSKI, the Decedent;
2. Illinois State Inheritance Tax and Federal Tax which may be charged against the estate of said Decedent;
3. Legacies, if any, created by the Will of said Decedent;
4. Rights to contribution.

*Barbara Jedrzejski*  
 \_\_\_\_\_  
 BARBARA JEDRZEJOWSKI

Subscribed and sworn to before me this 6th day of JULY, 1998.



*Lottie Wozniak*  
 \_\_\_\_\_  
 Notary Public

=====  
Mail back to:

BARBARA JEDRZEJOWSKI  
256 EAST FULLERTON AVENUE  
NORTHLAKE, IL 60164



# UNOFFICIAL COPY

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: DECEMBER 8, 1997

SIGNED: \_\_\_\_\_

*Mary Ann Rizzo*

at Cook County Department of Public Health

Official Title, Chief Deputy Registrar

## STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 16-0  
REGISTERED NUMBER

DECEASED-NAME FIRST MIDDLE LAST

1. COUNTY OF DEATH COOK

2. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

3. PARK RIDGE

4. POLAND

5. SOCIAL SECURITY NUMBER

6. 10. 344-66-4230

7. RESIDENCE (STREET AND NUMBER)

8. 13a. 256 E. Fullerton

9. STATE

10. Illinois

11. FATHER-NAME FIRST MIDDLE LAST

12. Mieczyslaw Jodziejowski

13. MOTHER-NAME FIRST MIDDLE LAST

14. Jadzejeowska Wladyslawa Kolacz

15. DECEASED'S NAME (TYPE OR PRINT)

16. TAROZANNE HICKOK

17. HOSP REG

18. 1775 DEMPSTER ST PARK RIDGE IL 60068

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

20. (a) METASTATIC PANCREATIC CARCINOMA

21. (b) DUE TO OR AS A CONSEQUENCE OF

22. (c) DUE TO OR AS A CONSEQUENCE OF

23. DATE OF OPERATION, IF ANY

24. MAJOR FINDINGS OF OPERATION

25. (ADD) (DO NOT ATTEND THE DECEASED) (ADD) (DAY, YEAR)

26. (ADD) (DO NOT ATTEND THE DECEASED) (ADD) (DAY, YEAR)

27. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED

28. SIGNATURE OF CERTIFIER (TYPE OR PRINT)

29. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)

SEX MALE

DATE OF BIRTH (MONTH, DAY, YEAR)

December 5, 1997

DATE OF DEATH (MONTH, DAY, YEAR)

December 5, 1997

AGE LAST BIRTHDAY (YRS, MO, DAY)

58

HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

LUTHERAN GENERAL HOSPITAL

IF NOT IN EITHER, GIVE STREET AND NUMBER

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

Married

NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)

Barbara Bobka

NAME OF BUSINESS OR INDUSTRY

USUAL OCCUPATION

Contractor

NAME OF BUILDING

Northlake

EDUCATION (S, OF, OR, GRADUATE) (SEE INSTRUCTIONS)

RACE (WHITE, BLACK, AMERICAN INDIAN, OR OTHER SPECIFY)

White

OF HISPANIC ORIGINITY (YES OR NO) (OR YES, IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.)

White

ZIP CODE

CITY, TOWN, TWP. OR ROAD DISTRICT NO.

11b Building

CITY, TOWN, TWP. OR ROAD DISTRICT NO.

Northlake

EDUCATION (S, OF, OR, GRADUATE) (SEE INSTRUCTIONS)

RELATIONSHIP

Spouse

RELATIONSHIP

Spouse

RELATIONSHIP

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