

# UNOFFICIAL COPY



98894209

## JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS }  
COUNTY OF Cook } ss.

ORDER NO. \_\_\_\_\_  
DATE: \_\_\_\_\_

FRANCES S NOWAKOWSKI, hereinafter referred to as the "affiant", deposes and states that the affiant resides at 17802 RIDGEWOOD AVE in the City of LANSING ;

That the decedent at the time of his/her death was an owner of the property located in Cook County, Illinois, legally described as follows:

LOTS 1 & 2 IN BLOCK 1 IN SAMPSON AND KENNARD'S SUBDIVISION OF THE E 1/2 OF THE NW 1/4 OF THE NE 1/4 OF SECTION 31, TOWNSHIP 16 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

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2157/0013 49 001 Page 1 of 2  
1998-10-06 09:42:33  
Cook County Recorder 43.50

REI TITLE SERVICES # 636374  
lot 2

30 31 202 023, 30 31 202 024

That she was acquainted with Walter Nowakowski deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described above.

That said decedent died on 3/31/96 leaving no last will and testament;

That the total value of the estate of said decedent including his/her taxable interest in the above real estate is \$ \_\_\_\_\_

That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

That the affiant makes this affidavit to induce TITLECOMPANY to issue its Policy of Title Insurance on the above described property.

Signature Frances S. Nowakowski

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_ a Notary Public in and for said State and County.

NOTE: If the decedent left a will it will be necessary that the original or a certified copy thereof be presented to us for inspection.

A death certificate together with evidence of payment of death taxes, if any, should accompany this affidavit.

See original  
8-11-98  
9-11-98

The original of this record is permanently filed with the Illinois Dept. of Public Health in Springfield, Illinois, County Clerks and Local Registrars are authorized to make certification from copies of the original record. The Illinois Statutes further provided that certification of a DEATH record by the Dept. of Public Health of the Local Registrar of the County Clerk shall be prima facie evidence in all courts and places of the facts therein stated.

DATED APR 01 1996 SIGNED *[Signature]* LOCAL REGISTRAR AT HARVEY, ILLINOIS

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the DEATH record for the person named therein and that this record was established and filed in my office in accordance with provisions of the ILLINOIS STATUTES relating to the registration of BIRTHS, STILLBIRTHS AND DEATHS.

STATE OF ILLINOIS  
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 16,341  
REGISTERED NUMBER

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1 COUNTY OF DEATH WALTER LAST NOWAKOWSKI MALE MARCH 31 1996

4 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER COOK AGE-LAST BIRTHDAY (MM/DD) UNDER 1 YEAR UNDER 1 DAY UNDER 1 HOUR UNDER 1 MIN DATE OF BIRTH (MONTH, DAY, YEAR)

6A HARVEY HOSPITAL OR OTHER INSTITUTION NAME (IF NOT UNDER ONE STREET AND NUMBER) NOVEMBER 15 1920

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) CHICAGO ILLINOIS MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED NAME (M, MRS, MISS, MRS, DR, M.D., NURSE, etc.)

10322-12-5605 SOCIAL SECURITY NUMBER USUAL OCCUPATION 11A PRINTER KIND OF BUSINESS OR INDUSTRY 11B PUBLISHING EDUCATION (SPECFY ONE HIGHEST GRADE COMPLETED)

13A RESIDENCE (STREET AND NUMBER) 17802 RIDGEMOOD CITY, TOWN, TWP. OR ROAD DISTRICT NO. 12B LANSING INSIDE CITY (YES/NO) YES COUNTY COOK

13B ILLINOIS ZIP CODE 60438 RACE (WHITE, BLACK, AMERICAN INDIAN, ALASKAN NATIVE, HISPANIC ORIGIN) (SPECIFY AND OVEFS-IF YES SPECIFY DEMO. VEREAM PLETHONICIAN, etc.) WHITE

15 FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST

16 JOSEPH NOWAKOWSKI MARY DOMIN

17A INFORMANT NAME (TYPE OR PRINT) HELEN BUCK MEDICAL RECORDS RELATIONSHIP 17B NONE MAILING ADDRESS (STREET AND NO. OR P.O. CITY OR TOWN, STATE, ZIP) PNE INGALLS DR HARVEY ILLINOIS 60426

18 PART I: Immediate Cause (final disease or condition resulting in death) Cerebral vascular hemorrhage 5 DAYS

CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF CEREBRAL VASCULAR HEMORRHAGE UNKNOWN

PART II. Other significant conditions contributing to death but not resulting in the underlying disease given in PART I

20B DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION

20C TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED

22A SIGNATURE Eugene Stonikas, M.D. 1865 STBLEY BOULEVARD CALUMET CITY ILLINOIS 60409

22B NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) CALUMET CITY ILLINOIS 60409

23 BURIAL, CREMATION, REMOVAL (SPECIFY) LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)

24A FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE

25A FUNERAL DIRECTOR'S SIGNATURE DATE (MONTH, DAY, YEAR)

25B LOCAL REGISTRAR'S SIGNATURE DATE (MONTH, DAY, YEAR)