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Cook County Recorder 23.50



98921804

DECEASED JOINT TENANT AFFIDAVIT

STATE OF ILLINOIS ]  
COUNTY OF COOK ]

MARGARET M. PENZKOFER F/K/A  
MARGARET M. MATUSZEWSKI being duly  
sworn states that she resides at 4520 West  
66th Place in the City of Chicago County of  
Cook, State of Illinois

That she was acquainted with FRANK J.  
PENZKOFER deceased who, at the time of his  
death was one of the owners of the land in  
Cook County, Illinois, described as follows:

LOT 40 IN MARIAN ADDITION TO PRINCE BUILDER'S SUBDIVISION UNIT NUMBER TWO, BEING A SUBDIVISION  
OF PART OF THE WEST HALF OF THE EAST HALF OF THE NORTH WEST QUARTER, OF SECTION 22, TOWNSHIP  
38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index Number (PIN): 19-22-127-010-0000

Address(es) of Real Estate: 4520 West 66th Place, Chicago, IL 60629

That the deceased on January 27, 1990, 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 N/A

442726

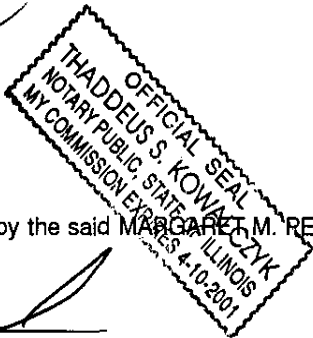
TICOR TITLE

2

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 Tigor Title Insurance to issue its Title Insurance Policy,  
describing the above mentioned property.

*Margaret M Penzkofer*  
(Affiant's Signature)



State of Illinois, County of Cook ss.

Subscribed and sworn to before me by the said MARGARET M. RENZKOFER this 23rd day of September, 1998.

*Thaddeus S. Kowalczyk*  
NOTARY PUBLIC

Commission Expires: 4-10-01

This instrument prepared by: Thaddeus S. Kowalczyk Esq., 6052 W. 63rd St., Chicago, IL 60638-4342

Mail recorded document to: Thaddeus S. Kowalczyk Esq., 6052 W. 63rd St., Chicago, IL 60638-4342



TICOR TITLE INSURANCE

JAN 28 1990  
STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

I, JAMES W. MASTERSON, M.P.H., ACTING 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 OF 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 AS A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID  
WHEN MULTICOLOR SEAL AND  
BLUE SIGNATURE ARE AFFIXED

MEDICAL CERTIFICATE OF DEATH

DISTRICT NO. 16-10

REGISTERED NUMBER

NUMBER 60202

DECEASED-NAME <b>FRANK J. PENZKOFER</b>	SEX <b>2. MALE</b>	DATE OF DEATH <b>3. JANUARY 27, 1990</b>
1. COUNTY OF DEATH <b>4. COOK</b>	DATE OF BIRTH <b>5d. July 7, 1912</b>	
CITY, TOWN, TWP., OR ROAD DISTRICT NUMBER <b>6a. CHICAGO</b>	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>6b. HOLY CROSS HOSPITAL</b>	IF HOSP. OR INST. INDICATED D.O.A., OP. EMER. RM. INPATIENT (SPECIFY) <b>6c. INPATIENT</b>
BIRTHPLACE (CITY AND STATE OR FOREIGN) <b>7. Chicago, Ill.</b>	NAME OF SURVIVING SPOUSE (Maiden Name, if wife) <b>8b. Margaret Matuzewski</b>	WAS DECEASED EVER IN ARMED FORCES? (YES/NO) <b>9. No</b>
SOCIAL SECURITY NUMBER <b>10. 335-03-3046</b>	KIND OF BUSINESS OR INDUSTRY <b>11a. Administration</b>	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary Secondary (0-12) <b>12. 12</b> College (13-16) _____
RESIDENCE (STREET AND NUMBER) <b>13a. 4520 W. 66th Pl.</b>	CITY, TOWN, OR ROAD DISTRICT NO. <b>13b. Chicago</b>	COUNTY <b>13d. Cook</b>
STATE <b>13e. Illinois</b>	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <b>14a. White</b>	OF HISPANIC ORIGIN? (SPECIFY YES/NO) <b>13c. Yes</b>
FATHER-NAME FIRST MIDDLE LAST <b>15. Frank Penzkofe</b>	MOTHER-NAME FIRST MIDDLE LAST <b>16. Anna Gregory</b>	
INFORMANT'S NAME (TYPE OR PRINT) <b>17a. Margaret Penzkofe</b>	RELATIONSHIP <b>17b. Wife</b>	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <b>17c. 174520 W. 66th Pl. Chicago, Ill.</b>
18 PART I. Enter the diseases, injuries, or complications 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. <b>CEREBRAL MULTIPLE INFARCTIONS</b>		
Immediate Cause (Final disease or condition resulting in death) <b>(a) DUE TO OR AS A CONSEQUENCE OF</b> <b>(b) CHRONIC ARTERIOSCLEROTIC HYPERTENSIVE DISEASE</b> <b>(c) DUE TO OR AS A CONSEQUENCE OF</b>		
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		
<b>CARCINOMA OF PROSTATE</b>		
DATE OF OPERATION, IF ANY <b>20a. 01-26-90</b>	MAJOR FINDINGS OF OPERATION <b>20b. Carcinoma of Prostate</b>	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? <b>20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>
IF DID NOT ATTEND THE DECEASED AND LAST SAW HIM HERALIVE ON <b>21a. 01-26-90</b>		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		
22a. SIGNATURE <b>James J. Masterson</b>	DATE SIGNED <b>01-27-90</b>	HOUR OF DEATH <b>5:50 AM.</b>
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>22c. 2700 W. 69th St Chicago 60629</b>		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		
23. WE WERE AUTOPSYED PRIOR TO COMPLETION OF CAUSE OF DEATH (YES/NO) <b>19a. NO</b>		
IF CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <b>19b. NO</b>		
DATE (MONTH, DAY, YEAR) <b>24a. Burial</b>		
CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE <b>24b. Resurrection Justice, Illinois</b>		
FUNERAL HOME-NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP <b>25a. Modall Funeral Home 5725 S. Pulaski Rd. Chicago, Illinois 60629</b>		
FUNERAL DIRECTOR'S SIGNATURE <b>Richard J. Masterson</b>		
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>25c. 8237</b>		
LOCAL REGISTRAR'S SIGNATURE <b>James W. Masterson</b>		
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>26b. Jan 29 1990</b>		