

UNOFFICIAL COPY

98108002

Page 1 of 1

7526/0018 14 001 1998-02-10 09:21:17

Cook County Recorder 73.50

DECEASED JOINT TENANCY  
AFFIDAVIT

STATE OF ILLINOIS )  
 ) ss.  
COUNTY OF COOK )

CAROLE HEBDA RUDERER  
being duly sworn states  
that she resides at 1404  
Langport Drive in the  
City of Upper St. Clair,  
Pennsylvania 15241.

That she was  
acquainted with JEAN  
HEBDA, deceased who, at  
the time of her death,  
was one of the owners of  
the land in Cook County, Illinois, described as:

Above Space for Recorder's Use Only

Lot 15 in the Subdivision of the West half of the East half of Block 13  
(except the South 174 feet thereof) in Davlin Kelly and Carroll's Subdivision  
of the North West quarter of Section 26, Township 40 North, Range 13, East of  
the Third Principal Meridian in Cook County, Illinois.

Permanent Real Estate Index Number: 13-26-121-015-0000

Address of Real Estate: 2921 N. Avers Avenue, Chicago, IL 60618

That the deceased died November 4, 1997, 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  
200,000 dollars.

Subscribed and sworn to before me  
on February 9, 1998

2/9/98

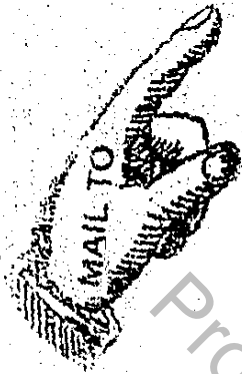
Notary Public

Carole Hebda Ruderer  
CAROLE HEBDA RUDERER, Affiant

"OFFICIAL SEAL"  
STEPHEN A. KUDATOWSKI  
Notary Public, State of Illinois  
My Commission Expires Jan. 13, 2000

# UNOFFICIAL COPY

RETURN TO:  
Stephen A. Kubiowski  
Attorney at Law  
5339 N. Milwaukee Avenue  
Chicago, Illinois 60630



Property of Cook County Clerk's Office

This is to certify that the information here given is correctly copied from an original certificate of death duly filed with me as Local Registrar. The original certificate will be forwarded to the State Vital Records Office for permanent filing.

**UNOFFICIAL COPY**

WARNING: It is illegal to duplicate this copy by photostat or photograph.

Fee for this certificate, \$2.00



*Dariusz J. Blanche*  
Local Registrar

4640524

NOV 07 1997

No.

Date

H105 143 Rev. 2/87

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS  
CERTIFICATE OF DEATH

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

STATE FILE NUMBER

1. NAME OF DECEDENT (Last, First, Middle, Last)				2. SEX	3. SOCIAL SECURITY NUMBER	4. DATE OF DEATH (Month, Day, Year)	
JEAN C. HEBDA				FEMALE	352 - 05 - 6104	NOV. 4, 1997	
5. AGE (Last birthday)	6. UNDER 1 YEAR	7. UNDER 1 DAY	8. DATE OF BIRTH (Month, Day, Year)	9. BIRTHPLACE (City and State or Foreign Country)	10. PLACE OF DEATH (Check box that applies - use manufacturer on other side)		
81 yrs			MAY 24, 1916	CHICAGO, IL	HOSPITAL: <input type="checkbox"/> Impatient <input type="checkbox"/> EPO Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER: Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) <input type="checkbox"/>		
11. COUNTY OF DEATH		12. CITY, BORO, TWP. OF DEATH		13. FACILITY NAME (If not in Section 10, give street and number)		14. (M) IS DECEDENT OF HISPANIC ORIGIN? (Specify)	
ALLEGHENY		S. PAYETTE TWP.		COUNTRY MEADOWS NURSING HOME		15. RACE - American Indian, Black, White, etc. (Specify)	
16. DECEDENT'S USUAL OCCUPATION (See kind of work done during part of working life. Do not use retired)			17. KIND OF BUSINESS-INDUSTRY	18. DECEDENT EVER IN U.S. ARMED FORCES? (Specify)	19. DECEDENT'S EDUCATION (Specify only highest grade completed)	20. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify))	
HOMEMAKER			OWN HOME	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	High School	21. SURVIVING SPOUSE (If any, give maiden name)	
22. DECEDENT'S MAILING ADDRESS (Street, City/Town, State, Zip Code)				23. DECEDENT'S ACTUAL RESIDENCE (See instructions on cover)	24. 17a. State	25. 17b. County	
2921 NORTH AVERS AVENUE CHICAGO, IL 60618					PENNSYLVANIA	ALLEGHENY	
26. FATHER'S NAME (Full Middle, Last)				27. MOTHER'S NAME (Full Middle, Maiden Surname)			
STANLEY ORZECZOWSKI				HARRIET HEBDA			
28. INFORMANT'S NAME (Type Print)				29. INFORMANT'S MAILING ADDRESS (Street, City/Town, State, Zip Code)			
JOSEPH S. HEBDA				4330 WASHINGTON PIKE, BRIDGEVILLE, PA 15017			
30. METHOD OF DISPOSITION				31. DATE OF DISPOSITION (Month, Day, Year)			
Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) <input type="checkbox"/>				NOV. 10, 1997			
32. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH				33. LICENSE NUMBER			
<i>Arthur [Signature]</i>				012032-J			
34. COMPLETE PARTS 23a-c ONLY WHEN CERTIFYING PHYSICIAN IS NOT AVAILABLE AT TIME OF DEATH TO CERTIFY CAUSE OF DEATH				35. NAME AND ADDRESS OF FACILITY			
				L. BRINHAUER & SON CO. 2529 WASHINGTON ROAD, BRIDGEVILLE, PA 15017			
36. PART I: Enter the diseases, injuries or complications which 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.				37. PART II: Other significant conditions contributing to death, but not resulting in the underlying cause given in PART I.			
IMMEDIATE CAUSE (Final disease or condition resulting in death)				38. TIME OF DEATH			
CARDIOPULMONARY ARREST				9:55 P.M. NOV. 4, 1997			
39. UNDERLYING CAUSE (Disease or injury that related events resulting in death) LAST				40. DATE PRONOUNCED DEAD (Month, Day, Year)			
PARKINSON'S DISEASE				NOV. 4, 1997			
41. WAS AN AUTOPSY PERFORMED?		42. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		43. MANNER OF DEATH		44. DATE OF INJURY (Month, Day, Year)	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Natural <input checked="" type="checkbox"/> Accidents <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Hanging <input type="checkbox"/> Poisoning <input type="checkbox"/> Fire <input type="checkbox"/> Other <input type="checkbox"/> Cause not determined <input type="checkbox"/>			
45. CERTIFYING PHYSICIAN (Physician certifying cause of death after another physician has pronounced death and certifies item 33)				46. SIGNATURE AND TITLE OF CERTIFIER			
To the best of my knowledge, death occurred due to the cause(s) and manner as stated.				<i>Arthur [Signature]</i> M.D.			
47. *PRONOUNCING AND CERTIFYING PHYSICIAN (Physician that pronouncing death and certifying cause of death)				48. LICENSE NUMBER			
To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.				MD-02969-E			
49. *MEDICAL EXAMINER/CORONER (On the basis of a examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.)				49. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Form 271 Type or Print)			
				A. PRABHU M.D. 1050 BOWEN HILL RD PGH PA 1542			
50. REGISTRAR'S SIGNATURE AND NUMBER				51. DATE FILED (Month, Day, Year)			
<i>Dariusz J. Blanche</i>				11/6/97			
				52. DATE FILED (Month, Day, Year)			
				November 7, 1997			

JEAN HEBDA

NAME OF DECEDENT

ALIAS USED

Property of State of Pennsylvania  
Office

UNOFFICIAL COPY

Property of Cook County Clerk's Office