

**QUIT CLAIM DEED**

Individual to Joint

The grantor, **EDWARD T. OKAJEWICZ**, married to Regina M. Okajewicz, his wife

6627 W. Albion, Chicago, IL 60631

for and in consideration of TEN (\$10.00) and no more DOLLARS, and other good and valuable consideration in hand paid.

CONVEY and WARRANT to

**EDWARD T. OKAJEWICZ, and REGINA M. OKAJEWICZ, 6627 W. ALBION, CHICAGO, IL.**

not in Tenancy in Common, but in **JOINT TENANCY**, the following described Real Estate situated in the County of Cook in the State of Illinois, to wit

LOT 3, IN THE SUBDIVISION OF LOTS 10, 11 AND 12, IN SWANSON'S RESUBDIVISION OF BLOCK 51, IN NORWOOD PARK IN SOUTH EAST 1/4 OF SECTION 31, TOWNSHIP 41 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

PPI 10-31-408-404 Commonly known as 6627 W. Albion, Chicago, Illinois 60631

hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois TO HAVE AND TO HOLD said premises, not in tenancy in common, but in joint tenancy forever

Subject to restrictions, conditions and covenants of record, real estate for the year 1997 and subsequent years

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 1998

Edward T. Okajewicz  
EDWARD T. OKAJEWICZ

Regina M. Okajewicz  
REGINA M. OKAJEWICZ

State of Illinois) SS) County of COOK )

The undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that **EDWARD T. OKAJEWICZ and REGINA M. OKAJEWICZ, his wife**, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that they signed, sealed and delivered the said instrument as their free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead

Given under my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_, 1998

Notary Public  
Notary Public

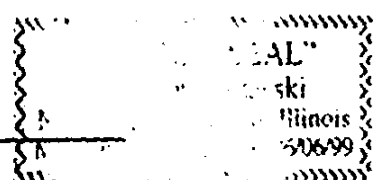
This instrument prepared by: **Mary Lou Zurawski, Attorney, 6121 N Northwest Hwy., Chicago, IL 60631**  
MAIL TO: **EDWARD T. OKAJEWICZ**, 6627 W. Albion, Chicago, IL 60631  
Send tax bills to: **EDWARD T. OKAJEWICZ, 6627 W. Albion, Chicago, IL 60631**

STATEMENT BY GRANTOR AND GRANTEE

The grantor or his agent affirms that, to the best of his knowledge, the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire title to real estate under the laws of the State of Illinois.

Dated July 15, 1998 Signature: Edward J. Chelune  
Grantor or Agent

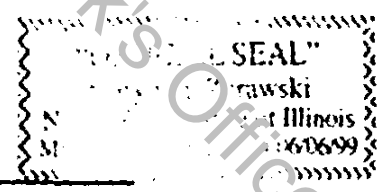
Subscribed and sworn to before me by the said \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_. Notary Public \_\_\_\_\_



The grantee or his agent affirms and verifies that the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois; a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.

Dated \_\_\_\_\_, 19\_\_\_\_ Signature: \_\_\_\_\_  
Grantee or Agent

Subscribed and sworn to before me by the said \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_. Notary Public \_\_\_\_\_



NOTE: Any person who knowingly submits a false statement concerning the identity of a grantee shall be guilty of a Class C misdemeanor for the first offense and of a Class A misdemeanor for subsequent offenses.

(Attach to deed or ABI to be recorded in Cook County, Illinois, if exempt under the provisions of Section 4 of the Illinois Real Estate Transfer Tax Act.)

INTERCOUNTY TITLE COMPANY OF ILLINOIS

5416 NORTH MILWAUKEE AVENUE CHICAGO, ILLINOIS 60630 (312) 775-0082

AFFIDAVIT RE DECEASED JOINT TENANT

STATE OF ILLINOIS

COUNTY OF COOK

SS

RE: YOUR ORDER NO. \_\_\_\_\_

ENRIQUE RIVERA, being duly sworn and for the purpose of inducing Intercounty Title Company of Illinois to issue the subject policy covering the hereinafter-described land, state:

- 1. That HE resides at 4427 W. ALBION CHICAGO, IL
2. That HE was acquainted with STELLA KRASOUBOVA, who died on 6/2/70

as evidenced by the attached certified copy of death certificate:

3. That said decedent was one of the owners of land described:

- in the subject order number;
in the following legal description;

LOT 3, IN THE SUBDIVISION OF LOTS 10, 11 AND 12, IN SWANSON'S RESUBDIVISION OF BLOCK 51, IN NORWOOD PARK IN SOUTH EAST 1/4 OF SECTION 31, TOWNSHIP 41 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

TAXES: 10-31-408-004

4. That said decedent died:

- leaving no last will and testament;
leaving a last will and testament, a copy of which is attached;

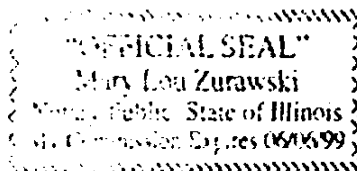
5. That the total value of the estate of said decedent for State of Illinois inheritance tax and Federal estate tax purposes does not exceed \$ \_\_\_\_\_.

Subscribed and sworn to before

me by the said affiant
this \_\_\_ day of \_\_\_, 19\_\_.

Edward T. Zurawski (affiant's signature)

Notary Public



# UNOFFICIAL COPY

## INTERCOUNTY TITLE COMPANY OF ILLINOIS

5416 NORTH MILWAUKEE AVENUE CHICAGO, ILLINOIS 60630  
(312) 775-0082

### AFFIDAVIT RE DECEASED JOINT TENANT

STATE OF ILLINOIS

COUNTY OF COOK

SS

RE: YOUR ORDER NO. \_\_\_\_\_

FRANK J. KRASO, being duly sworn and for the purpose of inducing Intercounty Title Company of Illinois to issue the subject policy covering the hereinafter-described land, state:

1. That he resides at 8627 S. HEALING CHASE, IL;

2. That he was acquainted with FRANK J. KRASO, who died on 12-14-77,

as evidenced by the attached certified copy of death certificate;

3. That said decedent was one of the owners of land described:

- in the subject order number;
- in the following legal description;

LOT 3, IN THE SUBDIVISION OF LOTS 10, 11 AND 12, IN SWANSON'S RESUBDIVISION OF BLOCK 51, IN KORWOOD PARK IN SOUTH EAST 1/4 OF SECTION 31, TOWNSHIP 41 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

TAXES: 10-31-408-004

4. That said decedent died:

- leaving no last will and testament;
- leaving a last will and testament, a copy of which is attached;

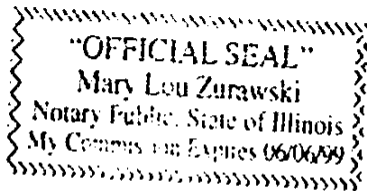
5. That the total value of the estate of said decedent for State of Illinois inheritance tax and Federal estate tax purposes does not exceed \$ 400,000.

Subscribed and sworn to before

me by the said \_\_\_\_\_ affiant  
this \_\_\_\_\_ day of \_\_\_\_\_, 1978.

Edward J. Krasko  
(affiant's signature)

Mary Lou Zurawski  
Notary Public



UNOFFICIAL COPY

JUNE 5, 1970

616622

STATE OF ILLINOIS  
MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.10

1. DECEASED NAME: ANTONINA OKAJEWICZ  
 2. SEX: FEMALE  
 3. DATE OF BIRTH: JUNE 3, 1970  
 4. PLACE OF BIRTH: COOK COUNTY, ILLINOIS  
 5. DATE OF DEATH: SEPTEMBER 13, 1994  
 6. PLACE OF DEATH: COOK COUNTY, ILLINOIS  
 7. REGISTERED NUMBER: 16.10  
 8. RACE: WHITE  
 9. CITIZENSHIP: Chicago  
 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED: WIDOWED  
 11. U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES: YES  
 12. U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES: NO  
 13. USAR VETERAN: NO  
 14. NAME OF SURVIVING SPOUSE: not available  
 15. FATHER: not available  
 16. MOTHER: not available

17. INFORMANT'S SIGNATURE: *Dr. Robert Platt*  
 18. RELATIONSHIP: not available  
 19. MAILING ADDRESS: RECORDS, 2544 MONTROSE CHICAGO, ILLINOIS  
 20. DEATH WAS CAUSED BY: *Heart Failure in Fatigue (Cerebral Anoxia)*  
 21. CAUSE OF DEATH: *Cerebral Thrombosis*  
 22. OTHER SIGNIFICANT CONDITIONS: *None*

23. DATE OF OPERATION, IF ANY: 5-26-70  
 24. MAJOR FINDINGS OF OPERATION: none  
 25. TIME OF DEATH: 10:00 AM  
 26. HOUR OF DEATH: 10:00 AM  
 27. SIGNATURE: *Dr. Robert Platt*  
 28. DATE SIGNED: 6/2/1970  
 29. ILLINOIS LICENSE NUMBER: 35762

30. STREET AND NUMBER OF D. O. C.: 755 N. Ashland Ave., Chicago, Illinois 60622  
 31. CITY OR TOWN: Chicago, Illinois  
 32. STATE: Illinois  
 33. COUNTY: Cook  
 34. ZIP CODE: 60622  
 35. CEMETERY OR CREMATORY: St. Adalbert's  
 36. LOCATION: Niles, Illinois  
 37. DATE OF BURIAL: 6-6-70  
 38. FUNERAL HOME: Wood Funeral Home, 5844-48 N. Milwaukee Ave., Chicago, Ill. 60646

39. LOCAL DIRECTOR'S SIGNATURE: *Murray C. Brown*  
 40. LOCAL DIRECTOR'S NAME: Murray C. Brown  
 41. LOCAL DIRECTOR'S ADDRESS: Chicago Civic Center, Room 105, Concourse Level, Chicago 60602  
 42. DATE OF LOCAL DIRECTOR'S SIGNATURE: JUN 5 1970  
 43. ILLINOIS DEPARTMENT OF PUBLIC HEALTH - BUREAU OF VITAL RECORDS  
 44. CHICAGO BOARD OF HEALTH LOCAL REGISTRAR (Name, Date, Years): Murray C. Brown, 1964-1969

STATE OF ILLINOIS }  
 COUNTY OF COOK }  
 CITY OF CHICAGO } SS

I, Murray C. Brown, M.D., 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 and 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  
 Only When Original BLUE  
SEAL AND BLUE SIGNATURE  
Are Affixed.



*Murray C. Brown*  
 LOCAL REGISTRAR

Property of Chicago City of Chicago

UNOFFICIAL COPY

Property of Cook County Clerk's Office

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BOARD OF HEALTH CITY OF CHICAGO

UNOFFICIAL COPY

STATE FILE NUMBER 627997

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.10 REGISTERED NUMBER

DECEASED—NAME: Steven John Okajewicz, LAST: John Okajewicz, SEX: Male, DATE OF DEATH: December 14, 1977

AGE: 53, RACE: White, PLACE OF BIRTH: Cook County, DATE OF BIRTH: August 3, 1924

CITY, TOWN, TWP. OR ROAD DISTRICT AND RANGE: Chicago, ILLINOIS

7a. PLACE OF BIRTH: Cook County, ILLINOIS

7b. PLACE OF DEATH: Veterans Administration Lakeside Hospital, Cook County, ILLINOIS

8. US. WAR VETERAN: Yes

9. SOCIAL SECURITY NUMBER: 348-14-5048

10. USUAL OCCUPATION: Machinist

11. NAME OF SURVIVING SPOUSE: Ann Gacka

12. RESIDENCE: 333 East Huron Street, Chicago, Illinois

13. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: Chicago, Cook County, ILLINOIS

14. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: Chicago, Cook County, ILLINOIS

15. FATHER—NAME: Dominic Okajewicz

16. MOTHER—MAIDEN NAME: Ann Gacka

17. INFORMANT'S SIGNATURE: Dorothy Kiffins

18. DEATH WAS CAUSED BY: Old and recent myocardial infarction

19. PERIOD OF ILLNESS: Four Weeks

20. DATE OF OPERATION, IF ANY: None

21. DATE OF DEATH: December 14, 1977, 1:05 A.M.

22. PLACE OF DEATH: Veterans Administration Lakeside Hospital, Cook County, ILLINOIS

23. SIGNATURE: Dorothy Kiffins, H. P. O. No. 1115/77

24. SIGNATURE: M. J. Adams

25. SIGNATURE: M. J. Adams

26. SIGNATURE: M. J. Adams

27. SIGNATURE: M. J. Adams

28. SIGNATURE: M. J. Adams

29. SIGNATURE: M. J. Adams

30. SIGNATURE: M. J. Adams

31. SIGNATURE: M. J. Adams

32. SIGNATURE: M. J. Adams

33. SIGNATURE: M. J. Adams

34. SIGNATURE: M. J. Adams

December 16, 1977

STATE OF ILLINOIS } COUNTY OF COOK } CITY OF CHICAGO } SS

I, Murray C. Brown, M.D. 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 and 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 Only When Original BLUE SEAL And BLUE SIGNATURE Are Affixed.

Murray C. Brown

Chicago, Ill. 60611

6936

CHICAGO BOARD OF HEALTH: DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) DEC 16 1977

BASED ON 1928 U.S. STANDARD CERTIFICATED