



# UNOFFICIAL COPY

## CHICAGO TITLE INSURANCE COMPANY

505 E. NORTH AVE., CAROL STREAM, IL 60188

1498000988

### DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS }  
COUNTY OF COOK } ss.

Order No.:

JOHN V. KARLICKI

being duly sworn states that He resides at 2823 S. THOMPSON ST.  
in the City of CHICAGO.

That he was acquainted with CAROLINE B. KARLICKI deceased who, at the time of death,  
was one of the owners of the land in COOK County, Illinois, described as:

98140851

Page 1 of 1  
8099-0000 03 001 1999-10-03 11:00:49  
Cook County Recorder 01.00

That the deceased died JUNE 18, 1991, 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 COOK 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 \_\_\_\_\_ dollars.

Affiant makes this affidavit for the purpose of inducing Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

Undersigned  
this 14<sup>th</sup> day of Feb., A.D. 19 98

Linda P. Gough  
Notary Public

John V. Karliski  
(Affiant's Signature)

## BOX 333-CTI

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Property of Cook County Clerk's Office

JUN 21 1991  
STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

I, VIRGINIA L. PARKER, M.P.A. 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 FOR 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 OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FEE NUMBER

611812

REGISTRATION DISTRICT NO. 1670	DECEASED NAME FIRST LAST MIDDLE CAROLINE B KARECKI	SEX FEMALE	DATE OF DEATH MONTH DAY YEAR JUNE 18, 1991
CITY OF DEATH COOK	UNDER YEAR MONTH DAY YEAR JUN 18 1991	AGE LAST BIRTHDAY 58	DATE OF BIRTH MONTH DAY YEAR JAN 16, 1917
CITY, TOWN, VILL, OR ROAD DISTRICT TO WHICH DECEASED BELONGS CHICAGO	RESIDENCE (STREET AND NUMBER) 2823 SOUTH THROOP CHICAGO	CITY, TOWN, VILL, OR ROAD DISTRICT TO WHICH DECEASED BELONGS CHICAGO	COUNTY COOK
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) CHICAGO, ILLINOIS	RACE WHITE	EDUCATION (SCHOOL OR COLLEGE) 8	EDUCATIONAL ATTAINMENT (SCHOOL OR COLLEGE) 9. NO
SOCIAL SECURITY NUMBER 335-03-4519	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED WIDOWED	NAME OF SURVIVING SPOUSE (MARRIAGE) NONE	DATE OF MARRIAGE (MONTH DAY YEAR) NONE
RESIDENCE (STREET AND NUMBER) 2823 SOUTH THROOP CHICAGO	USUAL OCCUPATION HOMEMAKER	NAME OF BUSINESS OR INDUSTRY NONE	DATE OF DEPARTURE FROM HOME (MONTH DAY YEAR) NONE
STATE ILLINOIS	13a. ZIP CODE 60608	13b. CITY, TOWN, VILL, OR ROAD DISTRICT TO WHICH DECEASED BELONGS CHICAGO	13c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
FATHER NAME FIRST MIDDLE LAST JOHN MRUMLINSKI	MOTHER NAME FIRST MIDDLE LAST LOTTIE MALIK	14a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	14b. SPECIFY NONE
INFORMANT NAME (NEAREST RELATIVE) ELEANOR KARECKI	RELATIONS TO DECEASED SPOUSE	MAILING ADDRESS (STREET AND NO. OR P.O. BOX AND CITY AND STATE ZIP) RECORDS 7C STEVENSON EXPRESSWAY AT KING DR	15. CITY, TOWN, VILL, OR ROAD DISTRICT TO WHICH DECEASED BELONGS CHICAGO
17. NAME AND ADDRESS OF PHYSICIAN ELEANOR KARECKI	17b. ADDRESS OF DEATH (STREET AND NO. OR P.O. BOX AND CITY AND STATE ZIP) RECORDS 7C STEVENSON EXPRESSWAY AT KING DR	18. PART I. Cause of death (If due to trauma, specify mechanism of injury, or if due to natural causes, specify cause of death, or if due to unknown causes, specify "UNKNOWN CAUSE OF DEATH") (a) PULMONARY EMBOLISM (b) COR PULMONALE (c) CHRONIC OBSTRUCTIVE PULMONARY DISEASE	18. PART II. Other significant conditions contributing to death but not resulting in the underlying cause of death (e.g., hypertension, diabetes, etc.) NONE
DATE OF OPERATION, IF ANY NONE	MAJOR FINDINGS OF OPERATION NONE	DATE OF DEATH MONTH DAY YEAR JUNE 18, 1991	19a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
19b. DID NOT ATTEND THE DECEASED AND LAST SAW HIM/her ALIVE ON NONE	19c. HOUR OF DEATH 10:45 pm	20a. SIGNATURE V. Virginia L. Parker	20b. DATE SIGNED MONTH DAY YEAR JUNE 19, 1991
21a. NAME AND ADDRESS OF CERTIFIER DR ALLAN ZUNAMON 5160 SO PULASKY CHICAGO ILL 60632	21b. ILLINOIS LICENSE NUMBER 36 069549	22. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER NONE	22a. ILLINOIS LICENSE NUMBER 36 069549
23. BIRTHAL CREMATION, REMOVAL, ETC. BURIAL	23a. CEMETERY OR CREMATIONARY NAME RESURRECTION	23b. LOCATION JUSTICE, ILLINOIS	23c. STATE ILLINOIS
24a. FUNERAL HOME ROBERT'S FUNERAL HOME 2819 S. ARCHER AVE. CHICAGO, ILLINOIS 60608	24b. STREET AND NUMBER OR R.F.D. JUSTICE, ILLINOIS	24c. CITY OR TOWN JUSTICE, ILLINOIS	24d. STATE ILLINOIS
25a. LOCAL REGISTRAR'S SIGNATURE Virginia L. Parker, M.P.A.	25b. LOCAL REGISTRAR'S NAME Virginia L. Parker, M.P.A.	25c. FURNERAL DIRECTOR'S SIGNATURE Eleanor Karecki	25d. FURNERAL DIRECTOR'S NAME Eleanor Karecki
26a. LOCAL REGISTRAR'S TITLE LOCAL REGISTRAR	26b. FURNERAL DIRECTOR'S TITLE FURNERAL DIRECTOR	26c. FURNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 7402	26d. DATE OF REGISTRATION MONTH DAY YEAR JUN 21 1991

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 10.14  
REGISTERED NUMBER

DECEASED - NAME: JOSEPH A. KANECKI, SEX: MALE, DATE OF DEATH: 3. OCT 4 1981

1. NAME: JOSEPH A. KANECKI, DATE OF BIRTH: 5b. 64, COUNTY OF DEATH: COOK

2. ETHNIC ORIGIN OR DESCENT: POLISH, 5c. 5c.

3. CITY, TOWN, VIL. OR ROAD DISTRICT NUMBER: Chicago, 7c. Mercy Medical Center

4. CITIZENSHIP: U.S.A., 9. U.S.A.

5. USUAL OCCUPATION: Installer, 13b. Carpet

6. RESIDENCE STREET AND NUMBER: 2823 S. Thoop St., 14b. Chicago

7. FATHER - NAME: Julius Kanecki, 15b. Mary Ann Boldowski

8. MOTHER - MAIDEN NAME: Cook

9. RELATIONSHIP: Wife, 17c. 2823 S. Thoop St., CHgo. ILL. 60608

10. DEATH WAS CAUSED BY: (a) Complicated Heart Failure, (b) Arteriosclerotic Cardiovascular Disease, (c) OTHER SIGNIFICANT CONDITIONS: CONDUIT'S CONTRIBUTING TO DEATH BUT NOT HELD TO BE CAUSE OF DEATH

11. IMMEDIATE CAUSE: (a) Complicated Heart Failure, (b) Arteriosclerotic Cardiovascular Disease, (c) OTHER SIGNIFICANT CONDITIONS: CONDUIT'S CONTRIBUTING TO DEATH BUT NOT HELD TO BE CAUSE OF DEATH

12. OTHER SIGNIFICANT CONDITIONS: CONDUIT'S CONTRIBUTING TO DEATH BUT NOT HELD TO BE CAUSE OF DEATH

13. DATE OF INJURY: 20b. N/A, 20c. N/A

14. PLACE OF INJURY: 20d. N/A

15. MEDICAL EXAMINER'S SIGNATURE: Robert J. W. Em. M.D., DATE SIGNED: 21b. OCT 4 1981

16. BIRTHAL CREATION: 24b. Resurrection, 24c. Justice, 24d. Oct. 7, 1981

17. FUNERAL HOME: 25b. Roberts Funeral Home, 2819 S. Archer Ave., Chicago, Illinois, 60608

18. LOCAL REGISTRAR SIGNATURE: Robert J. W. Em. M.D., DATE RECD BY LOCAL REGISTRAR: 26b. OCT 6 1981

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

I, Hugo H. Muziel, 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 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.

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CHICAGO TITLE INSURANCE COMPANY

ORDER NUMBER: 1408 H98000988 HE  
STREET ADDRESS: 2823 S TROOP ST  
CITY: CHICAGO COUNTY: COOK  
TAX NUMBER: 17-29-413-015-0000

LEGAL DESCRIPTION:

LOT 27 IN SUBDIVISION MADE BY THE EXECUTOR'S OF THE ESTATE OF PETER QUINN DECEASED OF LOTS 6 AND 7 IN BLOCK 24 (EXCEPT CASSIDY'S 1 ACRE) OF SAID LOT 6 IN CANAL TRUSTEES' SUBDIVISION OF SOUTH FRACTION OF SECTION 29, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

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