



Attorneys' National Title Network, Inc.

Three First National Plaza • Suite 1600 • Chicago, IL 60602 • 312-696-2700 • Fax 312-



99627478

JW. 74165 2 of 5 GAD
STATE OF ILLINOIS)
COUNTY OF Cook) SS

JOINT TENANCY AFFIDAVIT

Barbara Sweet ^{Formerly / KJA} ~~Barbara Skalka~~ hereinafter referred to as the affiant, states under oath that the affiant resides at _____ in the City of _____, Illinois; that the affiant was acquainted with Steve W. Skalka, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of properly recorded joint tenancy warranty deed, said property located in Cook County, Illinois, and legally described as follows:

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent died on 8-9-97, leaving no/a last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ 125,000; and

That the value of the above property individually was \$ 16,500.

That the affiant makes this affidavit to induce ATTORNEYS' TITLE INSURANCE FUND, INC. to issue its policy of title insurance on the above described property.

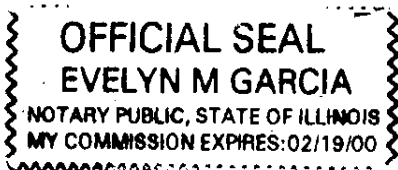
the affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATTORNEYS' TITLE INSURANCE FUND, INC. harmless and to reimburse the Fund for all loss, costs, damages, suits, attorney's fees and expenses and every kind and nature which which the Fund may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of Steve W. Skalka, the decedent;
2. Illinois State Inheritance Tax and Federal Tax which may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights to contribution.

Barbara Sweet (Seal)

Barbara Skalka (Seal)

Subscribed and Sworn to before me
this 8th day of June, 1999
Evelyn M Garcia
Notary Public



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.

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

AUG 12 1997

I, SHEILA LYNE, RSW, 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.

Sheila Lyne
LOCAL REGISTRAR

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

613125

REGISTRATION DISTRICT NO. 10	DECEASED-NAME FIRST MIDDLE LAST STEVE W. SKALKA	SEX MALE	DATE OF DEATH MONTH, DAY, YEAR AUGUST 9, 1997
REGISTERED NUMBER	AGE-LAST BIRTHDAY (YRS) 67	UNDER 1 DAY HOURS MIN 5c.	DATE OF BIRTH MONTH, DAY, YEAR January 28 1930
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER CHICAGO	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN OTHER, GIVE STREET AND NUMBER) THE UNIVERSITY OF CHICAGO HOSPITAL	IF HOSP. OR INST. INDICATE D.O.A. OF PEMBER, RM, INPATIENT (SPECIFY) 6c. INPATIENT	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago, IL	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Barbara Badnovac	WAS DECEASED EVER IN US ARMED FORCES? (YES/NO) 9. NO	
SOCIAL SECURITY NUMBER 10.358 22 1877	KIND OF BUSINESS OR INDUSTRY 11b. Restaurant	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. College (1-4 or 5+)	
RESIDENCE (STREET AND NUMBER) 13a. 13200 Avenue M	CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago	INSIDE CITY (YES/NO) 13b. Chicago	COUNTY 13d. Cook
STATE Illinois	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. White	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)	
FATHER-NAME FIRST MIDDLE LAST John Skalka	MOTHER-NAME FIRST MIDDLE LAST Victoria Gorka	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
INFORMANT'S NAME (TYPE OR PRINT) FELESA MELVIN	RELATIONSHIP HOSPITAL 17b. RECORDS	16. Victoria Gorka	
17a. 5841 SOUTH MARYLAND, CHICAGO, ILLINOIS 60637	MAILING ADDRESS (STREET, CITY OR TOWN, STATE, ZIP) 5841 SOUTH MARYLAND, CHICAGO, ILLINOIS 60637		
18. PART I. Immediate Cause (Final disease or condition resulting in death) (a) central nervous system lymphoma - hyphalomas DUE TO, OR AS A CONSEQUENCE OF (b) central pontine myelinolysis DUE TO, OR AS A CONSEQUENCE OF (c) multi-system organ failure	Enter the diseases, or complications that caused this death. Do not enter the mode of dying, such as cardiac or respir. cry, rest, shock, or heart failure. List only one cause on each line.	APPROPRIATE INTERVAL BETWEEN ONSET AND DEATH	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. Sepsis, renal failure			
DATE OF OPERATION, IF ANY 20b. 8/8/97	MAJOR FINDINGS OF OPERATION	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b. NO
19a. (DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 8/8/97	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO	HOUR OF DEATH 21c. 05:15 A.M.	
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED 22b. 8/11/97	ILLINOIS LICENSE NUMBER 22d. 125-035861
22a. SIGNATURE <i>Lavelle J. Romer</i>	NAME AND ADDRESS OF CERTIFIER LABEL L. ROMER, MD 5841 SOUTH MARYLAND, CHICAGO, ILLINOIS 60637		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Cremation	CEMETERY OR CREMATORY-NAME 24b. Oakland Memory Lanes	CITY OR TOWN 24c. Dolton, Illinois	STATE 24d. Illinois
FUNERAL HOME 25a. Opyt Funeral Home	STREET AND NUMBER OR R.F.D. 13350 So. Baltimore Ave.	CITY OR TOWN Chicago, IL.	STATE ZIP 60633
FUNERAL DIRECTOR'S SIGNATURE <i>Sheila Lyne</i>	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 34-010821	DATE (MONTH, DAY, YEAR) August 12 1997	
LOCAL REGISTRAR SIGNATURE <i>Sheila Lyne</i>	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 'AUG 12 1997		

Print in Permanent Ink
Physicians
Book for
CERTIFICATIONS

DECEASED

IDENTS

USE

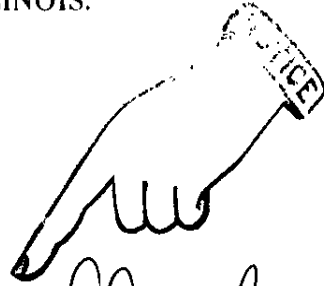
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OSITION

LOT 14 (EXCEPT THE SOUTH 18 FEET THEREOF) AND SOUTH 23 FEET OF LOT 13 IN BLOCK 4 IN KIZER AND WILLIAM'S SUBDIVISION OF THE NORTH EAST 1/4 OF THE NORTH EAST 1/4 OF SECTION 31, TOWNSHIP 37 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

#26-31-204-055

prop. address 13032 Buffalo Ave.
Chicago, IL. 60633



Property of Cook County Clerk's Office