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1999-07-06 11:21:26
Cook County Recorder 47.50



DECEASED JOINT TENANCY AFFIDAVIT

2/1
6576-667
C99-2459

STATE OF IL)
) SS
COUNTY OF Cook)

Case No. C99-2459

Robert Lemanski being duly sworn states that he resides at 18334 Maple ST in the City of Lansing That he was acquainted with Francis M. Plucinski who at the time of his death was one of the owners of the premises in Cook County, Ill., described as:

That said Francis M. Plucinski died about 6/4/98 leaving NO will and the total value of the estate of said deceased whether passing under joint tenancy conveyances or owned by such persons individually, including both real and personal property does not exceed the sum of 0 dollars.

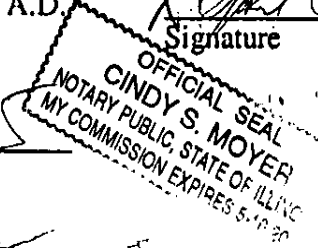
Affiant further states that he makes this affidavit for that purpose of inducing Lawyers Title Insurance Corporation to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

Robert Lemanski
this 13 day of May, A.D.

[Signature]
Signature

1999
Cindy S. Moyer
Notary Public



CAPITOL TITLE L.L.C.
5600 NORTH RIVER ROAD
SUITE 810
ROSEMONT, ILLINOIS 60018



PREPARED By:
ROBERT LEMANSKI

310

Local No. 1229-92

INDIANA STATE DEPARTMENT OF HEALTH
UNOFFICIAL COPY
CERTIFICATE OF DEATH

99643875

State No.

TYPE/PRINT
IN
PERMANENT
BLACK INK

1. DECEASED—NAME (First, Middle, Last) FRANCES M. PLUCINSKI				2. SEX FEMALE		3a. TIME OF DEATH 8:15 A		3b. DATE OF DEATH (Month, Day, Yr) JUNE 4, 1992			
4. SOCIAL SECURITY NUMBER 336-56-1719		5a. AGE—Last Birthday (Years) 82		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr) Nov. 3, 1909			
7a. WAS DECEASED A U.S. VETERAN? No		7b. YEAR LAST SERVED IN U.S. ARMED FORCES? Never		7. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois							
8a. PLACE OF DEATH (Check only one—See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA				8b. OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence							
9b. FACILITY NAME (If not institution, give street and number) THE COMMUNITY HOSPITAL				9c. CITY, TOWN, OR LOCATION OF DEATH MUNSTER			9d. COUNTY OF DEATH LAKE				
10. MARITAL STATUS (Specify) Widowed		11. SURVIVING SPOUSE (If wife, give maiden name) None		12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker			12b. KIND OF BUSINESS/INDUSTRY Own Home				
13a. RESIDENCE—STATE Illinois		13b. COUNTY Cook		13c. CITY, TOWN, OR LOCATION Lansing			13d. STREET AND NUMBER 18334 Maple St.				
13e. ZIP CODE 60438		13f. INCLUDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		15. WAS DECEASED OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		16. RACE—American Indian, Black, White, etc. (Specify) White			
17. DECEASED'S EDUCATION (Specify only highest grade completed) 8		17. DECEASED'S EDUCATION (Specify only highest grade completed) 8		17. DECEASED'S EDUCATION (Specify only highest grade completed) 8		17. DECEASED'S EDUCATION (Specify only highest grade completed) 8		17. DECEASED'S EDUCATION (Specify only highest grade completed) 8			
18. FATHER'S NAME (First, Middle, Last) Konstanty Graczyk				19. MOTHER'S NAME (First, Middle, Maiden Surname) Katherine Baronowski							
20a. INFORMANT'S NAME (Type/Print) Nancy Lemanski				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 18334 Maple St. Lansing, IL 60438			20c. Relationship Daughter				
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)				21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) June 6, 1992 Holy Cross Cemetery				21c. LOCATION—City or Town, State Calumet City, Illinois			
22a. EMBALMER'S NAME William Byma				22b. EMBALMER'S LICENSE NO 034-012218		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>				24b. LICENSE NUMBER (of license) FD01018769		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME C.J. Huber 722-165th St. Hammond, In. 46320 for Schroeder-Lauer F.H. Lansing, IL 60438					
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter non-specific terms, such as chronic disease, or arrest, shock, or heart failure. List only one cause on each line. a. CARCINOMA BREAST b. BRAIN METASTASIS c. d.											
IMMEDIATE CAUSE (Final disease or condition resulting in death) ON 6-5-1992 Interval Between Onset and Death one year one month											
Conditions, if any, which gave rise to the immediate cause, state the underlying cause. GENELISES METASTASIS											
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I											
27. WAS DECEASED PREGNANT OR 90 DAYS POSTPARTUM? (Yes or No) (No)				28a. WAS AN AUTOPSY PERFORMED? (Yes or No) NO		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) (No)					
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of 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.				29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>			29c. MEDICAL LICENSE NO 31445		29d. DATE SIGNED (Month, Day, Year) JUNE 4, 1992		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) MANZOOR HUSSAIN, M.D. 8032 KENNEDY AVE. HIGHLAND, INDIANA 46322											
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>								32. DATE FILED (Month, Day, Year) June 5, 1992			
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or No)		34d. DESCRIBE HOW INJURY OCCURRED			
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)				34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.							

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Legal Description:

LOT 7 IN DYKSTRA'S FERNWOOD EAST ESTATES UNIT NUMBER 3, BEING A
SUBDIVISION OF PART OF THE SOUTHEAST FRACTION 1/4 OF SECTION 32, TOWNSHIP
36 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY
ILLINOIS.

PIN # 30-32-403-093

Property of Cook County Clerk's Office