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1999-08-10 13:21:57
Cook County Recorder 25.50



99758029

**DECEASED JOINT
TENANCY AFFIDAVIT**

STATE OF ILLINOIS)
) ss.
COUNTY OF COOK)

DANIEL GABOR being duly sworn states that
he resides at 3109 N. Southport
in the City of Chicago.

That he was acquainted with AGNES GABOR deceased who, at the
time of her death, was one of the owners of the land in Cook County, Illinois,
described as:

LOT TWO HUNDRED THREE (203) IN JOHN P. ATLGELD'S SUBDIVISION OF
BLOCKS ONE (1), TWO (2), THREE (3), FOUR (4), SEVEN (7) AND THE NORTH
HALF OF BLOCK SIX (6) IN THE SUBDIVISION OF THAT PART LYING NORTH
EASTERLY OF LINCOLN AVENUE OF THE NORTH WEST QUARTER (NW ¼) OF
SECTION TWENTY-NINE (29), TOWNSHIP FORTY (40) NORTH, RANGE
FOURTEEN (14), EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY,
ILLINOIS, COMMONLY KNOWN AS 3109 NORTH SOUTHPORT AVENUE,
CHICAGO, ILLINOIS.

PIN: 14-29-106-008-0000

That the deceased died August 4, 1994, 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 _____.

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NOTARIAL PUBLIC STATE OF ILLINOIS

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.

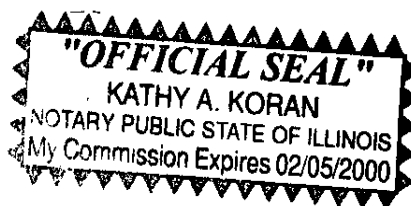
Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company, or any other title company, to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

DANIEL GABOR

this 19 day of July, A.D. 1999

Kathy A. Koran
Notary Public



[Signature]
DANIEL GABOR (affiant's signature)

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Cook County Clerk's Office

RETURN TO:

R. SPAIN
SPAIN, SPAIN & VARNET P.C.
Attorneys at Law
33 N. Dearborn St. #2220
Chicago, IL 60602

I, DAVID D. ORR, County Clerk of the County of Cook, in the State of Illinois, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David D. Orr
County Clerk

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

614457

REGISTRATION DISTRICT NO. **10.10**
REGISTERED NUMBER

1. DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
AGNES GABOR 2. **FEMALE** 3. **AUGUST 4, 1994**

4. COUNTY OF DEATH AGE—LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)
COOK 5a. **61** 5b. **61** 5c. **61** 5d. **JUNE 26, 1933**

6. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)
6a. **CHICAGO** 6b. **ILLINOIS MASONIC MEDICAL CENTER** 6c. **D.O.A.**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
7. **BRADDOCK, PENN.** 8a. **MARRIED** 8b. **RICHARD R. GABOR** 9. **NO**

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
10. **370-32-7767** 11a. **SALES PERSON** 11b. **RETAIL STORE** 12. **12**

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY
13a. **3109 N. SOUTHPORT AVENUE** 13b. **CHICAGO** 13c. **YES** 13d. **COOK**

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
13a. **ILLINOIS** 13f. **60657** 14a. **WHITE** 14b. **NO** **YES** SPECIFY:

FATHER—NAME FIRST MIDDLE LAST MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST
15. **CASEY HORVATH** 16. **LOTTIE LAKOTAS**

INFORMANT'S NAME (TYPE OR PRINT) RELATIVE TO DECEASED MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
17a. **NANCY RODRIGUEZ** 17b. **HOSPITAL RECORDS** 17c. **836 W WELLINGTON CHGO, ILL 60657**

18. PART I. Enter the diseases, or complications that 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. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Immediate Cause (Final disease or condition resulting in death)	(a) CARDIAC ARRHYTHMIA	MINUTES
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	(b) HYPERTENSIVE HEART DISEASE	YEARS
	(c)	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
19a. **NO** 19b.

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
20a. 20b. 20c. **YES** **NO**

1 (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH
21a. **I DID** **JULY 25, 1994** 21b. **YES** 21c. **12:25 PM** M.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED DATE SIGNED (MONTH, DAY, YEAR)
22a. SIGNATURE *Sidney Feldman* 22b. **AUGUST 4, 1994**

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER
22c. **SIDNEY FELDMAN, M.D. 811 W WELLINGTON CHGO, ILL 60657** 22d. **2036 036975**

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
23.

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
24a. **BURIAL** 24b. **WOODMERE CEMETERY** 24c. **DETROIT MICHIGAN** 24d. **24d 8-9-1994**

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
25. **HERDEGEN—BRIESKE FUNERAL HOME 1356 W. Wellington Avenue Chicago, Illinois 60657**

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b. *Joseph M. Herdegen* 25c. **034-014227**

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a. *Joseph M. Herdegen* 26b. **AUG 05 1994 S.C.**