

DECEASED JOINT  
TENANCY AFFIDAVIT



STATE OF ILLINOIS )  
                              ) ss.  
COUNTY OF COOK )

THE UNDERSIGNED AFFIANT, PRISCILLA  
W. KOZLOWSKI, a widow and not since  
remarried, residing at 512 Luella Ave., Calumet City,  
IL (County of Cook), being duly sworn states as  
follows:

1. That the Affiant was married to THEODORE J. KOZLOWSKI, deceased. That the deceased died on 8/10/99, as evidenced by a certified copy of his death certificate attached hereto.
2. That the deceased died leaving no Last Will & Testament.
3. 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, did not exceed the sum of \$650,000. The Affiant inherited all of the deceased's assets by joint tenancy or as a beneficiary thereof.
4. That the deceased and the Affiant were husband and wife, and they were the sole owners in joint tenancy of the following land:

LEGAL DESCRIPTION IS TYPED ON THE BACK OF THIS AFFIDAVIT, AND INCORPORATED  
HEREIN BY THIS REFERENCE.

ADDRESS OF REAL ESTATE: 512 Luella Ave., Calumet City, IL.  
PIN NO.: 29-12-400-035-0000

5. Affiant states that she was never divorced from the deceased in any state or county, and that the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full.
6. Affiant makes this affidavit for the purpose of removing the deceased's name from the title, and transferring the above referenced land into the Affiant's recently established trust.

Subscribed and sworn to  
before me by said Affiant,  
PRISCILLA W. KOZLOWSKI, on this  
23 day of September, 1999.

Notary Public (Exp: 6/12/2002)  
OFFICIAL SEAL  
JOHN G. BERGER  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES 6-12-2002

PRISCILLA W. KOZLOWSKI, Affiant

This instrument prepared by John G. Berger, Attorney, 3007 Fresno Lane, Homewood, IL 60430.

**AFTER RECORDING, RETURN TO:**  
John G. Berger, Attorney  
3007 Fresno Lane  
Homewood, IL 60430.

Handwritten initials and date: AN 2/3/01

**LEGAL DESCRIPTION**

**Address of Real Estate:** 512 Luella Ave., Calumet City, IL 60409.

**Permanent Index Numbers:** 29-12-400-035-0000.

**LEGAL DESCRIPTION:**

Lot 33 in Block 4 in G. Frank Croissant's Shadow Lawn, being a Subdivision of that part of the West half of the South West quarter and the East one-third of the East half of the South West quarter of Section 12, Township 36 North, Range 14, East of the Third Principal Meridian, lying North of the center line of Michigan City Road in Cook County, Illinois. \*\*

Property of Cook County Clerk's Office

\* ATTENTION-ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

# INDIANA STATE DEPARTMENT OF HEALTH

99989941

## CERTIFICATE OF DEATH

Local No. 1203-14

State No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First Middle Last) <b>THEODORE J. KOZLOWSKI</b>		2. SEX <b>MALE</b>	3a. TIME OF DEATH <b>8:12 P.M.</b>	3b. DATE OF DEATH (Month Day, Yr) <b>AUGUST 10, 1999</b>
4. *SOCIAL SECURITY NUMBER <b>319-03-3240</b>	5a. AGE—Last Birthday (Years) <b>83</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo. Day, Yr) <b>JULY 4, 1916</b>
7. BIRTHPLACE (City and State or Foreign Country) <b>CHICAGO, ILLINOIS</b>	8a. WAS DECEDENT A U.S. VETERAN? <b>NO</b>		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>-</b>	9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA 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) <b>THE COMMUNITY HOSPITAL</b>		9c. CITY, TOWN OR LOCATION OF DEATH <b>MUNSTER</b>		9d. COUNTY OF DEATH <b>LAKE</b>
10. MARITAL STATUS (Specify) <b>MARRIED</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>PRISCILLA MICHALEK</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>MOLD FINISHER</b>		12b. KIND OF BUSINESS/INDUSTRY <b>STEEL</b>
13a. RESIDENCE—STATE <b>ILLINOIS</b>	13b. COUNTY <b>COOK</b>	13c. CITY, TOWN, OR LOCATION <b>CALUMET CITY</b>		13d. STREET AND NUMBER <b>512 LUELLA</b>
13e. ZIP CODE <b>60409</b>	13f. IN CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	15. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) <b>WHITE</b>
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) <b>8</b> College (1-4 or 5+) <b>-</b>		18. FATHER'S NAME (First, Middle, Last) <b>JOHN KOZLOWSKI</b>		
19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>PAULINE KONEY</b>			20a. INFORMANT'S NAME (Type/Print) <b>PRISCILLA KOZLOWSKI</b>	
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>512 LUELLA; CALUMET CITY, ILLINOIS 60409</b>		20c. Relationship <b>WIFE</b>		
21a. METHOD OF DISPOSITION <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) <b>AUGUST 13, 1999</b> <b>HOLY CROSS CEMETERY</b>		21c. LOCATION—City or Town, State <b>CALUMET CITY, ILLINOIS</b>
22a. EMBALMER'S NAME <b>LEO V. HENNESSY</b>		22b. I.M.B. LICENSE NO. <b>IL 004-010388</b>		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 Licensee) <b>2930013</b>	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>83002877 MCCOY FUNERAL CHAPEL 5713 HOHMAN AVE.; HAMMOND, IN FOR HENNESSY-NOWAK FUNERAL HOME CALUMET CITY, ILLINOIS</b>	
26. PART I. Enter the disease, injuries or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <b>PNEUMONIA</b> DUE TO (OR AS A CONSEQUENCE OF) b. <b>CHRONIC OBSTRUCTIVE AIRWAYS DISEASE</b> DUE TO (OR AS A CONSEQUENCE OF) c. <b>-</b> DUE TO (OR AS A CONSEQUENCE OF) d. <b>-</b> Approximate Interval Between Cause and Death <b>AUG 18 1999</b>				
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. <b>CONGESTIVE HEART FAILURE</b> <b>CHRONIC RENAL FAILURE</b>				
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>DNA</b>		28a. WAS AN AUTOPSY PERFORMED? <b>NO</b>	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>DNA</b>	
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> <b>MD</b>		29c. MEDICAL LICENSE NO. <b>01049593</b>	29d. DATE SIGNED (Month Day, Year) <b>AUGUST 17 1999</b>	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>DAKSHINA MURTHY, M.D. 9122 COLUMBIA AVENUE MUNSTER, INDIANA 46321</b>				
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32. DATE FILED (Month Day, Year) <i>[Signature]</i>
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.		