

99221562

UNOFFICIAL COPY

**COOK COUNTY
RECORDER
EUGENE "GENE" MOORE
MAYWOOD OFFICE**



DECEASED JOINT TENANT AFFIDAVIT

98-9885-BTJ

STATE OF ILLINOIS)

)SS:

COUNTY OF COOK)

DATE: 2-3-99

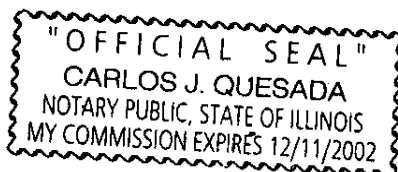
COMMITMENT NO: 98-09885

CARLOS J. QUESADA, being first duly sworn, for the purpose of inducing BROKERS TITLE INSURANCE CO., to issue its title insurance policy covering the land described in the above captioned commitment, deposes and says:

1. That he/she resides at: 5432 S 107TH PL CHICAGO, IL
2. That he/she was acquainted with ALOYSIUS A. FIGURA who died on APRIL 1989, as evidenced by the attached certified copy of the death certificate.
3. That said decedent was one of the owners of the land described in the above captioned commitment.
4. That said decedent died:
 Leaving no Last Will and Testament.
 Leaving a Last Will and Testament, a copy of which is attached.
5. That the total value of said decedent's estate for State of Illinois Inheritance Tax/estate Tax and Federal Estate Tax purpose does not exceed \$ 20

Christina A. Fejnu
Affiant's Signature

Subscribed and Sworn to before me this 3 day of FEB, 1999.



I, DAVID D. ORR, County Clerk of the County of Cook, in the State aforesaid, 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.

99221562
County Clerk

99221562 283

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

606777

DECEDENT'S BIRTH NO. *1 copy*

REGISTRATION DISTRICT NO. *16-10*

REGISTERED NUMBER

1. DECEASED NAME: ALOYSIUS FIGURA
 2. SEX: MALE
 3. DATE OF DEATH: APRIL 6, 1989
 4. COUNTY OF DEATH: COOK
 5. DATE OF BIRTH: OCTOBER 5, 1930
 6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: CHICAGO
 6b. HOSPITAL OR OTHER INSTITUTION: MOUNT SINAI HOSPITAL MEDICAL CENTER
 7. BIRTHPLACE: CHICAGO
 8a. MARRIED: MARRIED
 8b. NAME OF SURVIVING SPOUSE: CHRISTINE KAZMIKIAN
 9. EDUCATION: HIGH SCHOOL
 10. SOCIAL SECURITY NUMBER: 339-34-5985
 11a. USUAL OCCUPATION: DIE SETTER
 11b. KIND OF BUSINESS OR INDUSTRY: MACHINE SHOP
 12. RESIDENCE: 5932 WEST 107TH STREET
 13a. STATE: ILLINOIS
 13b. ZIP CODE: 60415
 13c. RACE: WHITE
 13d. COUNTY: COOK

PARENTS

15. FATHER: ALBERT FIGURA
 16. MOTHER: JOYNA MONZYKA
 17a. INFORMANT: MARTON A. HOUSTON
 17b. RELATIONSHIP: CLERK
 17c. MAILING ADDRESS: 1500 S FAIRFIELD, CHICAGO, IL 60608

18. PART I. Cause of death: Stroke, acute pneumonia with sepsis
 19. PART II. Contributing conditions: Diabetes mellitus
 20a. DATE OF OPERATION: NONE
 20b. MAJOR FINDINGS: NONE
 20c. AUTOPSY: PARTIALLY

21. (DID) DID NOT ATTEND THE DECEASED AND LAST SAW HIM HER ALIVE ON: APRIL 6, 1989
 22a. SIGNATURE: David Lubell, MD
 22b. DATE SIGNED: APR 8 1989
 22c. ILLINOIS LICENSE NUMBER: 36 060115

24a. BURIAL
 24b. CEMETERY: ST. ADALBERT
 24c. LOCATION: NILES, ILLINOIS
 24d. DATE: APR 16 1989
 25a. FUNERAL HOME: DASEY WASKOWSKI
 25b. FUNERAL DIRECTOR'S SIGNATURE: DASEY WASKOWSKI
 25c. ILLINOIS LICENSE NUMBER: 1966
 26a. LOCAL REGISTRAR'S SIGNATURE: Dennis C. Edwards, M.D. M.P.H.
 26b. DATE FILED: APR 9 1989

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99222 562

Page 2 of 3

UNOFFICIAL COPYEXHIBIT "A"PROPERTY LEGAL DESCRIPTION

LOT 84 IN WARREN J. PETER'S CHICAGO RIDGE SUBDIVISION OF THE NORTH 3/4 (EXCEPT THE SOUTH 220 FEET THEREOF) OF THE WEST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 17, TOWNSHIP 37 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO PLAT THEREOF REGISTERED IN THE OFFICE OF THE REGISTRAR OF TITLES OF COOK COUNTY, ILLINOIS, ON MARCH 4, 1964, AS DOCUMENT NUMBER 1510011, IN COOK COUNTY, ILLINOIS.

PIN# 24-17-420-026-0000

CKA: 5932 W. 107TH PLACE, CHICAGO RIDGE, ILLINOIS 60416

Property of Cook County Clerk's Office



Brokers Title Insurance Co.
2215 York Road, Suite 418
Oak Brook, IL 60521