



DECEASED JOINT TENANCY

AFFIDAVIT

This document prepared by:

MICHAEL J. BUCKO, Atty
3601 N. Pulaski Rd.,
Chicago, Illinois 60641

STATE OF ILLINOIS)
) SS:
COUNTY OF C O O K)

DOLORES W. POWEZIAK being duly sworn under oath states that she resides at 4034 W. Addison Street in the City of Chicago, County of Cook and State of Illinois.

That she was acquainted with EDWARD J. POWEZIAK deceased who at the time of his death, was one of the owners of the land in the City of Chicago, Cook County, Illinois described as:

SEE REVERSE SIDE FOR LEGAL DESCRIPTION:

P.I.N. 13-22-223-007

That the deceased died February 1, 1999 as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- (x) Leaving no last Will and Testament.
- () Leaving a last Will and 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 and Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois about _____.

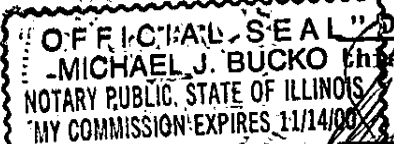
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of ONE HUNDRED THOUSAND and - - - - 00/100 (\$100,000.00) dollars.

Affiant makes this affidavit for the purpose of inducing the Cook County Recorder of Deeds to remove the name of the deceased as an owner of the hereinafter legally described real estate.

SUBSCRIBED and SWORN to before me by the said

DOLORES W. POWEZIAK

this 23 day of Mar, 1999 A.D.



[Signature]
Notary Public

[Signature]
Dolores W. Poweziak
affiant's signature

UNOFFICIAL COPY

LEGAL DESCRIPTION

of premises commonly known as:

Lot 40 in Block 2 in Bauer and McMahan's Addition to Irving Park in the North East quarter of Section 22, Township 40 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois *****

MAIL TO:



(MICHAEL J. BUCKO, Atty at Law)
(Name)
(3601 N. Pulaski Rd.,)
(Address)
(Chicago, Illinois 60641)
(City, State & Zip)



Certified Copy of a Death Record

UNOFFICIAL COPY

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.92	STATE OF ILLINOIS	STATE FILE NUMBER			
	REGISTERED NUMBER 159	MEDICAL CERTIFICATE OF DEATH				
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS DECEASED PARENTS CAUSE CERTIFIER DISPOSITION	DECEASED - NAME FIRST MIDDLE LAST 1. Edward J Poweziak		SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. February 1, 1999		
	COUNTY OF DEATH 4. COOK		AGE - LAST BIRTH (DAY, MONTH, YEAR) 5a. 80	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. June 28, 1918
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. PROVISO TOWNSHIP		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. VETERANS ADM. HINES, IL 60141		IF HOSP. OR INST. INDICATE O O A, OPENER, RM, INPATIENT (SPECIFY) 6c. Inpatient	
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Chicago, IL	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Dolores Reimann		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. Yes	
	SOCIAL SECURITY NUMBER 10. 358 10 7562	USUAL OCCUPATION 11a. Carpernter	KIND OF BUSINESS OR INDUSTRY 11b. Building Contractor	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (10-12) 12. 11 College (1-4 or 5+)		
	RESIDENCE (STREET AND NUMBER) 13a. 4034 Addison		CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. Chicago	INSIDE CITY (YES/NO) 13c. Yes	COUNTY 13d. Cook	
	STATE 13e. Illinois	ZIP CODE 13f. 60641	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. White	OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. NO YES SPECIFY:		
	FATHER - NAME FIRST MIDDLE LAST 15. Joseph Poweziak		MOTHER - NAME FIRST MIDDLE LAST 16. Sophie Unavailable			
	INFORMANT'S NAME (TYPE OR PRINT) 17a. L. Koselke, A.O.D.		RELATIONSHIP 17b. Records Hospital	MAILING ADDRESS (STREET AND NO. OR P.O., CITY OR TOWN, STATE, ZIP) 17c. VETERANS ADM. HINES, IL 60141		
	PART I. Enter the disease 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) Myocardial Infarction, DUE TO, OR AS A CONSEQUENCE OF				Unknown		
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) Cardiac Arrhythmia. DUE TO, OR AS A CONSEQUENCE OF						
(c)						
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				AUTOPSY (YES/NO) 19a. NO	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.	
DATE OF OPERATION, IF ANY 20a.	MAJOR FINDINGS OF OPERATION 20b.		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES [] NO [X]			
I (DID) (DO NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. February 1, 1999		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO	HOUR OF DEATH 21c. 11:50 P. 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)		
SIGNATURE 22a. [Signature] A. Jordan, M.D.		DATE SIGNED February 2, 1999		ILLINOIS LICENSE NUMBER 22d. 125-036090		
NAME AND ADDRESS OF CERTIFIER VETERANS ADM. HINES, IL 60141		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23.		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY - NAME 24b. St. Adalbert Cemetery	LOCATION 24c. Niles, Illinois	DATE (MONTH, DAY, YEAR) 24d. Feb. 5, 1999			
FUNERAL HOME 25a. Theis-Gorski Funeral Home 3517-27 N. Pulaski Road Chicago, Illinois 60641		FUNERAL DIRECTOR'S SIGNATURE 25b. [Signature]		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-015303		
LOCAL REGISTRAR'S SIGNATURE 26a. [Signature]		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. February 4, 1999				

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE **FEB 4 1999** SIGNED **[Signature]**

AT **BROADVIEW, ILLINOIS 60153**, Illinois OFFICIAL TITLE **Local Registrar of Vital Statistics**