

(Handwritten mark)

Affidavit by Surviving Joint Tenant

L. N. 11975 Doc. No. 1315285 Certificate No. 568014

State of Illinois
County of Cook } ss.

Leona E. Pietraszewski, a widow being first

duly sworn, upon oath deposes and says:

That she resides at 10314 Andre Blvd. in the City of Hudson Florida and that she is one of the parties who took title, not in tenancy in common, but in joint tenancy, to real estate shown in Certificate of Title No. 568014 situated in said Cook County, Illinois, described as follows: Lot 10 in Block 7 in Johnston and Cox's Subdivision of the southwest 1/4 of the southwest 1/4 of section 36, township 40 North, Range 13, East of the third principal meridian, in Cook County, Illinois.

3984496

Affiant states that Frank S. Pietraszewski one of the said owners in joint tenancy, died intestate, in the city (Village) of Chicago, Ill. in the State of Illinois as is confirmed by a Certificate of the health department of said municipality hereto attached.

Affiant states that the remaining joint tenant she not changed her (title) status since the issuance of Certificate of Title Number 568014 (except who has been married but once since acquiring said real estate and then to _____).

Further, that the affiant makes this affidavit for the purpose of inducing the Registrar of Titles of Cook County, Illinois, to issue a certificate of title to the surviving Joint Tenant to said above described premises, relying on this statement as true, and in consideration thereof affiant guarantees the truth of the statements herein contained.

Leona E. Pietraszewski

Subscribed and sworn to before me this 10th day of July 1991

Theresa E. [Signature]
NOTARY PUBLIC

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXP. MAY 4, 1996
BONDED THRU GENERAL INS. UND.

UNOFFICIAL COPY

Property of Cook County Clerk's Office

ORIGINAL

202

FILL IN WITH TYPEWRITER OR LEGIBLE PRINTING
STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

88303

December 6 1965

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO } SS

BOARD OF HEALTH - CITY OF CHICAGO

UNOFFICIAL COPY
200 - BUREAU OF STATISTICS
DEPARTMENT OF PUBLIC HEALTH
Revision based on the Standard Certificate of Death.

1. PLACE OF DEATH
a. STATE ILLINOIS
b. COUNTY COOK
c. INSIDE corporate limits and in City, Village, or Incorporated Town CHICAGO
d. OUTSIDE corporate limits and in Township name, Road District No.

2. USUAL RESIDENCE
a. STATE ILLINOIS
b. COUNTY COOK
c. INSIDE corporate limits and in City, Village, or Incorporated Town Chicago
d. OUTSIDE corporate limits and in Township name, Road District No.

3. NAME OF DECEASED
a. (FIRST) Frank
b. (MIDDLE) S.
c. (LAST) Pietraszewski
4. DATE OF DEATH Dec. 4, 1965
5. SEX Male
6. RACE White
7. MARRIED NEVER MARRIED MARRIED DIVORCED (specify)

8. LENGTH OF STAY IN IL OR IN RESIDENCE ADDRESS (Street & No. or R.F.D. and Post Office)
a. 45 years
b. 8 days
c. 45 years

9. LENGTH OF RESIDENCE IN IL OR IN RESIDENCE ADDRESS (Street & No. or R.F.D. and Post Office)
a. 45 years
b. 8 days
c. 45 years

10. USUAL OCCUPATION Retired Upholsterer Furwure - Mfg.
11. BIRTHPLACE (City and state or foreign country) South Bend, Ind.
12. Citizen of which country? U.S.A.

13. FATHER'S FULL NAME Martin Pietraszewski
14. MOTHER'S FULL MAIDEN NAME Mary Jakubowicz

15. Was deceased ever in U.S. Armed Forces? (Yes, no, or unknown) (Give war or dates of service) No
16. SOCIAL SECURITY NUMBER 325-05-0917
17. INFORMANT SIGNATURE *Carol Burman*
18. ADDRESS 1431 N. Claremont Ave.
19. RELATIONSHIP TO DECEASED HO Spouse

19a. DATE OF DEATH 12-4-65
19b. MAJOR FINDINGS OR OBSERVATIONS

18. MEDICAL CAUSE OF DEATH
PART I. DEATH WAS CAUSED BY (Enter only one cause per line for (A), (B) and (C).)
IMMEDIATE CAUSE (A) Congestive Heart Failure
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE ABOVE IMMEDIATE CAUSE (A) Arteriosclerotic Heart Disease
IMMEDIATE CAUSE (B) _____
IMMEDIATE CAUSE (C) _____
CAUSE LIST: _____
15 years
INTERVAL BETWEEN DEATHS 15 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION
GIVEN IN PART (IA).

20. AUTOPSY? YES NO

21. I hereby certify that I attended the deceased from Dec. 4, 1965 and death occurred on Dec. 4, 1965. That I saw the deceased alive or dead.

Signature: *R. C. Salovey* M.D. Date: Dec. 4, 1965
Address: 3612 W. Fullerton Ave. Phone: 339533

22. DISPOSITION: BURIAL - RESIDENT CEMETERY ST. JOSEPH'S
CENETERY RIVER GROVE - ILL. No. 15
23. FUNERAL DIRECTOR SIGNATURE: *William G. Danfil*
ADDRESS: 2630 W. 117th St. Chicago, Ill. 60643
PHONE: 6093

24. Received for filing on DEC 6 1965 (Signed) *Samuel L. Adelman* LOCAL REGISTRAR

I, Samuel L. Adelman, M.D., Local Registrar of Vital Statistics of the City of Chicago, do hereby certify that I am the keeper of the records of births, stillbirths and deaths of the City of Chicago by virtue of the laws of the State of Illinois and the ordinances of the City of Chicago; that the accompanying certificate on this sheet is a true copy of a record kept by me in pursuance of said laws and ordinances.

This Certified Copy VALID
Only When Original BLUE
SEAL AND BLUE SIGNATURE
Are Affixed

Samuel L. Adelman
LOCAL REGISTRAR



UNOFFICIAL COPY

Property of Cook County Clerk's Office

UNOFFICIAL COPY

The Affiant, regarding the possible liability for State Inheritance Tax for the Estate of decedent herein, being first duly sworn upon oath, deposes and states as follows:

(1) I am Leona E. Pietraszewski, a widow
(name and capacity)

and reside at 10314 Andre Blvd. Hudson, Florida

(2) I am personally acquainted with the affairs of the Estate of Frank S. Pietraszewski, who died on December 4, 1965

(3) That as a consequence, I represent to the Registrar of Titles that regarding Federal Estate Tax or State Inheritance Tax;
(select one - initial choice)

- X 1) that no Tax is due; or _____
- _____ 2) that if any Tax due, there are sufficient other assets to pay such Tax; or _____
- _____ 3) that any Tax due has been paid. _____

and I make this affidavit for the purpose of inducing the Registrar of Titles of Cook County, Illinois, to issue a Certificate of Title without additional evidence of non-liability, relying on this statement as true, and in consideration thereof affiant guarantees the truth of the statements herein contained.

Leona E. Pietraszewski

Subscribed and sworn to before me this 29th day of July, 1991.

Deborah E. Buff
Notary Public

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXP. MAY 4, 1995
BONDED THRU GENERAL INS. UND.

UNOFFICIAL COPY

2/26/2014
560 NTD

3984496

AUG -1 AM 10:05
CAROL MOSELEY BRAUN
REGISTRAR OF TITLES

IDENTIFIED
No.
Registrar of Deeds, Titles
CAROL MOSELEY BRAUN
LT/G.F./DAVIS

3984496

3984496

ATTORNEY'S TITLE
GUARANTY FUND, INC.
29 S. LASALLE 5th FLOOR
CHICAGO, IL 60603
312-372-8361

Property of Cook County Clerk's Office