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AFFIDAVIT BY SURVIVING JOINT TENANT

State of Illinois)
County of Will)

→ Ruth I. Strzechowski, being first duly sworn, upon oath deposes and says:

That she resides at 21925 Olivia, Sauk Village, IL 60411 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 Chicago Title Certificate of Title No. 347814 situated in said Lake County, Indiana described as follows:

Lots 9 and 14, Block 20, Dalecarlia, as shown in Plat Book 22, page 18, in Lake County, Indiana is the property of the Lake County Recorder!

Affiant states that Stanley A. Dobrzynski one of the said owners in joint tenancy, died intestate, in the Village of Sauk Village 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 has not changed her marital status since the issuance of Certificate of Title Number 347814 (except Ruth I. Strzechowski who has been married but once since acquiring said real estate and then to Vencselaus Strzechowski).

Further, that the affiant makes this affidavit for the purpose of inducing the Registrar of Titles of Lake County, Indiana, 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.

Ruth I. Strzechowski

Subscribed and sworn to before me
thisday of September, 1995

Phillip A. Casey
Notary Public

" OFFICIAL SEAL "
PHILLIP A. CASEY
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 10/4/95

FILED

OCT 2 1995

SAM ORLICH
AUDITOR LAKE COUNTY

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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths

DATE November 13, 1989 SIGNED Wendy A. Kersten Official Title Chief Deputy Registrar
 At Cook County Department of Public Health
 1500 S. Maybrook Drive - Maywood, Illinois 60153

REGISTRATION DISTRICT NO. <u>16.0</u>		STATE OF ILLINOIS				STATE FILE NUMBER	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH					
DECEASED-NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)			
1. Stanley A. Dobrzynski		2. Male		3. November 10, 1989			
COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS)		UNDER 1 YEAR		DATE OF BIRTH (MONTH, DAY, YEAR)	
4. Cook		5a. 69		5b. 5c.		5d. April 14, 1920	
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. OR EMER. RM. INPATIENT (SPECIFY)	
6a. Sauk Village		6b. 21925 Olivia Ave				6c. At Home	
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. Chicago, Ill.		8a. Married		8b. Ruth Kuczora		9. Yes	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
10. 354-01-5129		11a. Self-employed		11b. Illinois		11c. II	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY	
13a. 21925 Olivia Ave		13b. Sauk Village		13c. Yes		13d. Cook	
STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		HISPANIC ORIGIN? (SPECIFY AND/OR YES, IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)	
13e. Illinois		13f. 60411		13g. White		13h. No	
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE LAST		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
15. Casimer Dobrzynski		16. Stella Smogulecka		60411, 21925 Olivia Ave Sauk Village, Ill.			
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		17a. Ruth Dobrzynski 17b. Wife			
18. PART I. Enter the diseases, injuries, 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.							
Immediate Cause (Final disease or condition resulting in death)		(a) Inanition				Weeks	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) Esophageal Carcinoma				months	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		Colon Carcinoma				19a. No 19b.	
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
20a.		20b.		19a. No 19b.		19c. YES () NO ()	
1 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		21a. 11-10-89		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH	
21a.		21b. No		21c. 6:19 P.M.		DATE SIGNED (MONTH, DAY, YEAR)	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		22a. SIGNATURE Gary Marcotte		22b. 11-11-89		ILLINOIS LICENSE NUMBER	
22a. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		22c. GARY MARCOTTE 1345 B. MAIN ST. CRETE		22d. 36-57151		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		23. Burial, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION CITY OR TOWN STATE	
23.		24a. Burial		24b. Holy Cross, Cem.		24c. Calumet City, Illinois.	
FUNERAL HOME		NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE ZIP	
15a. Crete Funeral Home		1182 Main Street		Crete, Illinois.		60417.	
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		25c. F-8642			
15b. John J. Parzygnot		25d. 11/13/89		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
LOCAL REGISTRAR'S SIGNATURE		25e. 11/13/89		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
Wendy A. Kersten		25f. 11/13/89		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			

