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Arlington Heights 145 E. Algonquin Rd. 228-0110 / Chicago 123 W. Madison St. 853-1191 / Crystal Lake 149 N. Virginia St. 815-455-2500
Homewood 1938 Ridge Rd. 957-7888 / Libertyville 1641 N. Milwaukee 367-4400 / Lindenhurst 2031 E. Grand Ave. 356-5450 / Palos Hills 9800 S. Roberts Rd. 598-6500
Skokie 8930 Gross Point Rd. 967-0121 / Waukegan 222 N. County St. 249-1200 / Wheaton 373 S. County Farm Rd. 690-9500

JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS }
 } SS COOK
COUNTY OF

ORDER NO. H20018261
DATE: May 26, 2000
DECEDENT: Cesarina Decet

I Elvera Decet

states that the affiant resides at 2340 W. Ohio SP1A in the City of Chicago

That the decedent at the time of his/her death was one of the owners of the property in _____ County, Illinois, legally described as follows:

LOT 61 IN HOPKINS' SUBDIVISION OF BLOCK 9 IN THE CANAL TRUSTEES' SUBDIVISION OF SECTION 7, TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

PIN # 17-07-113-014-0000

or described in above order number.

maelto / prep by

1st Security Federal Savings
936 N. Western Ave
Chicago IL 60622

That said decedent died on July 9, 1988 leaving no/a last will and testament;

That the total value of the estate of said decedent including his/her taxable interest in the above real estate is \$ 200,000.00;

That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

That if the decedent had a will it was not a joint and mutual will; nor was the survivor of the joint tenant allowed under said will to elect to take any property in lieu of the joint tenancy property.

That the affiant makes this affidavit to induce MID AMERICA TITLE COMPANY® to issue a Policy of Title Insurance on the above described property.

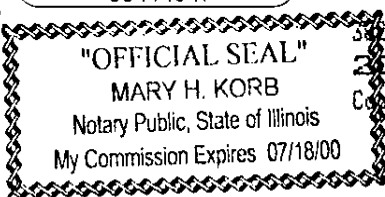
Signature X Elvera Decet

SUBSCRIBED AND SWORN TO before me this 26th day of July, 2000,
a Notary Public in and for said State and County.



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3/29/0077 92 001 Page 1 of 2
2000-06-07 10:36:51
Cook County Recorder 43.00

BOX 333-CT1

NOTE: If the decedent left a will it will be necessary that the original or a certified copy thereof be presented to us for inspection.
A death certificate together with evidence of payment of death taxes, if any, should accompany this affidavit.

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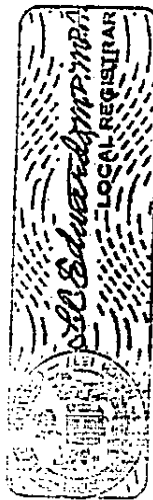
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Lot 2

July 11, 1988.

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I, LONNIE C. EDWARDS M.D. M.P.A.,
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 AS A
RECORD KEPT BY ME IN PURSUANCE OF
SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID
WHEN MULTICOLOR SEAL AND
BLUE SIGNATURE ARE AFFIXED

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

REGISTRATION DISTRICT NO. 16.10

REGISTERED NUMBER

STATE FILE NUMBER 613670

DATE OF DEATH 7/9/88

SEX 2. FEMALE

DATE OF BIRTH 6/11/8/1908

COUNTY OF DEATH 79. COOK

DECEASED NAME FIRST MIDDLE LAST CESARINA DECEBT

RACE 1. WHITE

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 80

HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER, GIVE COMPLETELY

NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

CITIZEN OF WHAT COUNTRY 9. U.S.A.

USUAL OCCUPATION 10. WIDOWED

WAS DECEASED EVER IN U.S. ARMED FORCES (SPECIFY YES OR NO)

WAS DECEASED EVER IN U.S. ARMED FORCES (SPECIFY YES OR NO)

CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13. HOME

CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13. HOME

FATHER'S NAME FIRST MIDDLE LAST PETRO CINESTTI

RELATIONSHIP 16. DOMENICA PIOLINI

MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)

DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute myocardial infarction

DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) atherosclerotic heart disease

DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) [blank]

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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