

# UNOFFICIAL COPY

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2000-10-27 13:06:42  
Cook County Recorder 25.50

STATE OF ILLINOIS

SS.

COUNTY OF Cook

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



00845173

## JOINT TENANCY AFFIDAVIT

Jennie C. Munet, hereby referred to as the affiant, states under oath that the affiant resides at 7730 W. Addison, in the City of Chicago, Illinois, that the affiant was acquainted with Catherine Munet, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of a properly recorded joint tenancy warranty deed, said property, located in Cook County, Illinois, and legally described as follows:

Lot 81 (except the east 7 feet thereof) and the east 13 feet of lot 82 in Volk Brothers Addison Crest, a subdivision in the west 1/2 of Section 24, Township 40 north, Range 12 east of the Third Principal Meridian, in Cook County, Illinois.

also known as: 7730 W. Addison, Chicago, IL 60634  
PIN: 12-24-106-039

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interest in the property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent died on December 12, 1999, leaving no ~~a last~~ will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ 140,000, and that the value of the above property individually was \$ 140,000.

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 the affiant makes this affidavit to induce Attorney's Title Guaranty Fund, Inc. to issue its policy of title insurance on the above

3A  
EM  
DW

The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold Attorney's Title Guaranty Fund, Inc. harmless and to reimburse The Fund for all the loss, costs, damages, suits, attorney's fees and expenses of every kind and nature which The Fund may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of Catherine Munet, the decedent;
2. Illinois State Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

Jennie C. Munet (Seal)  
 Jennie C. Munet  
 \_\_\_\_\_ (Seal)

Subscribed and sworn to before me this 29 day of APRIL, 2000

Joseph La Zara  
 Notary Public

Note: If the decedent left a will, it will be necessary that the original or 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.

Prepared by:  
 Joseph La Zara  
 7246 W. Touhy Avenue  
 Chicago, IL 60631



Mail to:  
 Joseph La Zara  
 7246 W. Touhy Avenue  
 Chicago, IL 60631



STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 60  
 REGISTERED NUMBER

DECEASED-NAME FIRST MIDDLE LAST  
 1. CATHERINE MUNET

SEX 2. FEMALE DATE OF BIRTH (MONTH, DAY, YEAR) 3. DECEMBER 12, 1999

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 4. COOK  
 HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 5d. FEBRUARY 21, 1913  
 IF HOSP. OR INST. INDICATE D.O.A., OPENER, RM, INPATIENT (SPECIFY) 6c. INPATIENT

8a. NILES 8b. REGENCY NURSING HOME  
 NAME OF SURVIVING SPOUSE (MAIDEN NAME IF NEEDED)  
 NONE

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 8a. WIDOWED  
 CHICAGO, ILLINOIS

7. CHICAGO, ILLINOIS  
 EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)  
 UNAVAILABLE

SOCIAL SECURITY NUMBER 10. 353-05-0053  
 KIND OF BUSINESS OR INDUSTRY (Elementary/Secondary (1-12) College (13-16 or S+))  
 NONE

RESIDENCE (STREET AND NUMBER) 13a. 7730 W. ADDISON  
 CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. CHICAGO  
 OF HISpanic ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) 13c. YES 13d. COOK

STATE ILLINOIS ZIP CODE 14a. WHITE  
 RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)

FATHER-NAME FIRST MIDDLE LAST 15. ANTONIO RAIMONDO GIOVANNINA SAIA  
 RELATIONSHIP 16. MARRIED

INFORMANT'S NAME (TYPE OR PRINT) 17a. JENNIE MUNET  
 Mailing Address (Street and No. or R.F.D., City or Town, State, Zip) 17c. 7730 W. ADDISON, CHICAGO, IL 60634

18. PART I. Enter the diseases, or complications that cause 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.  
 (a) **RENAL FAILURE**  
 DUE TO, OR AS A CONSEQUENCE OF  
 (b) DUE TO, OR AS A CONSEQUENCE OF  
 (c) DUE TO, OR AS A CONSEQUENCE OF

Immediate Cause (Final disease or condition resulting in death)  
 CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

PART II. Other significant conditions contributing to death or to the result in the underlying cause given in PART I.  
 MONTHS

DATE OF OPERATION, IF ANY 20a. 12-10-99  
 MAJOR FINDINGS OF OPERATION 20b. 12-10-99

20c. (1) DID SURVIVOR ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON  
 21a. YES NO  
 WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO

22a. SIGNATURE OF CERTIFIER  
 NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)

22b. DATE SIGNED (MONTH, DAY, YEAR) 22c. DEC. 13, 1999  
 ILLINOIS LICENSE NUMBER 22d. 036-058671

23. DR. PIERI 7447 W. TALCOTT AVE. CHICAGO ILLINOIS 60631  
 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

24a. BURL CREMATION, REMOVAL (SPECIFY)  
 24b. BURIAL  
 24c. ALL SAINTS  
 CEMETERY OR CREMATORY-NAME  
 LOCATION CITY OR TOWN STATE (MONTH, DAY, YEAR)  
 24d. DES PLAINES ILLINOIS 24e. DEC. 15, 1999

25a. CUMBERLAND CHAPELS 8300 W. LAWRENCE AVE. NORRIDGE ILLINOIS 60706  
 FUNERAL HOME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE (MONTH, DAY, YEAR)  
 FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-011889

25b. Michael A. Carbonara  
 FUNERAL DIRECTOR'S SIGNATURE

26a. KAREN L. SCOTT, M.D.  
 LOCAL REGISTRAR'S SIGNATURE  
 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. DEC 14 1999

VR200 (Rev. 10/89) YEAR

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent in item 1 and that this record was established and filed in my office in accordance with the provisions of Illinois statues relating to the registrar of birth, stillbirth and death.

Date: DEC 13 1999 Signed Nadine McCurry  
At Cook County Department of Public Health / Official Title Deputy Registrar  
1010 Lake Street - Suite 300 - Oak Park, Illinois 60301

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COOK COUNTY CLERK'S OFFICE  
JAN 10 2011 10:30 AM  
CHICAGO, ILL.