

UNOFFICIAL COPY

00846460

99/0002 02 001 Page 1 of 2
2000-10-27 10:19:57
Cook County Recorder 23.50

DECEASED JOINT
TENANCY AFFIDAVIT



00846460

STATE OF ILLINOIS]
COUNTY OF Cook]

JOSEPH J. LIONELLO

being duly sworn states that HE resides at 7101 W. IRVING PARK RD. in the City of CHICAGO

That HE was acquainted WITH JOHN V. LIONELLO

deceased who, at the time of HIS death, was one of the owners of the land in COOK County, Illinois, described as:

7101 W. IRVING PARK RD, CHICAGO, IL 60634

Lot Number One in Block Number Five in Utitz and Heimann's Irving Park Boulevard Addition, being a Subdivision of the North One-Half of the Northwest One-Quarter of Section 19, except the East 20 acres, and that part of the West 1674.1 feet lying south of the road of the Southwest one-quarter of Section 18, all in Township Forty (40) North, Range Thirteen (13) East of the Third Principal Meridian.

P.I.N. 13-19-102-010-0000

That the deceased died 9/7/98 as evidenced by a certified copy of death certificate of the deceased attached hereto.

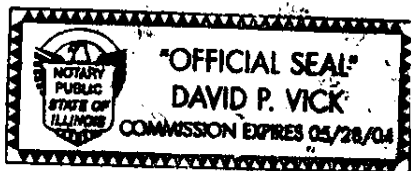
Subscribed and sworn to before me by the said

JOSEPH J. LIONELLO

this 26th day of SEPTEMBER, A.D. 2000

David P. Vick
Notary Public

Joseph J. Lionello
(affiant signature)



546
82
5-17-00
EW

UNOFFICIAL COPY

I, DAVID D. ORR, County Clerk of the County of Cook, in the State of Illinois, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David D. Orr
County Clerk

00846460

IRTH NO.	REGISTRATION DISTRICT NO. <u>16.0</u>	STATE OF ILLINOIS	STATE FILE NUMBER
	REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH	

1. DECEASED—NAME FIRST MIDDLE LAST John V. Lionello	SEX 2 Male	DATE OF DEATH (MONTH, DAY, YEAR) 3 September 7, 1998
4. COUNTY OF DEATH Cook	AGE—LAST BIRTHDAY (YRS) 5a. 62	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. June 28, 1936
6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Arlington Heights	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. Northwest Community Healthcare Center	IF HOSP. OR INST. INDICATE D.O.A. OR/EMER. RM. INPATIENT (SPECIFY) 6c. D.O.A.
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago, Illinois	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Evelyn Feret
10. SOCIAL SECURITY NUMBER 344-28-1380	USUAL OCCUPATION 11a. System Control	KIND OF BUSINESS OR INDUSTRY 11b. Computer
13a. RESIDENCE (STREET AND NUMBER) 2236 N. Champlain	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. Arlington Heights	INSIDE CITY (YES/NO) 13c. Yes
13e. STATE Illinois	ZIP CODE 13f. 60004	COUNTY 13d. Cook

15. FATHER—NAME FIRST MIDDLE LAST Joseph Lionello	MOTHER—NAME FIRST MIDDLE LAST Mary Pardol
17a. INFORMANT'S NAME (TYPE OR PRINT) Evelyn Lionello	RELATIONSHIP 17b. Spouse
MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 2236 N. Champlain, Arl. Hts., Ill. 60004	

18. PART I. Enter the diseases, 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) Ventricular Arrhythmia	Approximate Interval Between Onset and Death Minutes
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	(b) CORNARY artery Disease	years
	(c) ATHEROSclerosis	years

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
mitral insufficiency (Repair)

20a. DATE OF OPERATION, IF ANY 7/21/98	MAJOR FINDINGS OF OPERATION CORNARY artery Bypass MITRAL valve Repair	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>
---	---	---

21a. (I) (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 8/24/98	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. Yes	HOUR OF DEATH 21c. 9:25 A.M.
22a. SIGNATURE <i>Roger G. Nissen</i> MD	DATE SIGNED 22b. 9/8/98	ILLINOIS LICENSE NUMBER 22d. 36-43923
22c. NAME AND ADDRESS OF CERTIFIER ROGER G. NISSEN MD 1100 W. CENTRAL, Arlington Heights, Ill.	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	

24a. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation	CEMETERY OR CREMATORY—NAME 24b. Twin Pines Crematory	LOCATION CITY OR TOWN STATE 24c. Dundee, Illinois	DATE (MONTH, DAY, YEAR) 24d. Sept. 10, 1998
--	---	--	--

25a. FUNERAL HOME Glueskert Funeral Home, Ltd., 1520 N. Arl. Hts. Rd., Arl. Hts., Illinois 60004	FUNERAL DIRECTOR'S SIGNATURE <i>John W. Glueckert, Jr.</i>	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-012091
---	---	---

26a. LOCAL REGISTRAR ROBERT E. SCOTT, M.D.	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. September 10, 1998
---	---