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10/10/07 89.001 Page 1 of 2
2000-11-06 13:59:29
Cook County Recorder 23.50

DECEASED JOINT TENANCY AFFIDAVIT



STATE OF ILLINOIS]
]]
COUNTY OF Cook]]

LOIS V. MONACO being duly
sworn states that SHE resides at 1315 DORCHESTER LANE
in the City of HOFFMAN ESTATES

That SHE was acquainted CHARLES J. MONACO
deceased who, at the time of HIS
death, was one of the owners of the land in Cook
County, Illinois, described as:

Lot 3 in Block 5 in Hoffman Hills, Unit No. 1, being a Subdivision of part of the Northwest Quarter of Section 16, and part of the Northeast Quarter of Section 17, Township 41 North, Range 10, East of the Third Principal Meridian, in the Village of Hoffman Estates, according to the Plat thereof recorded October 30, 1978, as Document No. 24693784 in Cook County, Illinois.

1315 DORCHESTER LANE, HOFFMAN ESTATES, IL 60194

P.I.N. 07-17-202-017-0000

That the deceased died 4/26/89
as evidenced by a certified copy of death certificate of the
deceased attached hereto.

Subscribed and sworn to before me by the said

LOIS V. MONACO
this 29th day of AUGUST, A.D. 2000

David P. Vick
Notary Public

Lois V. Monaco
(affiant signature)



SV
6/22
me
E

REGISTRATION DISTRICT NO. 16.0E
 REGISTERED NUMBER 160
 DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. Charles J. Monaco 2. Male 3. April 26, 1989
 COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)
4. Cook 5a. 65 5b. 5d 5c. March 26, 1924

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., OP, EMER, RM, INPATIENT (SPECIFY)
6a Hoffman Estates 6b Humana Hospital of Hoffman Estates 6c DOA

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, Illinois 7a Married 8b Lois Costanzo 9. Yes

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
10 335-16-1532 11a Truck Driver 11b Materials 12. 11 13c Yes 13d Cook

RESIDENCE (STREET AND NUMBER) CITY, TOWN, OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY
13a 1315 Dorchester Lane 13b Hoffman Estates 13c Yes 13d Cook

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
13e Illinois 13f 60194 14a White 14b. NO YES SPECIFY:

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST
15. Carmelo Monaco 16. Marv Zingone

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
17a Lois Monaco 17b Wife 17c 1315 Dorchester, Hoffman Estates, IL 60194

18. PART I. Enter the disease, 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. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Immediate Cause (Final disease or condition resulting in death) (a) Acute Cerebrovascular Accident hrs
 CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (b) Cerebrovascular Yrs
 STATING THE UNDERLYING CAUSE LAST. (c) myocardial infarction Yrs

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. AUTOPSY (YES/NO) WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF THIS CERTIFICATE OF DEATH? (YES/NO)
Intercranial Hemorrhage 19a NO 19b

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
20a 20b 20c. YES NO

(1) DID (2) DID NOT ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH
21a Nov 30 88 21b Yes 21c 9:30 A.M.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNED (MONTH, DAY, YEAR)
22a SIGNATURE 22b 4-26-89

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER
22c F. Floriani 1100 W. Central Rd. Arlington Heights, Ill 22d 036-040779-1

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
23

BURIAL CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
24a Burial 24b Saint Michael 24c Palatine, Illinois 24d Apr. 29, 1989

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
25a Ahlgren & Sons, 330 West Golf Road, Schaumburg, Illinois 60195

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR OF ILLINOIS LICENSE NUMBER
25b Daniel T. English 25c 7427

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a 26b April 28, 1989

DATE April 28, 1989 SIGNED Doris L. Bell
 AT Barrington Illinois. OFFICIAL TITLE Sub-Registrar

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Property of Cook County Clerk's Office

