

DECEASED
JOINT TENANCY AFFIDAVIT

8185/0069 03 001 Page 1 of 2
2000-12-28 11:30:04
Cook County Recorder 23.50

STATE OF ILLINOIS)
) ss.
COUNTY OF COOK)



Mary Basso,
being duly sworn states:

1. That she resides at
336 W. 29th Street, Chicago, Illinois 60616.

2. That she was acquainted with Louis Basso, deceased, who at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

LOT 6 OF A SUBDIVISION OF LOTS 23 AND 24 IN BLOCK 5 IN THE UNITED STATES BANK ADDITION TO CHICAGO IN THE WEST 1/2 OF THE SOUTH EAST 1/4 OF SECTION 28, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N. 17-28-415-022-0000.

3. That the deceased died March 22, 1993, as evidenced by a certified copy of death certificate of the deceased attached hereto.

4. That the deceased died:

X Leaving no Last Will & Testament.

 Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of Cook County, Illinois.

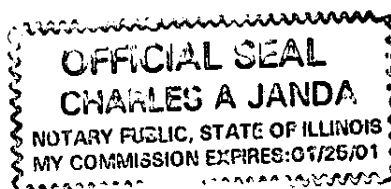
 Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois about _____.

Mary Basso
Mary Basso

Subscribed and sworn to before me by the said Affiant this 5th day of December , 2000.

Charles A. Janda
Notary Public

Mail to: Charles A. Janda, Esq.
80 N. LaSalle Street
Suite 2400
Chicago, IL 60601



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STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY
DAVID D. ORR, County Clerk

I, DAVID D. ORR, County Clerk of the County of Cook, in the State aforesaid, 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

DECEASED
1-033
B
C
D
E
652

PARENTS
1-5738 B
2-577 A

CAUSE

CERTIFIER

DISPOSITION

DECEASED'S BIRTH NO.		REGISTRATION DISTRICT NO. <u>16.10</u>		STATE OF ILLINOIS		County Clerk		STATE FILE NUMBER	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH						<u>605-270</u>	
DECEASED-NAME FIRST MIDDLE LAST <u>1. Louis P. Basso</u>			SEX <u>2. Male</u>		DATE OF DEATH (MONTH, DAY, YEAR) <u>3. March 22, 1993</u>				
COUNTY OF DEATH <u>4. Cook</u>			AGE-LAST BIRTHDAY (YRS) MO. DAYS <u>5a. 71</u>		UNDER 1 YEAR UNDER 1 DAY MO. DAYS HOURS MIN. <u>5b.</u> <u>5c.</u>		DATE OF BIRTH (MONTH, DAY, YEAR) <u>5d. JANUARY-4-1922</u>		
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER <u>6a. Chicago</u>			HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <u>6b. Michael Reese Hospital</u>			IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY) <u>6c. Inpatient</u>			
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <u>7. CHICAGO, IL</u>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>8a. MARRIED</u>		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <u>8b. MARY CASTROGIOVANNI</u>			WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) <u>9. YES</u>		
SOCIAL SECURITY NUMBER <u>10. 329-18-4544</u>		USUAL OCCUPATION <u>11a. TRUCK DRIVER</u>		KIND OF BUSINESS OR INDUSTRY <u>11b. FREIGHT</u>		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) College (1-4 or 5+) <u>12. 10</u>			
RESIDENCE (STREET AND NUMBER) <u>13a. 336 W. 29th STREET</u>			CITY, TOWN, TWP, OR ROAD DISTRICT NO. <u>13b. CHICAGO</u>		INSIDE CITY (YES/NO) <u>13c. YES</u>		COUNTY <u>13d. COOK</u>		
STATE <u>13e. ILLINOIS</u>		ZIP CODE <u>13f. 60616</u>		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <u>14a. WHITE</u>		OF HISPANIC ORIGIN? (SPECIFY NO/YES IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <u>14b. NO</u> <u>14c. YES</u> SPECIFY:			
FATHER-NAME FIRST MIDDLE LAST <u>15. PHILLIP BASSO</u>			MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST <u>16. CONCETTA -PEPE</u>						
INFORMANT'S NAME (TYPE OR PRINT) <u>17a. MARY BASSO</u>			RELATIONS (IP) <u>17b. WIFE</u>		MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP) <u>17c. 336 W. 29th ST., CHICAGO, IL. 60616</u>				
PART I. Enter (1) 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.						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
Immediate Cause (Final disease or condition resulting in death)		(a) <u>Pancreatitis</u>							
		DUE TO, OR AS A CONSEQUENCE OF							
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) <u>Hepatic Insufficiency</u>							
		DUE TO, OR AS A CONSEQUENCE OF							
		(c) <u>Septic Shock</u>							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.						AUTOPSY (YES/NO) <u>19a. NO</u>		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) <u>19b.</u>	
DATE OF OPERATION, IF ANY <u>20a.</u>		MAJOR FINDINGS OF OPERATION <u>20b.</u>				IF FEMALE, WAS HERE A PREGNANCY IN PAST THREE MONTHS? <u>20c. YES</u> <u>NO</u>			
(DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON <u>21a. I Did March 22, 1993</u>				WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <u>21b. NO</u>		HOUR OF DEATH <u>21c. 12:23 A.M.</u>			
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) <u>22b. March 22, 1993</u>			
SIGNATURE <i>John Alverdy</i>						ILLINOIS LICENSE NUMBER <u>22c. 36-6431-7</u>			
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <u>22a. John Alverdy, 2929 S Ellis, Chicago, IL 60616</u>						NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
NAME OF ATTENDING PHYSICIAN (OTHER THAN CERTIFIER) (TYPE OR PRINT) <u>23.</u>									
BURIAL, CREMATION, REMOVAL (SPECIFY) <u>24c. BURIAL</u>		CEMETERY OR CREMATORY-NAME <u>24b. QUEEN OF HEAVEN</u>		LOCATION CITY OR TOWN STATE <u>24c. HILLSIDE, ILLINOIS</u>		DATE (MONTH, DAY, YEAR) <u>24d. 3-25-93</u>			
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP <u>25a. MICHAEL COLETTA SONS 3240 W. 79th ST. CHICAGO, ILLINOIS 60652</u>									
FUNERAL DIRECTOR'S SIGNATURE <i>Michael Colletta</i>						FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <u>25c. 10660</u>			
LOCAL REGISTRAR'S SIGNATURE <i>Original Parker, M.B.A.</i>						DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <u>26b. MAR 23 1993</u>			

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UNOFFICIAL COPY

10/12/12

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