



0010021553

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

(ss.)

Order No. _____

MARY BUTORI

being duly sworn

states that she resides at 10404 S. Pulaski Rd.
Oak Lawn, Illinois

in the City of

That she was acquainted with CHARLES C. BUTORI

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

SEE LEGAL DESCRIPTION ON REVERSE SIDE AND MADE A PART HEREOF.

That the deceased died December 1, 1998, as evidenced by a
certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- 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 _____ 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 _____

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the deceased, does not exceed the sum of TWO HUNDRED THOUSAND dollars.

Subscribed and sworn to before me by the said

MARY BUTORI

this 22nd day of December, A.D. 2000

PREPARED BY AND MAIL TO:

C. PATRICK WAGNER
8855 South Ridgeland Avenue
Oak Lawn, Illinois 60453

NOTARY PUBLIC

"OFFICIAL SEAL"

C. PATRICK WAGNER

Notary Public, State of Illinois

My Commission Exp. 11/20/2002

(affiant's signature)

LEGAL DESCRIPTION

Unit 102 as delineated on survey of the following described parcel of real estate (hereinafter referred to as "Development Parcel"); The East 1/2 of Lot 23 (except the West 49.50 feet and also except the East 17 feet thereof) in Longwood Acres being a subdivision of the North East quarter the East half of the Northwest quarter and the West half of the South East quarter of Section 15, Township 37 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois, which survey is attached as Exhibit "A" to Declaration made by Marquette National Bank as Trustee under Trust #3888 recorded in the Office of the Recorder of Cook County, Illinois, as Document #20672588 together with an undivided 1.7565 percent interest in said development parcel (excepting from said development parcel all the property and space comprising all the units as defined and set forth in said declaration and survey). *Jp*

PIN: 24-15-204-099-1002

Commonly known as: 10404 S. Pulaski Rd. #1A
Oak Lawn, Illinois 60453-4993

PROPERTY OF Cook County Clerk's Office

UNOFFICIAL COPY

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

Date December 2, 1998 signed *Nick Comitallo*
At Cook County Department of Public Health Official Title Chief Deputy Registrar, 1010 Lake Street, Oak Park, Illinois 60301

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. *16.0*
REGISTERED NUMBER

DECEASED-NAME: *Charles C. Butori* FIRST MIDDLE LAST
SEX: *Male*
DATE OF DEATH: *December 1, 1998* (MONTH, DAY, YEAR)

COUNTY OF DEATH: *Cook*
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: *Oak Lawn*
AGE-LAST BIRTHDAY (YRS): *83*
DATE OF BIRTH: *July 26, 1915* (MONTH, DAY, YEAR)

HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): *Christ Hospital & Medical Center*
IF HOSP. OR INST. INDICATE D.O.A. OPERMFR, RM, INPATIENT (SPECIFY): *Inpatient*

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): *Chicago, IL*
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): *Married*
NAME OF SURVIVING SPOUSE (MARRIED, DIVORCED, WIDOWED): *Mary Butori*

SOCIAL SECURITY NUMBER: *319-09-3131*
USUAL OCCUPATION: *Truck Driver*
KIND OF BUSINESS OR INDUSTRY: *Food Distributor*
EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): *8*

RESIDENCE (STREET AND NUMBER): *10404 South Pulaski Rd.*
CITY, TOWN, TWP. OR ROAD DISTRICT NO.: *Oak Lawn*
INSIDE CITY (YES/NO): *Yes*
COUNTY: *Cook*

STATE: *Illinois* ZIP CODE: *60453*
FACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): *White*
OFFICE OF BIRTH ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): *Unknown*

FATHER-NAME: *Peter Butori* LAST MIDDLE FIRST
MOTHER-NAME: *Unknown* MIDDLE FIRST
MIDDLE LAST

INFORMANT'S NAME (TYPE OR PRINT): *Mrs. Mary Butori*
RELATIVE (SPECIFY): *Wife*
MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): *170. 10404 S. Pulaski Rd., Oak Lawn, IL*

18. PART I. Immediate Cause (Final disease or condition resulting in death): *CONGESTIVE HEART FAILURE*
Enter the disease 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 for each line.

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST:
(b) DUE TO OR AS A CONSEQUENCE OF
(c) DUE TO OR AS A COINCIDENCE OF

PART II. Other significant conditions contributing to or, in part, resulting in the underlying cause given in PART I.
DATE OF OPERATION, IF ANY: *NO*
FINDINGS OF OPERATION: *NO*

20a. (I/D) (DIP/ROT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE, ON: *11/30/98*
21a. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED:
22a. SIGNATURE: *Blas Leanos*
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): *Blas Leanos 9760 S. Kedzie Ave*

22c. SIGNATURE: *P.S. DAWSON*
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): *EVERGREEN PK, IL 60805*

23. BURIAL, CREMATION, REMOVAL, etc.: *BURIAL*
CEMETERY OR CREMATORY-NAME: *Holy Sepulchre Cem.*
LOCATION: *Worth, Illinois*
CITY OR TOWN, STATE: *Illinois*

24a. FUNERAL HOME: *Andrew J. McGann & Son Funeral Home, 10727 South Pulaski Rd., Chicago, IL 60655*
STREET AND NUMBER OR R.F.D., CITY OR TOWN, STATE, ZIP

25b. LOCAL REGISTRAR'S SIGNATURE: *KAREN L SCOTT, M.D.*
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): *Dec 2 1998*

26a. REGISTRAR: *Nick Comitallo*
DATE FILED BY REGISTRAR (MONTH, DAY, YEAR): *Dec 2 1998*

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