Eugene "GENE' Mool OFFICIAL CO \$\frac{100 \text{1.06} \text{1.06} \text{1.06} \text{2.95}}{\text{9.86/00.89} \text{83 003 Fage 1 of 3}} \text{Recorder of Deeds/Registrar of Torrens} \text{2001-05-31 16 = 21}

2001-05-31 16:21:49 Cook County Recorder

| | ised Joint Ter Affidavit | <u></u> | | | 001 | 0462959 | |
|--|--|---|---------------------------|---|--------------------------|----------------------------------|--------------------------|
| | OF ILLINOIS Y OF COOK |) | | | | | |
| Edna | I. Corradi | | | | | | |
| being duly resides at in the City That she with El-the decea | sworn states that _she _329 Merrimac St y of Park Forest was acquai to Courage sed, who at the time ath, was on eof no owne _Cook _County, Illin | nted of | #C | COUNTY ORDER ENE" MOOF AM OFFICE | RE | | |
| "S | EE EXHIBIT A ATTA | ACHED HI | ERETO A | ND MADE | A PART | 'HEREOF" | |
| That the deceas | ed died rtificate of the deceased | | 26, 20 reto. | | , as evi | denced by a co | ertified copy |
| That the decea | sed died: | | | 720 | | | |
| Lea Wil Con | ving no Last Will & Teving a Last Will & Testall should be filed with the lanty, Illinois. | iment a copy e Clerk of th | of which e Probate | is attached he Division of the | he Crewit | Court of | |
| Div abo | ving a Last Will & Testission of the Circu | ait Court | of | led, in the U | nproyen DK | Will box of t County | he Probate , Illinois |
| That the to deceased eit sum of # | tal value of the estate of her individually or in joi | the deceased nt tenancy at dollars. | l, includin t the time | g both real ar of the death o | nd persona f the dece | al property ow ased, does not | ned by the exceed the |
| This instrui | nent prepared by: Jack | G. Bainbrid | ge, 1835 | Dixie Highwa | ıy, Flossm | oor, Illinois 6 | 0422 |
| | ED AND SWORN TO 1E BY THE SAID |) | | Edwar. | 0 Ca | era ki | |
| THIS 22 | DAY OF May, | 20 <u>0/</u> | \times | melionis | signature | home AL | |
| — <u>Jn</u> Not | DAY OF May, My. Band ary Public | nily_ | | NOTARY PUBL | BAINB | RIDGE } | |

| | REGISTRATION DISTRICT NO. 1/2 32 | | | STATE OF ILLINOIS | | | STATE FILE NUMBER | | | |
|---|---|---|--------------------------------------|---|---------------------|---------------------------|---|--|--|--|
| | REGISTERED NUMBER | OFFICE | FATE | ICATE |) EDY/ | ATH | | | | |
| 1 | DECEASED-NAME | FIRST MIDDLE | LAS | Т | SEX | DATE OF DEATH | (MONTH, DAY, YEAR) | | | |
| ֡ | . 1. EL: | IO | COF | RRADI | 2 MALE | a. MARC | H 26. 2001 | | | |
| i | COUNTY OF DEATH | AGE-LAST | UNDER 1 YE | UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MO | | | | | | |
| į | 4. COOK | BIRTHDAY (YE | S) MOS. DA | YS HOURS I | in. 5d. | MARCH 1 | .3, 1915 | | | |
| | CITY, TOWN, TWP, OR ROAD DISTRI | . 1 | | THER INSTITUTION-NAME (IF NOT INERTHER, GIVE STREET AND N | | | | | | |
| | 6a. CHICAGO HEI | | JAMES H | | | | CEN 6c. EMER. ROOM | | | |
| | BIRTHPLACE (CITY AND STATE OR | MARRIED, NEVER MARRIED. | NAME OF S | URVIVING SPOUS | | | WAS DECEASED EVER IN U.S. | | | |
| ı | FOREIGN COULTRY) WIDOWED, DIVORCED (SPECIFY) ARMED FOR CESS (YES/NO | | | | | | | | | |
| | SOCIAL SECURITY NUMBER | USUAL OCCUPATION | 1 | SINESS OR INDUS | | | IGHEST GRADE COMPLETED) | | | |
| 1 | | | | | Elementa | ry/Secondary (0-12) | | | | |
| ١ | 10. 329-07-3492 RESIDENCE (STREET AND NUMBER) | 11a.ASSEMBLER | 11b. TY, TOWN, TWP. | MFGR. | 12. | 12 INSIDECITY | COUNTY | | | |
| 1 | | ſ | DADK | | ICT 140. | (YES/NO) 13c.YES | | | | |
| ı | | | | FOREST | 101110 | | 13d. COOK | | | |
| | STATE ZIPCO | INDIAN MAIL ISPECIEVS | C, AMERICAN - | | RIGIN? (SPECIFYN | OOR YES-IF YES, SPECIF | FY CUBAN, MEXICAN, PUERTO RICAN, etc.) | | | |
| Į | 106. | 1170. | | 14b. X <mark>IX</mark> NO | ☐ YES | SPECIFY: | | | | |
| ď | FATHER-MIN'E FIRST | MIDDLE LAST | | MOTHER-NAME | | MIDDLE | (MAIDEN) LAST | | | |
| ٦ | 15. GEORGE | CORF | | 16. | ADELAI | | PETRONIO | | | |
| | INFORMANT S N' (TYPE OR PRINT | | RELATIONSHIP | | | | YORTOWN, STATE, ZIP) 60466 | | | |
| , | 17a. EDNA CORRA | DI | _{17b} WIFE | 17c. 3 | <u> 29 MERR</u> | <u>IMAC ST.</u> | , PARK FOREST, II | | | |
| ſ | 18. PART I. Inter the | e diseases, or complications that caus or heart failure. List only one cause o | ed the death. Do no on each line. | t enter the mode of | dying, such as card | liac or respiratory arres | St, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | |
| ı | Immediate Cause (Final | 4.5 | | | | | *** | | | |
| ı | | CORONARY | ARTE | <u>ку р</u> | 1SEASE | | yrs. | | | |
| ı | 1 - | UETO ORAS A CONSEQUENCÉ O | 5 | , | | | | | | |
| | CONDITIONS, IF ANY WHICH GIVE RISE TO | | | | | | | | | |
| ı | IMMEDIATE CAUSE (a) STATING THE UNDERLYING | UETO, URAS A CONSEQUENCE OF | = | | | | | | | |
| 1 | CAUSE LAST. | | | | | | | | | |
| | PART II. Other significant conditions contri | ibuting to death but not resulting in the underly | ing cause given in PAR | ΓI. | | AUTOPSY (YES/NO) | WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) | | | |
| | | - 0/_ | | | | 19a. NO | 19b. | | | |
| ı | DATE OF OPERATION, IF ANY | MAJOR FINDINGS OF OPE LATIC | W. | | | IF FEMALE | , WAS THERE A PREGNANCY IN PAST | | | |
| Į | 20a. | 20b. | | | | ł | res NO | | | |
| 1 | I (DID) (DID NOT) ATTEND THE DECE AND LAST SAW HIM/HER ALIVE ON | | | | AS CORONER OF | | OF DEATH | | | |
| ı | 21a. | 01-05-01 | | | 1b. ND | 21c. | 1:46 P. _{M.} | | | |
| | TO THE BEST OF MY KNOWLEDGE, D | DEATH OCCURRED AT THE TIME, D | ATE AND I JE | | | DATES | SIGNED (MONTH, DAY, YEAR) | | | |
| | 22a. SIGNATURE ▶ NAN | 22h | 22b. 3/27/01 | | | | | | | |
| ı | NAME AND ADDRESS OF CERTIFIER | ONLIL CANC | ILLINOIS LICENSE NUMBER | | | | | | | |
| | 220. NARAYAN. R. MULAMALLA: (R)11; Olympia Field 220. 36-54174 | | | | | | | | | |
| | NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS | | | | | | | | | |
| 1 | 22 | | | 10 | YA. | DEATHT | THE CORONER OR MEDICAL EXAMINER E NOTIFIED. | | | |
| 7 | 23. BURIAL, CREMATION, CEN | METERY OR CREMATORY-NAME | Įιο | CATION C | TYP's UWN | STATE | DATE (MONTH, DAY, YEAR) | | | |
| | REMOVAL (SPECIEV) | SKYLINE MEMORIA | U PARK | | , ILLINO | IS | _{24d.} 3-30-2001 | | | |
| П | 24U | , | | ·. · · · · · · · · · · · · · · · · · · | ,, | | 1=-0 | | | |

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE **DEATH RECORD** FOR THE ABOVE NAMED IN ITEM NO. 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, STILL BIRTHS & DEATHS.

STREET AND NUMBER OR R.F.D.

MAR 2 5 2001 DATE:

FUNERAL HOME

25a HIRSCH-FUNERAL HOMES,

SIGNED:

CITY OH YOWN

MATTESON, IL.

LINCOLNWAY CHAPEL 3501 WEST LINCOLN HWY.,

UNOFFICIAL COPY 462959 Page 3 of 3

LOT 39 IN BLOCK 42 IN VILLAGE OF PARK FOREST AREA NO. 5 BEING A SUBDIVISION OF PART OF THE EAST HALF OF SECTION 35 AND THE WESTHALF OF SECTION 36, TOWNSHIP 35 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED AUGUST 3, 1951 AS DOCUMENT 15139014 IN COOK COUNTY, ILLINOIS

P. I.N. 31-36-311-010-0000 C/K/a 329 MERRIMAC St. Droporty Ox Coot CC Park Forugt IL. 60466

Mail to

Jack Bainbridge
1835 DIXIV HWY.
1=LOGGMOOR, IL. 60422