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08/07/27 001 Page 1 of 2  
2001-08-01 10:20:04  
Cook County Recorder 23.50

**DECEASED JOINT  
TENANCY AFFIDAVIT**

STATE OF ILLINOIS)  
ss. Order No. \_\_\_\_\_ )  
COUNTY OF COOK )



PHILIP SMITH, being  
duly sworn, states that he resides  
at 324 North Wolf Road, Hillside,  
Illinois 60162

That he was acquainted with  
LEE J. GUERRA, deceased, who, at the time of his death, was one of the owners of the land in  
Cook County, Illinois, commonly known as 324 North Wolf Road, Hillside, Illinois 60162, and  
further described as follows: PIN # 15-18-211-043

*2-ja*

Lots 29 and 30 in Block 4 in Vendley and Company's Hillside Acres, being a subdivision of all that part South of Indian Boundary Line and South of center line of Butterfield Road of the South East quarter of Section 7 and all that part of Section 18, Township 39 North, Range 12, East of the Third Principal Meridian lying South of center line of Butterfield Road East of the East line of Hillside Avenue and North of right of way of Illinois Central Railroad (Madison Branch) in Cook County, Illinois. \*\*

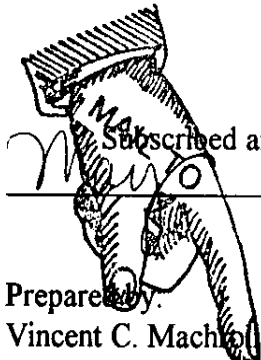
That the deceased died October 26, 1991, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died leaving no Last Will and Testament.

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 death of the deceased, does not exceed the sum of \$150,000.00.

Affiant makes this affidavit for the purpose of inducing the PROFESSIONAL NATIONAL TITLE NETWORK, INC. to issue its Title Insurance Policy, describing the above-mentioned property.

*Philip Smith*  
\_\_\_\_\_  
PHILIP SMITH



Subscribed and sworn to before me by the said PHILIP SMITH this 15<sup>th</sup> day of May, 2001.

*Tina Marie Schoenherr*  
\_\_\_\_\_  
Notary Public

Prepared by:  
Vincent C. Machrol  
LAW OFFICES OF VINCENT C. MACHROLI & ASSOCIATES, P.C.  
101 North Wolf Road  
Hillside, Illinois 60162  
(708) 449-7400  
Attorney #33453

"OFFICIAL SEAL"  
TINA MARIE SCHOENHERR  
Notary Public, State of Illinois  
My Commission Expires 4/03/2004

P.N.T.N.

I, DAVID 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 THEREOF, 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 Orr*  
COUNTY CLERK

REGISTRATION DISTRICT NO. 16-92	STATE OF ILLINOIS		STATE FILE NUMBER
REGISTERED NUMBER 1779	<b>MEDICAL CERTIFICATE OF DEATH</b>		91 062280
DECEASED-NAME FIRST MIDDLE LAST 1. LEE J. GUERRA	SEX 2. M	DATE OF DEATH (MONTH, DAY, YEAR) 3. 10/26/91	
COUNTY OF DEATH 4. COOK	AGE - LAST BIRTHDAY (YRS) 5a. 74	UNDER 1 YEAR 5b. MOS. DAYS	UNDER 1 DAY 5c. HOURS MIN.
CITY, TOWN, TWP. OR ROAD/DISTRICT NUMBER 6a. NORTHLAKE	HOSPITAL OR OTHER INSTITUTION - NAME (IF NO. 6b. Vencor Hospital		DATE OF BIRTH (MONTH, DAY, YEAR) 5d. 2/04/17
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. BROOKFIELD, IL	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. MARRIED	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. LUCILLE (GUERRA) SCHRAUB	IF HOSP. OR INST. INDICATE D.O.A. OP. EMER. RM. INPATIENT (SPECIFY) 6c. In Patient
SOCIAL SECURITY NUMBER 10. 334058292	USUAL OCCUPATION 11a. Maintenance	INDUSTRY 11b. Steel Industry	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. College (1-4 yrs)
RESIDENCE (STREET AND NUMBER) 13a. 324 N. WOLF Road	CITY, TOWN, TWP. OR ROAD/DISTRICT NO. 13b. Hillside	INSIDE CITY (YES/NO) 13c. NO	COUNTY 13d. COOK
STATE 13e. ILL	ZIP CODE 13f. 60162	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. White	HISPANIC ORIGIN? (SPECIFY NO OR Y) IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc. 14b. YES NO YES SPECIFY: -
FATHER - NAME FIRST MIDDLE LAST 15. PETER GUERRA	MOTHER - NAME FIRST MIDDLE LAST (MAIDEN) LAST 16. AUGUSTINA STRADA	INFORMANT'S NAME (TYPE OR PRINT) 17a. Lucille Guerra	
RELATIONSHIP 17b. Wife		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 324 N. Wolf Rd. Hillside, IL 60162	
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.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Immediate Cause (Final disease or condition resulting in death) (a) Acute Myocardial Infarction			1 Week
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) Myocardial Infarction			10 Days
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I (c)			
DATE OF OPERATION, IF ANY 20a.	MAJOR FINDINGS OF OPERATION 20b.	AUTOPSY (YES/NO) 19a. NO	WAS AUTOPSY AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (YES/NO) 19b.
(DID/DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. October 26, 1991	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO	IF FEMALE, WAS THERE A PREGNANCY IN LAST THREE MONTHS? 20c. YES NO	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH 21c. 1920 7:20 P. M.	
22a. SIGNATURE (Type or Print) Name and Address of Certifier (Type or Print) 22c. Edward L. Coleman MD 9415 S. Western Ave Chicago IL 60643		DATE SIGNED (MONTH, DAY, YEAR) 22b. October 27, 1991 ILLINOIS LICENSE NUMBER 22d. 036 067164	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY - NAME 24b. Queen of Heaven	LOCATION CITY OR TOWN STATE 24c. Hillside, IL	DATE (MONTH, DAY, YEAR) 24d. Oct. 31, 1991
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. Petkus & Butkus Funeral Home 1446 S. 59th. Av. Cicero, IL 60650		FUNERAL DIRECTOR'S SIGNATURE 25b. Donald Michael Butkus	
LOCAL REGISTRAR'S SIGNATURE 26a. Richard J. Billik Broadway, Illinois 60153		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 34-1702	
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. October 29, 1991		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	

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