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6578/0016 43 005 Page 1 of 3
2001-09-25 09:36:43
Cook County Recorder 25.50

**COOK COUNTY
RECORDER
EUGENE "GENE" MOORE
ROLLING MEADOWS**



0010890747

**DECEASED JOINT
TENANCY AFFIDAVIT**

MAIL TO:

M 3464

STATE OF ILLINOIS
COUNTY OF Cook SS

SANDRA I LORENZO

being duly sworn states that he/she resides at 3908 MADISON ST, BELLWOOD, IL 60104

That he/she was acquainted with TERRANCE GEORGE LORENZO deceased, who at the time of his death was one of the owners of the lands in COOK County, Illinois described as:

SEE ATTACHED

Property address: 3908 MADISON ST., BELLWOOD, IL 60104

PIN #: 15-16-100-020

That the deceased died 5-4-01, as evidenced by a certified copy of death certificate of the deceased attached hereto.

Affiant makes this affidavit for that purpose of inducing M & M TITLE INSURANCE COEP. to issue its Title Insurance Policy, describing the above mentioned property.

Sandra I Lorenzo

NAME: SANDRA I LORENZO

Subscribed and sworn to before me by the said
SANDRA I LORENZO

this 7TH day of Sept, 2001.

Barbara Tomasello
Notary Public



Prepared by and Mail To



M & M TITLE INSURANCE
234 N. Plum Grove Road, Suite 300
Palatine, Illinois 60067

528

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Property of Cook County Clerk's Office

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LAWYERS TITLE INSURANCE CORPORATION

SCHEDULE A CONTINUED - CASE NO. MM01-3464

0010890747 Page 2 of 3

LEGAL DESCRIPTION:

Lot 93 in Madison Street Westchester "L" Subdivision in the Northwest ¼ of the Northwest ¼ of Section 16, Township 39 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

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This Commitment is invalid unless the Insuring Provisions and Schedules A & B are attached.

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MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.21
REGISTERED NUMBER 367
DECEASED-NAME FIRST MIDDLE LAST

1. TERRANCE G. LORENZO Mcla
2. Mcla
3. May 4, 2001
4. COOK
5a. 46
5b. NOVEMBER 22, 1954
6a. BERWYN
6b. MacNeil Magister
7. CHICAGO, IL
8a. MARRIED
8b. SANDY L. WINSTON
10. 351-48-3875
11a. TRUCK DRIVER
11b. SULLY
13a. 3908 Madison
13b. Bellwood
13c. Cook
13d. Cook
14a. White
14b. NO
14c. YES
14d. YES
15. WILLIAM LORENZO ARIENE HOLT
17a. SANDY LORENZO
17b. WIFE
17c. 3908 MADISON BELLWOOD, IL 60104

18. PART I. Immediate Cause (Final disease or condition resulting in death)
(a) Coronary atherosclerosis
(b) DUE TO AS A CONSEQUENCE OF
(c) DIE TO, OR AS A CONSEQUENCE OF
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

19a. No
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PERMANENT CERTIFICATE
TEMPORARY CERTIFICATE
Type, or Print in PERMANENT INK
See Coroner's or Funeral Directors Handbook for INSTRUCTIONS

DECEASED
PARENTS
CAUSE
CERTIFIER
DISPOSITION
REGISTRATION DISTRICT NO. 16.21
REGISTERED NUMBER 367
DECEASED-NAME FIRST MIDDLE LAST TERRANCE G. LORENZO Mcla
COUNTY OF DEATH COOK
AGE-LAST BIRTHDAY (YRS) 46
UNDER 1 YEAR UNDER 1 DAY UNDER 1 HOUR UNDER 1 MIN
MOS. DAYS HOURS MIN
DATE OF BIRTH (MONTH, DAY, YEAR) May 4, 2001
DATE OF DEATH (MONTH, DAY, YEAR) May 4, 2001
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 351-48-3875
HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) MacNeil Magister
CITY, TOWN, TWP. OR ROAD DISTRICT NO. SULLY
INSIDE CITY (YES/NO) YES
INSIDE COUNTY (YES/NO) YES
COUNTY Cook
RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) White
MOTHER-NAME NO
SPECIFY:
FATHER-NAME WILLIAM LORENZO ARIENE HOLT
MIDDLE (MAIDEN) LAST
RELATIONSHIP 17b. WIFE
MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 3908 MADISON BELLWOOD, IL 60104
INFORMANT'S NAME (TYPE OR PRINT) SANDY LORENZO
HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I ON PART II, ITEM 18)
DATE OF INJURY (MONTH, DAY, YEAR)
HOUR
M.
P.
PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY)
LOCATION (CITY, VIL OR TOWN, OR TWP., OR RD. DIST. NO., COUNTY, STATE)
THE DECEDENT WAS PRONOUNCED DEAD ON MONTH DAY YEAR
DATE SIGNED (MONTH, DAY, YEAR)
DATE SIGNED (MONTH, DAY, YEAR)
CERONER'S MEDICAL EXAMINER'S SIGNATURE
CORONER'S PHYSICIAN'S NAME (Typed, Print)
CITY OR TOWN
STATE
DATE (MONTH, DAY, YEAR)
CEMETERY OR CREMATORY-NAME
LOCATION
CITY OR TOWN
STATE
DATE (MONTH, DAY, YEAR)
BURIAL REMOVAL (SPECIFY)
STREET AND NUMBER OR R.F.D.
CITY OR TOWN
STATE
ZIP
FUNERAL HOME
HURSEN FUNERAL HOME 4001 W. ROOSEVELT RD. HILLSIDE, ILLINOIS 60162
FUNERAL DIRECTOR'S SIGNATURE ANTHONY A. RAINIERO
FEDERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 14434
LOCAL REGISTRAR'S SIGNATURE
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
ILLINOIS Department of Public Health - Division of Vital Records
(VH202 (Rev. 5/89) (BASED ON 1989 U.S. STANDARD CERTIFICATE)

THE ORIGINAL RECORD IS PERMANENTLY FILED WITH THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH AT SPRINGFIELD. LOCAL REGISTRARS ARE AUTHORIZED TO MAKE CERTIFICATIONS FROM COPIES OF THE ORIGINAL RECORD. THE ILLINOIS STATUTES PROVIDE THAT THE CERTIFICATION OF THIS RECORD BY THE DEPARTMENT OF PUBLIC HEALTH OR THE LOCAL REGISTRAR SHALL BE PRIMA FACIE EVIDENCE IN ALL COURTS AND PLACES OF THE FACTS THEREIN.

DATE: MAY - 7 2001
SIGNED:
OFFICIAL TITLE: REGISTRAR
AT: BERWYN, ILLINOIS

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