

COOK COUNTY
RECORDER
EUGENE "GENE" MOORE
ROLLING MEADOWS

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF LAKE (ss.)

CAROL J. COARI being duly sworn
states that she resides at 6068 N. ELSTON AVENUE in the City of
Chicago, IL 60644

That SHE was acquainted with VIRGIL E. COARI
deceased who, at the time of HIS death, was one of the owners of the land in
COOK County, Illinois, described as:*

That the deceased died AUGUST 18, 1999, 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 _____

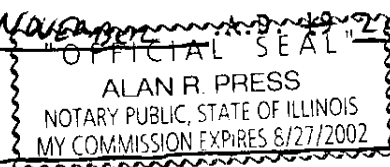
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the deceased, does not exceed the sum of \$50,000.00 dollars.

Subscribed and sworn to before me by the said
CAROL J. COARI

THIS INSTRUMENT WAS PREPARED BY

this 7th day of November, 2001

ALAN R. PRESS, LLC
Attorney At Law
215 N. Arlington Heights Road
Suite 100
Arlington Heights, IL 60004-6056



NOTARY PUBLIC

(affiant's signature)

*(NOTE ATTACH LEGAL DESCRIPTION & PIN# OF PROPERTY)



EUGENE "GENE" MOORE

RECORDER OF DEEDS / REGISTRAR OF TORRENS TITLES
COOK COUNTY, ILLINOIS



UNOFFICIAL COPY

Property of Cook County Clerk's Office

STATE OF ILLINOIS
CLERK OF THE SUPREME COURT
JANUARY 1, 1993

LOT 18 IN BLOCK 4 IN MURDOCK JAMES AND COMPANY'S MILWAUKEE AVENUE ADDITION, A SUBDIVISION OF LOT 4 AND PARTS OF LOTS 5 AND 6 IN ASSESSOR'S SUBDIVISION OF THE NORTH EAST QUARTER AND PART OF THE NORTH WEST QUARTER OF FRACTIONAL SECTION 5, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Number(s): 13-05-126-019-0000

Address(es) of Real Estate: 6068 N. Elston Avenue, Chicago, IL 60646

This instrument was prepared by Alan R. Press, LLC, Attorney, 215 N. Arlington Heights Road, Suite 100, Arlington Heights, IL 60004.

MAIL TO: ALAN R. PRESS, LLC
215 N. Arlington Heights Road Ste. #100
Arlington Heights, IL 60004

Property of Cook County Clerk's Office

COUNTY OF COOK
 CITY OF CHICAGO
 AUG 19 1999
 SNEILA LYNE, RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

Sneila Lyne RSM
 LOCAL REGISTRAR

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16.10**
 REGISTERED NUMBER

DECEASED-NAME: **VIRGIL E. COARI**
 SEX: **2. Male**
 DATE OF DEATH: **3. August 18, 1999**

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: **COOK**
 DATE OF BIRTH: **5d. September 19, 1911**
 IF HOSP. OR INST. INDICATE D.O.A. OR EMER. RM. PATIENT (SPECIFY): **6c. In patient**

6a. Chicago BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)
 7. Chicago, IL MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
 8a. Widowed
 USUAL OCCUPATION: **6b. Resurrection Medical Center**
 NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE):
 11a. Shipping Clerk
 CITY, TOWN, TWP, OR ROAD DISTRICT NO.: **13b. Chicago**
 RESIDENCE (STREET AND NUMBER): **13a. 6068 N. Elston**
 STATE: **13c. Illinois**
 ZIP CODE: **13d. 60646**
 RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): **14a. White**
 FATHER-NAME FIRST MIDDLE LAST: **N/A**
 MOTHER-NAME FIRST MIDDLE LAST: **Theresa N/A**

15. INFORMANT'S NAME (TYPE OR PRINT): **17b. Daughter 17c. 6068 N. Elston Chicago, IL 60646**
 RELATIONSHIP: **16. Theresa**
 MAILING ADDRESS (STREET AND NO OR R.F.D. CITY OR TOWN, STATE, ZIP): **17c. 6068 N. Elston Chicago, IL 60646**

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.
 (a) Fatal Cardiac Arrhythmia DUE TO, OR AS A CONSEQUENCE OF
 (b) Severe Ischemic Heart Disease DUE TO, OR AS A CONSEQUENCE OF
 (c) Immediate Cause (Final disease or condition resulting in death): **Minutes**
 CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **Unknown**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
 19a. AUTOPSY (YES/NO): **NO**
 19b. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? **20c. YES [] NO []**

DATE OF OPERATION, IF ANY: **20b.**
 MAJOR FINDINGS OF OPERATION: **20c. YES [] NO []**

20a. (TO) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: **August 18, 1999**
 HOUR OF DEATH: **3:57 PM**
 DATE SIGNED: **22a. August 18, 1999**
 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

21a. SIGNATURE: *[Signature]*
 NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): **22c. Vijay Vohra MD 7447 W. Talcott Chicago, IL 60631**
 ILLINOIS LICENSE NUMBER: **22d. 36-048369**

22. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT):
 ILLINOIS LICENSE NUMBER:
 NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORNER OR MEDICAL EXAMINER MUST BE NOTIFIED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): **24b. Mt. Carmel Cemetery**
 CEMETERY OR CREMATORY-NAME: **24c. Hillside Illinois**
 LOCATION: **24d. August 21, 1999**
 STREET AND NUMBER OR R.F.D.: **24e. 60646**
 CITY OR TOWN: **24f. Hillside Illinois**
 STATE: **24g. Illinois**
 DATE FILED BY: **25c. 034-011619**
 LOCAL REGISTRAR SIGNATURE: *[Signature]*
 LOCAL REGISTRAR NAME: **25b. Sneila Lyne RSM**
 DATE FILED BY: **25d. August 19 1999**
 LOCAL REGISTRAR SIGNATURE: *[Signature]*
 LOCAL REGISTRAR NAME: **25e. Sneila Lyne RSM**
 DATE FILED BY: **25f. August 19 1999**

26a. ILLINOIS DEPARTMENT OF PUBLIC HEALTH—Division of Vital Records
 ILLINOIS 1989 U.S. STANDARD CERTIFICATE