



COOK COUNTY
RECORDER
EUGENE "GENE" MOORE
MAYWOOD OFFICE

The Above Space for Recorder's Use Only

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

PEARL A. DUGO being duly sworn states that she resides at
1741 N. 34th Street in the City of Stone Park

That she was acquainted with ANTHONY J. DUGO deceased who, at the time of
his death, was one of the owners of the land in Cook County, Illinois, described as:

Lot 44 in Block 11 in H.O. Stone and Company's World's Fair Addition, a subdivision of part of Section 4,
Township 39 North, range 12, East of the Third Principal Meridian, according to the plat thereof recorded
as document 10262949, in Cook County, Illinois.

PIN: 15-04-115-003

That the deceased died January 14, 2002, as evidenced by a certified copy of the 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 unproved 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 death of the deceased, does not exceed the sum of _____ dollars.

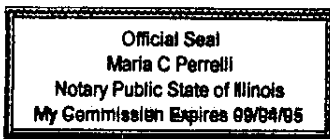
Affiant makes this affidavit for that purpose of inducing the title insurance company to issue its title insurance policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

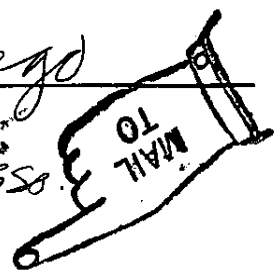
PEARL A. DUGO
this 5th day of MARCH, A.D. 2002

Pearl Dugo
(affiant's signature)

Maria C. Perrelli
Notary Public



FAVIL DAVID BERNS & ASSO.
305. NORTH AVE.
NORTHLAKE IL 60164



UNOFFICIAL COPY

6020275269

DECEDENT'S BIRTH NO.

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

Type or Print in PERMANENT INK See Funeral Director, Hospital, or Physicians Handbook for INSTRUCTIONS

REGISTRATION DISTRICT NO. 16.35 REGISTERED NUMBER 31

DECEASED-NAME

COUNTY OF DEATH

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

6a. Melrose Park

7. Chicago, IL

10. 325-16-6356

13a. 1711 N. 34th Ave.

13b. Illinois

15. Michael Dugo

17a. Pearl A. Dugo

18. PART I

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause shown in PART I.

DATE OF OPERATION, IF ANY

20a. DATE OF OPERATION, IF ANY

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE

22c. V. KIELLICKI, M.D.

23. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER)

24a. Burial

25a. West Town 2133 S. Oakley Ave, Chicago, IL 60608

25b. Robert A. Bascy, M.D.

26a. Mary F. Salter, M.D.

FIRST

MIDDLE

LAST

SEX

DATE OF DEATH

Anthony

Justin

Dugo

Male

January 14, 2002

AGE-LAST BIRTHDAY (YRS)

5a. 82

UNDER 1 YEAR

DATE OF BIRTH

March 3, 2002

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

8a. Married

NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)

8 Pearl A. Lococo

IF HOSP. X, I, II ST. INDICATE O.O.A. OPERATED INPATIENT (SPECIFY)

9. Yes

USUAL OCCUPATION

11a. Salesman

KIND OF BUSINESS OR INDUSTRY

11b. Foods

EDUCATION (SPECIFY IN HIGHEST GRADE COMPLETED)

12. 10

CITY, TOWN, TWP. OR ROAD DISTRICT NO.

13b. Stone Park

OF HISPANIC ORIGIN? (SPECIFY YES-YES, SPECIFY GUAN, MEXICAN, PUERTO RICAN, etc.)

14b. X NO

MOTHER-NAME

16. Rose

FACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)

14a. White

MOTHER-NAME

16. Rose

MIDDLE

13d. Cook

RELATIONSHIP

17 Wife

MOTHER-NAME

16. Rose

MIDDLE

13d. Cook

INFORMANT'S NAME (TYPE OR PRINT)

17a. Pearl A. Dugo

MOTHER-NAME

16. Rose

MIDDLE

13d. Cook

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) Acute Myocardial Infarction

(b) DUE TO, OR AS A CONSEQUENCE OF

(c) DUE TO, OR AS A CONSEQUENCE OF

MAJOR FINDINGS OF OPERATION

20b. 11/3/2002

WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)

21b. NO

DATE SIGNED

1/14/2002

ILLINOIS LICENSE NUMBER

036-100938

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

CEMETERY OR CREMATORY-NAME

24b. Queen of Heaven

CITY OR TOWN

24c. Hillside, IL

STATE

24d. Illinois

DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

25c. 31-009274

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE January 15, 2002 SIGNED [Signature] REGISTERAR OFFICIAL TITLE

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.