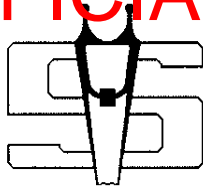


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2002-07-08 10:41:35  
Cook County Recorder 47.50



Sanctity of Contract

Stewart Title Company of Illinois



20909 N. DEARBORN  
CHICAGO, IL 60602  
SUITE 1020  
2 N. LASALLE STREET  
STEWART TITLE OF ILLINOIS

DECEASED JOINT TENANT AFFIDAVIT

STATE OF ILLINOIS )  
COUNTY OF DUPAGE SS.

STCI File Number: 221559



\*ELIZA CASTELINO + Jeanne A. Aln\*

being duly sworn states that ~~that~~ she resides at \* 4841 N. AARON in the City of CHICAGO, IL 60630.

That they was acquainted with WILFRED CASTELINO deceased who, at the time of death, was one of the sworn of the land in County, Illinois, described as:

P.I.N. # 09-11-708-008

"See attach Legal"

3  
P  
sw

That the deceased died 5/10/200 as evidenced by a certified copy of death certificate of the deceased attached hereto.

\*\* 2915 COURT STREET, BLENVUE IL 60025

- 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 death of the deceased, does not exceed the sum of \_\_\_\_\_ dollars.

Affiant makes this affidavit for the purpose of inducing Stewart Title Company to issue its Title Insurance Policy., describing the above mentioned property.

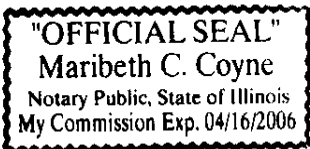
Subscribed and sworn to before me by the said

undesign  
this 16 day of June, A.D. 2002

Maribeth C. Coyle  
Notary Public

Jeanne Aln  
(Affiant's Signature)

Eliza Castelino



# UNOFFICIAL COPY

## MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

1. DECEASED NAME <b>WILFRED CASTELINO</b>	SEX <b>M</b>	DATE OF DEATH MONTH DAY YEAR <b>3 MAY 10 2000</b>
2. COUNTY OF DEATH <b>COOK</b>	DATE OF BIRTH MONTH DAY YEAR <b>54 OCTOBER 17 1928</b>	DATE OF DEATH MONTH DAY YEAR <b>3 MAY 10 2000</b>
3. CITY/TOWNSHIP/ROAD DISTRICT NUMBER <b>PALE LINE 60</b>	HOSPITAL OR OTHER INSTITUTION NAME (if not care center) AND NUMBER <b>LUTHERAN GENERAL HOSPITAL</b>	DATE OF BIRTH MONTH DAY YEAR <b>54 OCTOBER 17 1928</b>
4. BIRTHPLACE CITY AND STATE OR FOREIGN COUNTRY <b>INDIA</b>	NAME OF SURVIVING SPOUSE (if of same sex) <b>ELIJA R. MENEZES</b>	DATE OF BIRTH MONTH DAY YEAR <b>54 OCTOBER 17 1928</b>
5. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (IF ANY) <b>MARRIED</b>	TYPE OF BUSINESS OR INDUSTRY <b>HOSPITAL</b>	DATE OF BIRTH MONTH DAY YEAR <b>54 OCTOBER 17 1928</b>
6. SOCIAL SECURITY NUMBER <b>347-58-7131</b>	USUAL OCCUPATION <b>ADMINISTRATOR</b>	DATE OF BIRTH MONTH DAY YEAR <b>54 OCTOBER 17 1928</b>
7. RESIDENCE STREET AND NUMBER <b>484 NORTH WATCHEZ</b>	CITY, TOWNSHIP, OR ROAD DISTRICT NO. <b>CHICAGO</b>	DATE OF BIRTH MONTH DAY YEAR <b>54 OCTOBER 17 1928</b>
8. STATE <b>ILLINOIS</b>	ZIP CODE <b>60656</b>	DATE OF BIRTH MONTH DAY YEAR <b>54 OCTOBER 17 1928</b>
9. RACE (WHITE, BLACK, AMERICAN INDIAN, HISpanic, OTHER) <b>WHITE</b>	RELIGION <b>CATHOLIC</b>	DATE OF BIRTH MONTH DAY YEAR <b>54 OCTOBER 17 1928</b>
10. FATHER'S NAME FIRST MIDDLE LAST <b>BONNAVENTURE V. CASTELINO</b>	MOTHER'S NAME FIRST MIDDLE LAST <b>MARY L. PEREIRA</b>	DATE OF BIRTH MONTH DAY YEAR <b>54 OCTOBER 17 1928</b>
11. INFORMANT'S NAME (TYPE OR PRINT) <b>ELIJA R. CASTELINO</b>	RELATIONSHIP <b>WIFE</b>	DATE OF BIRTH MONTH DAY YEAR <b>54 OCTOBER 17 1928</b>
12. ELIJA R. CASTELINO	ADDRESS (STREET AND NO., DRIVE, P.O., CITY OR TOWNSHIP, STATE, ZIP) <b>17C-4841 N. WATCHEZ CHICAGO, IL. 60656</b>	DATE OF BIRTH MONTH DAY YEAR <b>54 OCTOBER 17 1928</b>
13. PART I: Enter the character, symbol, or combination that caused death. Do not enter your mode of dying, such as cardiac or respiratory failure. Enter the cause of death in the following order: (a) MULTIPLE BLUNT FORCE TRAUMA (b) ISS RAIL (c) DUE TO OR AS A CONSEQUENCE OF (d) DUE TO OR AS A CAUSE OF (e) DUE TO OR AS A RESULT OF	14. MULTIPLE BLUNT FORCE TRAUMA	DATE OF BIRTH MONTH DAY YEAR <b>54 OCTOBER 17 1928</b>
15. PART II: Enter the medical condition(s) involving or due to, such as the following: (a) NATURAL ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED (b) DATE OF INJURY MONTH DAY YEAR (c) HOUR (d) HOW INJURY OCCURRED (e) NATURE OF INJURY (f) PART OF BODY INVOLVED (g) PLACE OF INJURY (h) HOME PHONE STREET NUMBER (i) LOCAL BUSINESS (j) OTHER (k) LOCATION CITY VS. OR TOWNSHIP; CHINA DIST. NO. COUNTY, STATE (l) THE DECEASED WAS PREVIOUSLY DEAF OR BLIND (m) THE DECEASED WAS PREVIOUSLY PARALYZED (n) THE DECEASED WAS PREVIOUSLY A BURN SURVIVOR (o) THE DECEASED WAS PREVIOUSLY A SURVIVOR OF A NATURAL DISASTER (p) THE DECEASED WAS PREVIOUSLY A SURVIVOR OF A TERRORIST ACT (q) THE DECEASED WAS PREVIOUSLY A SURVIVOR OF A TERRORIST ACT (r) THE DECEASED WAS PREVIOUSLY A SURVIVOR OF A TERRORIST ACT (s) THE DECEASED WAS PREVIOUSLY A SURVIVOR OF A TERRORIST ACT (t) THE DECEASED WAS PREVIOUSLY A SURVIVOR OF A TERRORIST ACT (u) THE DECEASED WAS PREVIOUSLY A SURVIVOR OF A TERRORIST ACT (v) THE DECEASED WAS PREVIOUSLY A SURVIVOR OF A TERRORIST ACT (w) THE DECEASED WAS PREVIOUSLY A SURVIVOR OF A TERRORIST ACT (x) THE DECEASED WAS PREVIOUSLY A SURVIVOR OF A TERRORIST ACT (y) THE DECEASED WAS PREVIOUSLY A SURVIVOR OF A TERRORIST ACT (z) THE DECEASED WAS PREVIOUSLY A SURVIVOR OF A TERRORIST ACT	16. MULTIPLE BLUNT FORCE TRAUMA	DATE OF BIRTH MONTH DAY YEAR <b>54 OCTOBER 17 1928</b>
17. PLACE OF WORK (STREET AND NUMBER, CITY, STATE, ZIP) <b>ADVICIDE 200 MAY 12 2000</b>	LOCATION CITY VS. OR TOWNSHIP; CHINA DIST. NO. COUNTY, STATE <b>CHICAGO COOK CO IL ILLINOIS</b>	DATE OF BIRTH MONTH DAY YEAR <b>54 OCTOBER 17 1928</b>
18. PLACE OF BIRTH (STREET AND NUMBER, CITY, STATE, ZIP) <b>AD 200 MAY 12 2000</b>	LOCATION CITY VS. OR TOWNSHIP; CHINA DIST. NO. COUNTY, STATE <b>CHICAGO COOK CO IL ILLINOIS</b>	DATE OF BIRTH MONTH DAY YEAR <b>54 OCTOBER 17 1928</b>
19. CEMETERY THAT RECEIVED BODY (NAME AND ADDRESS) (IF INVESTIGATION AND/OR THE INVESTIGATOR HAS BEEN CONDUCTED, THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT)	20. MARYRILL CEMETERY 21B. MARYRILL CEMETERY	DATE OF BIRTH MONTH DAY YEAR <b>54 OCTOBER 17 1928</b>
20. CORONER'S SIGNATURE (Type or Print) <b>W. J. ...</b>	DATE SIGNED MONTH DAY YEAR <b>MAY 10 2000</b>	DATE OF BIRTH MONTH DAY YEAR <b>54 OCTOBER 17 1928</b>
21. CORONER'S SIGNATURE (Type or Print) <b>W. J. ...</b>	DATE SIGNED MONTH DAY YEAR <b>MAY 11 2000</b>	DATE OF BIRTH MONTH DAY YEAR <b>54 OCTOBER 17 1928</b>
22. CORONER'S SIGNATURE (Type or Print) <b>W. J. ...</b>	DATE SIGNED MONTH DAY YEAR <b>MAY 11 2000</b>	DATE OF BIRTH MONTH DAY YEAR <b>54 OCTOBER 17 1928</b>
23. CEMETERY OR CREMATORIUM NAME <b>MARYRILL CEMETERY</b>	CITY/TOWNSHIP/ROAD DISTRICT NUMBER <b>CHICAGO</b>	DATE OF BIRTH MONTH DAY YEAR <b>54 OCTOBER 17 1928</b>
24. FURNERAL HOME <b>CUMBERLAND CHAPELS</b>	STREET AND NUMBER OR A/P <b>8300 W. LAWRENCE AVE.</b>	DATE OF BIRTH MONTH DAY YEAR <b>54 OCTOBER 17 1928</b>
25. FURNERAL DIRECTOR'S SIGNATURE <b>Louisa ...</b>	CITY/TOWNSHIP/ROAD DISTRICT NUMBER <b>CHICAGO</b>	DATE OF BIRTH MONTH DAY YEAR <b>54 OCTOBER 17 1928</b>
26. LOCAL REGISTRAR'S SIGNATURE <b>Veronica Charles</b>	DATE FILED BY LOCAL REGISTRAR MONTH DAY YEAR <b>MAY 13 2000</b>	DATE OF BIRTH MONTH DAY YEAR <b>54 OCTOBER 17 1928</b>

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent in item 1 and that this record was established and filed in my office in accordance with the provisions of Illinois statutes relating to the registrar of birth, stillbirth and death.

MAY 12 2000

Dated May 12 2000 at Cook County Department of Public Health / Official Title Deputy Registrar  
1010 Lake Street - Suite 300 - Oak Park, Illinois 60301

*Nadine McCurry*

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**UNOFFICIAL COPY**  
**LEGAL DESCRIPTION**

Lot 16 in Block 4 in Morton M. Deutch's First Addition, being a subdivision of part of the Northeast 1/4 of Section 11, Township 41 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

**Commonly known as:** 2915 CourtStreet  
Glenview IL 60025

Property of Cook County Clerk's Office