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2000-03-29 12:12:31
Cook County Recorder 25.50



COOK COUNTY
RECORDER
EUGENE "GENE" MOORE
ROLLING MEADOWS



DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

(ss.

Order No. _____

Violet M. Dalessandro

being duly sworn

states that she resides at 2218 Avalon Dr.

In the City of

Buffalo Grove, IL 60089

That Violet was acquainted with Anthony J. Dalessandro
deceased who, at the time of Anthony death, was one of the owners of the land in
COOK County, Illinois, described as:

10400 Michael Todd Terrace
Glenview, IL 60025

That the deceased died January 3, 1998, 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.

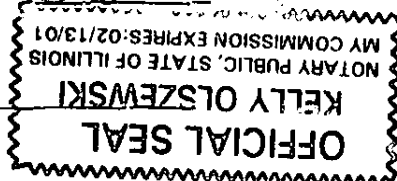
Leaving a Last Will & Testament which was filed in the Unproven Will
Box of the Probate Division of the Circuit Court of COOK
County, Illinois about MARCH 1998

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 \$ 300,000.00
dollars.

Subscribed and sworn to before me by the said

this 29th day of March A.D. 19 2000

[Signature]
NOTARY PUBLIC



Violet M. Dalessandro
(affiant's signature)

3/29/00

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10400 Michael Todd Terrace
Glencree, IL 60025

Pin # 04-32-401-068-0000

Property of Cook County Clerk's Office

STATE FILE NUMBER

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16-0
REGISTERED NUMBER

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. ANTHONY J. DALESSANDRO 2. MALE 3. JANUARY 3, 1998

COUNTY OF DEATH UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)

4. Cook 5a. 75 5b. 5c. February 16, 1922

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

6a. Park Ridge 6b. Lutheran General Hospital

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

7 Chicago, Illinois 8a. Married 8b. Violet Shydrowski

SOCIAL SECURITY NUMBER USUAL OCCUPATION

10334-14-4338 11a. Laborer 11b. Chicago Park

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. (YES/NO) COUNTY

13a. 8431 Ottawa 13b. Niles, IL 13c. Yes 13d. Cook

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, SPECIFY) 14a. White

13e. Illinois 13f. 60714

FATHER-NAME FIRST MIDDLE LAST 14b. X NO YES SPECIFY: (MAIDEN) LAST

15. Gaetano Dalessandro Angelina Dorazio

INFORMANT'S NAME (TYPE OF RELATIONSHIP) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)

17a. Violet Dalessandro 17b. wife 17c. 8431 Ottawa, Niles, IL 60714

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.

Immediate Cause (Final disease or condition resulting in death) (a) Congestive Heart Failure

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) Acute Stenosis

CAUSE LAST. (c)

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

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION

20a. 20b. 20c. YES NO

(10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

21a. 21b. 21c. 21d. 21e. 21f. 21g. 21h. 21i. 21j. 21k. 21l. 21m. 21n. 21o. 21p. 21q. 21r. 21s. 21t. 21u. 21v. 21w. 21x. 21y. 21z.

22a. SIGNATURE (TYPE OR PRINT) 22b. DATE SIGNED (MONTH, DAY, YEAR)

22c. 6000 Touhy Chicago IL 60646 22d. 036-076405

23. LAWRENCE WENNER MD

BURIAL, CREMATION, REMOVAL, OR OTHER (SPECIFY) CEMETERY OR CREMATORY-NAME (TYPE OR PRINT)

24a. Queen of Heaven 24b. 24c. Hillside, Illinois 24d. Jan 7, 1998

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP

25a. Skaja Terrace Funeral Home 7812 Milwaukee Ave., Niles, Illinois 60714

FUNERAL DIRECTOR'S SIGNATURE FUNDING DIRECTOR'S ILLINOIS LICENSE NUMBER

25b. 25c. 34-009451

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

26a. REGISTRAR 26b. Jan 6 1998

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 statute relating to the registrar of birth, stillbirth and death.

Date JAN 08 1998 Signed Nadine McCurry
At Cook County Department of Public Health Official Title Deputy Registrar
1010 Lake Street Suite 300 Oak Park, Illinois 60301