00226636

00226636

2400/0037 30 001 Page 1 of 3
2000-03-31 11:46:33
Cook County Recorder 25.50

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS
COUNTY OF C O O K) Order No. _____

MARIANNE RUBIANO being duly sworn states that she resides at 5035 W. Eddy Street in the City of Chicago, Illinois 60641.

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

LEGAL DESCRIPTION ON EXHIBIT "A"

That the deceased died 12/14/99, as evidenced by a certified copy of death certificate of the deceased attached thereto.

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 a Circuit Court of _____ County, Illinois.

__X__ 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 3/10/2000.

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 TWO HUNDRED THOUSAND dollars.

SUBSCRIBED and SWORN to before me
this 14th day of March, 2000

OFFICIAL SEAL
JOSEPH J PODUSKA
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES:09/25/03

Notary Public

X Marianne Rubiano
(Affiant's signature)

EXHIBIT A

The West ½ of Lot 5 in Block 3 in Hield and Martin's Addison Avenue Subdivision of the North 1/3 of the North ½ of the South East ¼ of Section 21, Township 40 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Index No. 13-21-402-023

Common Address: 5035 W. Eddy Street, Chicago, Illinois 60641

00226636

This document prepared by:

JOSEPH J. PODUSKA
Attorney at Law
6059 W. Irving Park Road
Chicago, Illinois 60634

After recording, mail to:

JOSEPH J. PODUSKA
Attorney at Law
6059 W. Irving Park Road
Chicago, Illinois 60634

10. REGISTRATION DISTRICT NO. 16.10

REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER 620729

MEDICAL CERTIFICATE OF DEATH

DECEASED–NAME FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. GREG	D.	RUBIANO	2. MALE	3. DECEMBER 14, 1999

COUNTY OF DEATH	AGE–LAST BIRTHDAY (YRS)	UNDER 1 YEAR MOS. / DAYS	UNDER 1 DAY HOURS / MIN	DATE OF BIRTH (MONTH, DAY, YEAR)
4. COOK	5a. 62	5b.	5c.	5d. May 5, 1937

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER	HOSPITAL OR OTHER INSTITUTION–NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	IF HOSP. OR INST. INDICATE D.O.A. OP EMER RM INPATIENT (SPECIFY)
6a. CHICAGO	6b. OUR LADY OF THE RESURRECTION MEDICAL CENTER	6c. INPATIENT

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO)
7. Chicago, Il.	8a. Married	8b. Marianne Rablo	9. YES

SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary, Secondary (0-12)	College (1-4 or 5+)
10. 328-30-1109	11a. Mail Carrier	11b. U.S.post Off	12. 12	

RESIDENCE (STREET AND NUMBER)	CITY, TOWN, TWP, OR ROAD DISTRICT NO.	INSIDE CITY (YES, NO)	COUNTY
13a. 5035 W. EDDY	13b. CHICAGO	13c. YES	13d. COOK

STATE	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES–IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.)
13e. ILLINOIS	13f. 60641	14a. White	14b. X NO ☐ YES SPECIFY:

FATHER–NAME FIRST	MIDDLE	LAST	MOTHER–NAME FIRST	MIDDLE	(MAIDEN) LAST
15. Gregorio	B.	Rubiano	16. Helen		Neiman

INFORMANT'S NAME (TYPE OR PRINT)	RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN, STATE, ZIP)
17a. MARISOL PEREZ	17b. MEDICAL RECORDS	17c. 5645 W. ADDISON CHGO., IL 60634

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.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Immediate Cause (Final disease or condition resulting in death)	(a) Ca of the lung	Unkn
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	DUE TO, OR AS A CONSEQUENCE OF (b) Respiratory failure	Unkn
	DUE TO, OR AS A CONSEQUENCE OF (c) Sepsis	

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

AUTOPSY (YES, NO)	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES, NO)
19a. No	19b.

DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
20a.	20b.	20c. YES ☐ NO ☐

I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES, NO)	HOUR OF DEATH
21a. 12-12-99	21b. No	21c. 5:15 A.M.

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

22a. SIGNATURE ▶	DATE SIGNED (MONTH, DAY, YEAR)
	22b. 12-14-99

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)	ILLINOIS LICENSE NUMBER
22c. DR. B. CHMIEL 5325 W. BELMONT CHICAGO, ILLINOIS 60641	22d. 036-066756

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED
23.	

BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY–NAME	LOCATION CITY OR TOWN	STATE	DATE (MONTH, DAY, YEAR)
24a. Burial	24b. St. Adalbert	24c. Niles	Illinois	24d. Dec17,1999

FUNERAL HOME NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE	ZIP
25a. Affiliated Mortuary Service Ltd.	3552 N. Southport Ave.	Chicago, Il.		60657

FUNERAL DIRECTOR'S SIGNATURE	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b. ▶ Richard Beeler	25c. 14401

LOCAL REGISTRAR'S SIGNATURE	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a. ▶ Sheila Lyne RSM	26b. DEC 16 1999

VR200 (Rev. 5/89) Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

DEC 16 1999

I, SHEILA 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 ORDINANCE OF SAID LAW AND ORDINANCES.

Sheila Lyne RSM
LOCAL REGISTRAR

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

UNOFFICIAL COPY

00226636

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.