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DECEASED JOINT TENANT
AFFIDAVIT

STATE OF ILLINOIS)
)ss.
COOK COUNTY, ILLINOIS)



Eugene "Gene" Moore Fee: \$28.50
Cook County Recorder of Deeds
Date: 05/08/2003 03:15 PM Pg: 1 of 3

1. Dominic J. Cribari, Jr. son of Dominic Cribari, Sr., being first duly sworn under oath, deposes and states that (s)he resides at 10366 New Hampshire, Crown Point, IN 46307, that (s)he was acquainted with Dominic Cribari, Sr., deceased, who, at the time of his/her death, was one of the owners of the land located at 10326 S. Ave. "J", Chicago, Cook County, Illinois and legally described as:

LOT 11 AND LOT 12 IN BLOCK FOURTEEN (14) IN IRONWORKER'S ADDITION TO SOUTH CHICAGO, BEING A SUBDIVISION OF THE SOUTH FRACTIONAL HALF (1/2) OF FRACTIONAL SECTION 8, TOWNSHIP 37 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

Address of Property: 10326 S. Ave "J", Chicago, IL 60617

Permanent Index Number: 26-08-314-015-0000

2. That the decedent, Dominic Cribari, Sr., died March 19, 2003, as evidenced by the certified copy of the death certificate which is attached hereto;

That the decedent 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 Clerk of Cook County, Illinois;

Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Circuit Court of Cook County, Illinois on _____.

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3. That the total value of the estate of the decedent, including both real and personal property owned by the decedent either individually or in joint tenancy at the time of decedent's death does not exceed the sum of \$600,000.00.

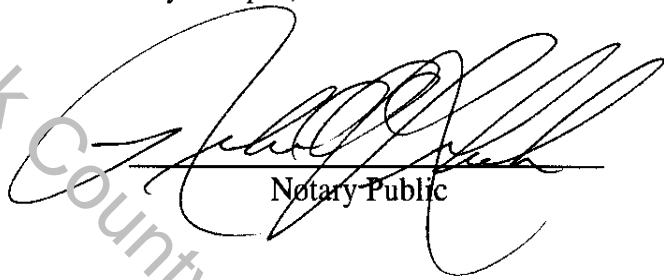
This affidavit is made for the purpose of reflecting the current ownership of the above- referenced property.



Dominic J. Cribari, Jr.

SUBSCRIBED and SWORN to before me this 15th day of April, 2003.

OFFICIAL SEAL
RICHARD A. LUKACEK
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES : 09-09-06



Notary Public

This instrument was prepared by:

Richard A. Lukacek
Attorney at Law
10516 S. Ewing Ave.
Chicago, IL 60617
773/374-5856
Atty. No.: 16233
ARDC No.: 6192234



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INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

ATTENTION ESTATE: The Social Security # being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Local No. 751-03

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) Dominic J. Cribari		2 SEX Male	3a TIME OF DEATH 7:40 P M	3b DATE OF DEATH (Month Day Yr) March 19, 2003	
4 *SOCIAL SECURITY NUMBER 324-16-9038	5a AGE—Last Birthday (Years) 84	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day, Yr) Sept. 15, 1918	
7 BIRTHPLACE (City and State or Foreign Country) Chicago, ILL.	8a WAS DECEDENT A U.S. VETERAN? Yes	8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1939	9a PLACE OF DEATH (Check only one See instructions) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) Hospice		
9b FACILITY NAME (If not institution, give street and number) 10366 New Hampshire		9c CITY, TOWN OR LOCATION OF DEATH Crown Point	9d COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Widowed	11 SURVIVING SPOUSE (If wife, give maiden name)	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Grounds Keeper	12b KIND OF BUSINESS/INDUSTRY Chicago Park Dist.		
13a RESIDENCE—CITY/TOWN/VILLAGE ILL	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Chicago, Illinois	13d STREET AND NUMBER 10326 Ave. J		
13a ZIP CODE 60617	13b INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	15 WAS DECEDENT OF HISPANIC ORIGIN? (Specify) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) White	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 2 College (1-4 or 5+)		18 FATHER'S NAME (First Middle Last) Enrico Cribari			
19 MOTHER'S NAME (First Middle Maiden Surname) Angelina Rende		20a INFORMANT'S NAME (Type/Print) Dominic Cribari Jr.			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10366 New Hampshire Crown Point, IN 46307		20c Relationship Son			
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Holy Cross Cemetery March 22, 2003		21c LOCATION—City or Town, State Calumet City, IL	
22a EMBALMER'S NAME James F. Betkowski		22b EMBALMER'S LICENSE NO. FD09200077	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>James F. Betkowski</i>		24b LICENSE NUMBER (Indicate issue) FD09200077	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Elmwood Chapel FH#19900052 11300 W.97th LN St. John, IN46307		
26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms 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) pancreatic carcinoma				Months	
a DUE TO (OR AS A CONSEQUENCE OF)					
b DUE TO (OR AS A CONSEQUENCE OF)					
c DUE TO (OR AS A CONSEQUENCE OF)					
d					
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I					
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO		28a WAS AN AUTOPSY PERFORMED? (Yes or no) NO		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated					
29b SIGNATURE AND TITLE OF CERTIFIER <i>George Babchuck M.D.</i>		29c MEDICAL LICENSE NO. 01031717	29d DATE SIGNED (Month Day, Year) 3/20/03		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) George Babchuck M.D. 1121 S. Indiana Ave. Crown Point, IN 46307					
31 HEALTH OFFICER'S SIGNATURE <i>James F. Betkowski</i>				32 DATE FILED (Month Day, Year) March 21, 2003	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
34a PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)			34f LOCATION (Street and Number or Rural Route Number, City or Town, State)		
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			