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Doc#: 0328929028  
Eugene "Gene" Moore Fee: \$30.00  
Cook County Recorder of Deeds  
Date: 10/16/2003 08:52 AM Pg: 1 of 4

by Larsber

**AFFIDAVIT**

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ATGF, INC.

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STATE OF ILLINOIS )  
                                  )  
                                  )      SS  
COUNTY OF DUPAGE )

Re: 3520 S. Cuyler Avenue  
Berwyn, Illinois

DECEASED JOINT TENANT AFFIDAVIT

DIANA LYNN RUFFOLO, after being duly sworn on oath, deposes and testifies as follows:

1. That affiant resides at 800 Augusta, Maywood, Illinois, is an adult who is competent to testify and has personal knowledge of the facts set forth herein.
2. That affiant was related (as a niece) to the decedent, BESSIE TYKOL, who died on May 12, 2002 and a copy of her death certificate is attached hereto.
3. That decedent died leaving no surviving spouse and never had any children during her lifetime and died leaving no Last Will and Testament.
4. That affiant is joint tenant of the above referenced real estate with decedent.
5. That the total value of the estate of decedent does not exceed \$50,000.
6. Affiant makes this affidavit for the purpose of inducing Attorneys' Title Guaranty Fund to issue its policy of Title Insurance.

*Diana Lynn Ruffolo*  
\_\_\_\_\_  
DIANA LYNN RUFFOLO

SUBSCRIBED AND SWORN TO before me this 4th day of September, 2003.

*Michael J Scalzo*  
\_\_\_\_\_  
NOTARY PUBLIC



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DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <b>22.0</b>	STATE OF ILLINOIS		STATE FILE NUMBER
REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>		
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
	1. <b>Bessie L. Tykol</b>		<b>Female</b>	<b>3. May 12, 2002</b>
	COUNTY OF DEATH	AGE—LAST BIRTHDAY (YRS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.
	4. <b>Dupage</b>	5a. <b>80</b>	5b.	5d. <b>November 25, 1921</b>
	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. <b>Elmhurst</b>	6b. <b>Elmhurst Hospital</b>		6c. <b>Inp</b>
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
	7. <b>Navoo, Illinois</b>	8a. <b>Widowed</b>	8b. <b>None</b>	
	SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
	10. <b>335-16-3563</b>	11a. <b>Drill Press</b>	11b. <b>Manufacturing</b>	12. <b>6</b>
RESIDENCE (STREET AND NUMBER)	CITY, TOWN, TWP, OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY	
13. <b>401 W. Lake St.</b>	13b. <b>Northlake</b>	13c. <b>yes</b>	13d. <b>Cook</b>	
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.)	
13a. <b>Illinois</b>	<b>60164</b>	14a. <b>White</b>	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
FATHER—NAME FIRST MIDDLE LAST		MOTHER—NAME FIRST MIDDLE LAST (MAIDEN) LAST		
15. <b>Edward Duncan</b>		16. <b>Caroline Kyburz</b>		
INFORMANT'S NAME (TYPE OR PRINT)	RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)		
17a. <b>Connie Perna</b>	17b. <b>Sister</b>	17c. <b>1717 N. 23rd. Ave Melrose Park, IL 601</b>		
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 time.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Immediate Cause (Final disease or condition resulting in death)	(a) <b>Ventricular Fibrillation</b>			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	(b) <b>Coronary Artery Disease</b>			
	(c)			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			AUTOPSY (YES/NO)	
			19a. <b>NO</b>	
			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/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 <input type="checkbox"/> NO <input type="checkbox"/>		
IF (I) DID NOT ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	HOUR OF DEATH		
21a. <b>5-12-02</b>	21b. <b>NO</b>	21c. <b>8:34 P M.</b>		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR)		
22a. SIGNATURE <b>Daniel Sullivan MD</b>		22b. <b>5-15-02</b>		
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER		
22c. <b>DANIEL SULLIVAN MD 429 N. YORK RD ELMHURST</b>		22d. <b>36-6822</b>		
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. <b>Burial</b>	24b. <b>Queen of Heaven</b>	24c. <b>Hillside Illinois</b>	<b>May 16, 2002</b>	
FUNERAL HOME	NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN STATE ZIP	
25a. <b>Bormann Funeral Home</b>	<b>1600 Chicago Ave. Melrose Park, Illinois 60160</b>			
FUNERAL DIRECTOR'S SIGNATURE	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
25b. <b>Richard M. Bormann</b>	25c. <b>34-010371</b>			
LOCAL REGISTRAR'S SIGNATURE	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
26a. <b>Selma Luis</b>	26b. <b>MAY 15 2002</b>			

VR200 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)



**DuPage County  
Health  
Department**

111 North County Farm Road  
Wheaton, Illinois 60187

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

*Selma Luis*

Local Registrar

Not valid without the embossed seal of  
DuPage County Health Department

# UNOFFICIAL COPY

LOT 8 IN BLOCK 1 IN MCQUISTON'S LAVERGNE, A SUBDIVISION OF THE NORTHWEST 1/4 OF THE NORTHWEST 1/4 OF THE SOUTHWEST 1/4 (EXCEPT THE WEST 40 FEET THEREOF) OF SECTION 32, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PERMANENT INDEX NUMBER: 16-32-300-027

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