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JOINT TENANCY AFFIDAVIT (continued)

The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATG harmless and to reimburse ATG for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature that ATG may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of Peter Valenti, the decedent;
2. State Estate/Inheritance Tax and Federal Estate Tax that may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

X [Signature] (Seal)
Nancy Valenti (Seal)

Subscribed and sworn to before me this

 day of (Month) (Year)

(Notary Public)

Note: If the decedent left a will, it will be necessary that the original or certified copy thereof be presented to ATG for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

This instrument prepared by:

[Signature]
(Name)
121 [Address]
(Address)
[City, State, Zip]
(City, State, Zip)

Return to:

 (Name)
 (Address)
 (City, State, Zip)

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MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 603802

APR 11 1994

DISTRICT NUMBER 1
 REGISTERED NUMBER 1
 DECEASED NAME PENDER J. VALENTI
 FIRST MIDDLE LAST
 SEX M
 DATE OF BIRTH (MONTH DAY YEAR) 9 APRIL 07 1994
 DATE OF DEATH (MONTH DAY YEAR) 2 APRIL 07 1994
 COUNTY OF DEATH COOK
 CITY, TOWN OR VILLAGE AND DISTRICT NUMBER CHICAGO, IL
 HOSPITAL OR OTHER INSTITUTION WHERE DEATH OCCURRED (NAME AND ADDRESS) HANCOCK SAIEVA MEDICAL CENTER
 STREET AND NUMBER (IF KNOWN) 1100 S. MARYLAND AVE
 CITY, STATE AND ZIP CODE CHICAGO, IL 60631
 MARITAL STATUS (MARRIED, SINGLE, WIDOWED, SEPARATED, DIVORCED)
 MARRIED NEVER MARRIED WIDOWED SEPARATED DIVORCED
 USUAL OCCUPATION INSPECTOR
 BUSINESS OR INDUSTRY NAME AND ADDRESS HANCOCK SAIEVA
 STREET AND NUMBER (IF KNOWN) 1100 S. MARYLAND AVE
 CITY, STATE AND ZIP CODE CHICAGO, IL 60631
 EDUCATION (SCHOOL, COLLEGE, UNIVERSITY, POSTGRADUATE)
 SCHOOL GRADUATE YES NO
 COLLEGE GRADUATE YES NO
 UNIVERSITY GRADUATE YES NO
 POSTGRADUATE GRADUATE YES NO
 IF DEATH OCCURRED IN A NURSING HOME, HOSPITAL, OR OTHER INSTITUTION, CHECK ONE:
 YES NO
 1. YES
 2. NO

10. RESIDENCE (STREET AND STATE OR CITY, TOWN OR VILLAGE AND DISTRICT NUMBER)
 326-12-6356
 11a. INSPECTOR
 11b. CITY, TOWN OR VILLAGE CHICAGO, IL
 11c. DISTRICT NUMBER 1
 12. STATE ILLINOIS
 13. ZIP CODE 606016
 14a. RACE (BY THE BLACK AMERICAN INDIAN AND SPECIFY) WHITE
 14b. IXXC EYES SPECIFY MIDDLE
 15. FATHER NAME FIRST MIDDLE LAST SALVATORE VALENTI
 16. MOTHER NAME FIRST MIDDLE LAST ANGELE
 17a. RELATIVE (SPOUSE, CHILD, GRANDCHILD, PARENT, BROTHER, SISTER, NEPHEW, NIECE, UNCLE, AUNT, OTHER)
 17b. NAME AND ADDRESS (STREET AND NUMBER, CITY, STATE AND ZIP CODE)
 17c. NAME AND ADDRESS (STREET AND NUMBER, CITY, STATE AND ZIP CODE)
 17d. NAME AND ADDRESS (STREET AND NUMBER, CITY, STATE AND ZIP CODE)
 17e. NAME AND ADDRESS (STREET AND NUMBER, CITY, STATE AND ZIP CODE)
 17f. NAME AND ADDRESS (STREET AND NUMBER, CITY, STATE AND ZIP CODE)
 17g. NAME AND ADDRESS (STREET AND NUMBER, CITY, STATE AND ZIP CODE)
 17h. NAME AND ADDRESS (STREET AND NUMBER, CITY, STATE AND ZIP CODE)
 17i. NAME AND ADDRESS (STREET AND NUMBER, CITY, STATE AND ZIP CODE)
 17j. NAME AND ADDRESS (STREET AND NUMBER, CITY, STATE AND ZIP CODE)
 17k. NAME AND ADDRESS (STREET AND NUMBER, CITY, STATE AND ZIP CODE)
 17l. NAME AND ADDRESS (STREET AND NUMBER, CITY, STATE AND ZIP CODE)
 17m. NAME AND ADDRESS (STREET AND NUMBER, CITY, STATE AND ZIP CODE)
 17n. NAME AND ADDRESS (STREET AND NUMBER, CITY, STATE AND ZIP CODE)
 17o. NAME AND ADDRESS (STREET AND NUMBER, CITY, STATE AND ZIP CODE)
 17p. NAME AND ADDRESS (STREET AND NUMBER, CITY, STATE AND ZIP CODE)
 17q. NAME AND ADDRESS (STREET AND NUMBER, CITY, STATE AND ZIP CODE)
 17r. NAME AND ADDRESS (STREET AND NUMBER, CITY, STATE AND ZIP CODE)
 17s. NAME AND ADDRESS (STREET AND NUMBER, CITY, STATE AND ZIP CODE)
 17t. NAME AND ADDRESS (STREET AND NUMBER, CITY, STATE AND ZIP CODE)
 17u. NAME AND ADDRESS (STREET AND NUMBER, CITY, STATE AND ZIP CODE)
 17v. NAME AND ADDRESS (STREET AND NUMBER, CITY, STATE AND ZIP CODE)
 17w. NAME AND ADDRESS (STREET AND NUMBER, CITY, STATE AND ZIP CODE)
 17x. NAME AND ADDRESS (STREET AND NUMBER, CITY, STATE AND ZIP CODE)
 17y. NAME AND ADDRESS (STREET AND NUMBER, CITY, STATE AND ZIP CODE)
 17z. NAME AND ADDRESS (STREET AND NUMBER, CITY, STATE AND ZIP CODE)

17a. NANCY VALENTI
 17b. LIFE
 17c. 2600 THACKER, DES PLAINES, IL 60016
 17d. 18 MONTHS
 18. PART I: In the case of an individual who died as a result of a disease, accident, or other cause, the cause of death should be stated in the following order:
 (a) IDIOPATHIC CIRRHOSIS OF LIVER
 (b) DUE TO DRUG CONSEQUENCE OF
 (c) DUE TO CRASH CONSEQUENCE OF
 (d) CAUSE LAST
 19. PART II: On the date of death, the decedent was suffering from the following disease(s):
 PARKINSONS DISEASE
 DATE OF OPERATION IF ANY
 MAJOR FINDINGS OF OPERATION
 20a. TO (CITY, TOWN OR VILLAGE AND DISTRICT NUMBER) AND LAST NAME (FIRST, MIDDLE AND LAST)
 20b. MONTH DAY YEAR
 20c. WAS CONDONER OF MEDICAL EXAMINER NOTIFIED (YES/NO)
 20d. HOUR OF DEATH
 20e. DATE SIGNED (MONTH DAY YEAR)
 20f. SIGNATURE OF MEDICAL EXAMINER
 20g. SIGNATURE OF DECEASED (IF KNOWN)
 20h. SIGNATURE OF WITNESS (IF KNOWN)
 20i. SIGNATURE OF WITNESS (IF KNOWN)
 20j. SIGNATURE OF WITNESS (IF KNOWN)
 20k. SIGNATURE OF WITNESS (IF KNOWN)
 20l. SIGNATURE OF WITNESS (IF KNOWN)
 20m. SIGNATURE OF WITNESS (IF KNOWN)
 20n. SIGNATURE OF WITNESS (IF KNOWN)
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 20p. SIGNATURE OF WITNESS (IF KNOWN)
 20q. SIGNATURE OF WITNESS (IF KNOWN)
 20r. SIGNATURE OF WITNESS (IF KNOWN)
 20s. SIGNATURE OF WITNESS (IF KNOWN)
 20t. SIGNATURE OF WITNESS (IF KNOWN)
 20u. SIGNATURE OF WITNESS (IF KNOWN)
 20v. SIGNATURE OF WITNESS (IF KNOWN)
 20w. SIGNATURE OF WITNESS (IF KNOWN)
 20x. SIGNATURE OF WITNESS (IF KNOWN)
 20y. SIGNATURE OF WITNESS (IF KNOWN)
 20z. SIGNATURE OF WITNESS (IF KNOWN)

21. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED
 APRIL 07 1994
 22a. SIGNATURE OF DECEASED (IF KNOWN)
 NAME AND ADDRESS (STREET AND NUMBER, CITY, STATE AND ZIP CODE)
 22b. OSCAR E OSINANI MD 2447 N TAYLOR CHICAGO, IL 60631
 NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER)
 23. FUNERAL CREATION: GENERAL OR CREMATORY NAME, LOCATION, CITY AND STATE
 24a. TOMBMENT: NAME, LOCATION, CITY AND STATE
 24b. M. J. SUERTH FUNERAL HOME, 6754 N. NORTHWEST HWY., CHICAGO, IL 60631
 FUNERAL DIRECTOR'S SIGNATURE
 25. DATE SIGNED (MONTH DAY YEAR)
 APR 10 1994

26. LOCAL HEALTH DEPARTMENT (CITY, TOWN OR VILLAGE AND DISTRICT NUMBER)
 27. STATE (IF KNOWN)
 28. DATE SIGNED (MONTH DAY YEAR)
 APR 10 1994

I, JOYCE A. BRAUNER, MPA, 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 OR THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

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Property of Cook County

Unit Number 4-"B" in the Thacker-Point Condominium, as delineated on a survey of the following described real estate: Lots 1 to 3 in Middle Subdivision in Des Plaines, being a Resubdivision of Lots 112 to 115 in Town of Rand, together with that part of Lot 18 and that part of vacated public alley contiguous to both Lot 1 and Lot 18 in said Middle Subdivision in Des Plaines, and that part of Lot 111 in Town of Rand, which lies South of a line 150 feet North, measured at right angles and parallel with the South line of Lots 1 to 17 in said Middle Subdivision in Des Plaines, all in Sections 20 and 21, Township 41 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois, which survey is attached as Exhibit "A" to the Declaration of Condominium recorded as Document Number 25175387, together with its undivided percentage interest in the common elements, in Cook County, Illinois, together with the exclusive right to use Parking Spaces 19 and 21, a limited common element, as delineated on the survey attached to the Declaration of Condominium.

PIN # 09-20-202-040-1029

Office