

UNOFFICIAL COPY

DECEASED JOINT
TENANCY AFFIDAVIT



Doc#: 0336450228
Eugene "Gene" Moore Fee: \$28.00
Cook County Recorder of Deeds
Date: 12/30/2003 02:13 PM Pg: 1 of 3

STATE OF ILLINOIS]
]
COUNTY OF]

Joseph Rizzo being duly
sworn states that He resides at 1783
MARLEE LANE in the City of NORTHBROOK,
ILL 60062

That HE was acquainted JUDITH ST. CLAIR RIZZO
HIS WIFE deceased who, at the time of her
death, was one of the owners of the land in
Cook County, Illinois, described as:

P.I.N. 04-10-303-038-0000

That the deceased died OCT. 4, 2002
as evidenced by a certified copy of death certificate of the
deceased attached hereto.

Subscribed and sworn to before me by the said
Joseph A Rizzo
this 29 day of December, A.D. 19 2003

Renee Halperin
Notary Public

Joseph Rizzo
(affiant signature)

OFFICIAL SEAL
Renee Halperin
Notary Public, State of Illinois
My Commission Exp. 04/01/2005

THIS INSTRUMENT WAS PREPARED BY
Joseph Rizzo
1783 MARLEE LN.
NORTHBROOK, IL 60062

UNOFFICIAL COPY**SCHEDULE A**

NO.	DATE OF POLICY	AMOUNT OF POLICY
48-00-109	July 19, 1960	\$27,000.00

1. The party insured by this policy.

**** JOSEPH RIZZO AND JUDITH ST. CLAIR RIZZO, HIS WIFE ****

and the additional persons included in the term "party insured" as defined in the conditions herein set forth.

2. The title, estate or interest insured by this policy.

FEE SIMPLE TITLE IN JOINT TENANCY

3. Description of the real estate with respect to which this policy is issued.

Lot 12 in Northbrook Oaks, being a Subdivision of part of Lot 6 in Assessor's Division of the South half of the North West quarter and the North half of the South West quarter of Section 10 Township 42 North, Range 12 East of the Third Principal Meridian, in Cook County, Illinois. **

Pin #

SCHEDULE B

Showing defects, liens, incumbrances and other matters excepted from this policy and against which this Company does not insure.

Special Exceptions.

1. Declaration of restrictions, document 15764203, dated October 6, 1953 and recorded November 6, 1953 by Chicago Title and Trust Company, Trust No. 35801 relating to land use and building type, use, cost, quality, size, height,

UNOFFICIAL COPY

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <u>16.06</u>	STATE OF ILLINOIS	STATE FILE NUMBER	
MEDICAL CERTIFICATE OF DEATH				
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. JUDITH ST. CLAIR RIZZO		2 FEMALE	3 OCTOBER 4, 2002
	COUNTY OF DEATH	AGE—LAST BIRTHDAY (YRS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.
	4. COOK	5a. 64	5b.	5c.
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		DATE OF BIRTH (MONTH, DAY, YEAR)	
	6a. NORTHBROOK		5d. APRIL 16, 1938	
	6b. 1723 MARCEE LANE		IF HOSP. OR INST. INDICATE D.O.A. OP, EMER. RM, INPATIENT (SPECIFY)	
	6c. HOSPICE			
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
	7. PITTSBURGH, PA		8a. MARRIED	
NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)		
8b. JOSEPH A. RIZZO		9. NO		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		
10. 340-32-9194		11a. HOUSEWIFE		
KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)		
11b. OWN HOME		12. 12		
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		
13a. 1723 MARCEE LANE		13b. NORTHBROOK		
INSIDE CITY (YES/NO)		COUNTY		
13c. YES		13d. COOK		
STATE		ZIP CODE		
13e. ILLINOIS		13f. 60062		
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)		
14a. WHITE		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
FATHER—NAME FIRST MIDDLE LAST		MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST		
15. CARL NORUM		16. ALICE GUNDERMAN		
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		
17a. JOSEPH A. RIZZO		17b. HUSBAND		
MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)				
17c. 1723 MARCEE LN, NORTHBROOK, IL 60062				
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) <u>Cardiac of 1499</u>				
DUE TO, OR AS A CONSEQUENCE OF				
(b)				
DUE TO, OR AS A CONSEQUENCE OF				
(c)				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO)		
		19a. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		
20a.		20b.		
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?				
20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
1 (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		
21a.		21b. NO		
HOUR OF DEATH				
21c. 9:00 A. M.				
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 <u>Douglas E Merkel</u>		22b. 10-5-02		
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER		
22c. Douglas E Merkel MD 2650 Ridge Ave Evanston IL 60201		22d. 036-065572		
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. Daniel H Sheerin				
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		
24a. Cremation		24b. Northwest		
LOCATION CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)		
24c. Bartlett, IL		24d. Oct 8, 2002		
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP				
25a. John E. Maloney Co. 1359 W. Devon Ave. Chicago, IL 60660				
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		
25b. <u>John E. Maloney</u> John E. Maloney		25c. #034-010473		
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		
26a. <u>KAREN L. SCOTT, M.D.</u> REGISTRAR		26b. October 7, 2002		

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE OCTOBER 7, 2002 SIGNED John W. Tarry
AT EVANSTON, Illinois OFFICIAL TITLE LOCAL REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.