

UNOFFICIAL COPY

DECEASED JOINT TENANT AFFIDAVIT



Doc#: 0408204204
Eugene "Gene" Moore Fee: \$26.00
Cook County Recorder of Deeds
Date: 03/22/2004 12:08 PM Pg: 1 of 2

10F3

Mail To:

Kathleen L. McCabe
8827 W. Ogden Avenue
Brookfield, IL 60513-2148

STATE OF ILLINOIS)

COUNTY OF COOK)

Anna Scialabba hereinafter referred to as affiant, states under oath that the affiant resides at 14765 Margist Lane, Homer Glen, IL 60491 that the affiant was acquainted with Lawrence Scialabba, decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of a properly recorded joint tenancy warranty deed, and said property located in Cook County, Illinois is legally described as follows:

UNIT 2-7 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN SHIBUI SOUTH CONDOMINIUM AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NUMBER 93168945, AS AMENDED FROM TIME TO TIME, IN THE WEST 3/4 OF THE WEST 1/2 OF THE SOUTH SOUTHEAST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 17, TOWNSHIP 36, NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P. I. N. : 28-17-416-009-1019

Property Address: 15718 Peggy Lane, #7, Oak Forest, IL 60452

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in the property by transfer with the retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death.

That the decedent died on March 27, 1996, leaving no last will and testament.

That the total value of decedent's estate, including the taxable interest in the above property was \$ -0-, and that the value of the above property individually was \$ -0-.

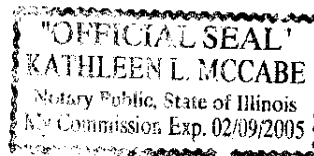
That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

(SEAL) Anna Scialabba
Anna Scialabba

(SEAL) _____

Subscribed and Sworn to before me this 17th day of February, 2004.

Kathleen L. McCabe
Notary Public



130598
ATGF, INC.

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MAIL TO AND PREPARED BY: **UNOFFICIAL COPY**

K. McCABE
8827 W. Ogden
Brookfield, IL 60513



Property of Cook County Clerk's Office

STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY

DAVID ORR, County Clerk

FEB 18 2004

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

David Orr
COUNTY CLERK

DISTRICT NO. <u>1610</u>		MEDICAL CERTIFICATE OF DEATH		NUMBER	
REGISTERED NUMBER		DECEASED-NAME 1. <u>Lawrence Scialabba</u>		SEX 2. <u>Male</u>	DATE OF DEATH 3. <u>March 27, 1996</u>
COUNTY OF DEATH 4. <u>Cook</u>		AGE-LAST BIRTHDAY (YRS) 5a. <u>60</u>	UNDER 1 YEAR MOB. DAYS	UNDER 1 DAY HOURS MIN	DATE OF BIRTH (MONTH DAY YEAR) 5d. <u>April 30, 1935</u>
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. <u>Palos Heights</u>		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. <u>Palos Community Hospital</u>		IF HOSP. OR INST. INDICATE DO A OP EMER. (IN PATIENT)-SPECIFY 6c. <u>Emer. Room</u>	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. <u>Chicago, IL.</u>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. <u>Married</u>	NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) 8b. <u>Anna Cagnina</u>		9. <u>Yes</u>
SOCIAL SECURITY NUMBER 10. <u>338-26-9419</u>		USUAL OCCUPATION 11a. <u>Carrier</u>	KIND OF BUSINESS OR INDUSTRY 11b. <u>Postal Service</u>	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. <u>2</u>	
RESIDENCE (STREET AND NUMBER) 13a. <u>5649 W. 151st Street</u>		CITY, TOWN, OR ROAD DISTRICT NO. 13b. <u>Oak Forest</u>		INSIDE CITY (YES/NO) 13c. <u>Yes</u>	COUNTY 13d. <u>Cook</u>
STATE 13e. <u>Illinois</u>	ZIP CODE 13f. <u>60452</u>	RACE (WHITE, BLACK, AMERICAN INDIAN etc.) (SPECIFY) 14a. <u>White</u>	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES SPECIFY CUBAN, MEXICAN, PORTUGUESE) 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
FATHER-NAME FIRST MIDDLE LAST 15. <u>James Scialabba</u>		MOTHER-NAME FIRST MIDDLE LAST 16. <u>Mary Muscarello</u>		INFORMANT'S NAME (TYPE OR PRINT) 17a. <u>Anna Scialabba</u>	
		RELATIONSHIP 17b. <u>Wife</u>	MAILING ADDRESS (STREET AND NO OR R.F.D. CITY OR TOWN STATE ZIP) 17c. <u>5649 W. 151st St. Oak Forest, IL 60452</u>		
18 PART I: Enter the diseases, injuries, 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 TIME OF DEATH (HOURS, MINUTES, AND SECONDS)
Immediate Cause (Final disease or condition resulting in death) → (a) <u>Coronary occlusion</u>					<u>Minutes</u>
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST (b) <u>Coronary arteriosclerosis</u>					<u>Years - 1987</u>
PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in PART I (c)					
DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.		IF FEMALE, WAS THERE A PREVIOUS CAESAREAN SECTION WITHIN THREE MONTHS? 20c. <u>YES</u> <input type="checkbox"/> <u>NO</u> <input checked="" type="checkbox"/>	
11(D) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. <u>11-6-95</u>		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. <u>YES</u>		HOUR OF DEATH 21c. <u>4:17 PM</u>	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED		22a. SIGNATURE → <u>Robert C. Filice</u>		DATE SIGNED 22b. <u>3-28-96</u>	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. <u>ROBERT C. FILICE 1280 IRROQUOIS #200 NAPERVILLE, IL</u>		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 22d. <u>IL</u>		ILLINOIS LICENSE NUMBER <u>36-5003 E</u>	
23		BURIAL CREMATION, REMOVAL (SPECIFY) 24a. <u>Entombment</u>		CEMETERY OR CREMATORY-NAME 24b. <u>St. Mary Mausoleum</u>	
FUNERAL HOME 25a. <u>Blake-Lamb Funeral Home.</u>		LOCATION CITY OR TOWN STATE 24c. <u>Evergreen Park, IL.</u>		DATE MONTH DAY YEAR 24d. <u>Mar. 30, 1996</u>	
FUNERAL DIRECTOR'S SIGNATURE 25b. <u>Barbarie Fant</u>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. <u>034-011832</u>		DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) 26b. <u>March 29, 1996</u>	
LOCAL REGISTRAR (M.D.) 26a. <u>Janita Anderson</u>					

Print in
Permanent Ink
Directors,
Physicians
look for
NOTATIONS

DECEASED

RELATIVES

CAUSE

CERTIFIER

POSITION

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