



Doc#: 0412705246
Eugene "Gene" Moore Fee: \$26.00
Cook County Recorder of Deeds
Date: 05/06/2004 03:00 PM Pg: 1 of 3

3

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF COOK) SS.

MARIE GUISEPPE, being duly sworn states that she resides at _____ in the Village of _____ Illinois.

That she was acquainted with James Guisepppe, deceased who, at the time of death, was one of the Owners of the land in Cook County, Illinois, described as:

LOT 9 IN BLOCK 54 IN FREDERICK H. BARTLETT'S CENTRAL CHICAGO, BEING A SUBDIVISION OF THE SOUTHEAST 1/4 OF SECTION 4 AND IN THE NORTHEAST 1/4 AND SOUTHEAST 1/4 OF SECTION 9, ALL IN TOWNSHIP 38 NORTH, RNAGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

Permanent Index Number: 19-09-230-027

Property Address: 5026 South LaCrosse Avenue, Chicago, Illinois

That the deceased died on November 30, 2003, as evidenced by a certified copy of death certificate of the deceased attached hereto.

f That the deceased died:
Leaving no Last Will and Testament.

_____ Leaving a Last Will and 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 Court of _____ County, Illinois.

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

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \$ _____ dollars.

Affiant makes this affidavit for the purpose of inducing Stewart Title company to issue its Title Insurance Policy describing the above mentioned property.

Subscribed and sworn to before me by the said

MARIE GUISEPPE

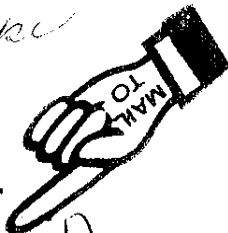
this 23rd day of April _____, A.D. 2004.

Martha Martz
Notary Public

Marie Guisepppe
(Affiant's Signature)



Marie Guisepppe
5026 S. LaCrosse Ave
Chicago, IL 60638



375052

STEWART TITLE OF ILLINOIS
2 N. LA SALLE STREET
SUITE 1920
CHICAGO, IL 60602

STATE OF FLORIDA
UNOFFICIAL COPY

OFFICE of VITAL STATISTICS

CERTIFIED COPY

TYPE OR
PRINT IN
PERMANENT
BLACK INK

CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO.		1. DECEDENT'S NAME FIRST: James MIDDLE: J. LAST: Guiseppe		2. SEX Male	
3. DATE OF DEATH (Month, Day, Year) November 30, 2003		4. SOCIAL SECURITY NUMBER 345-01-6623		5a. AGE-Last Birthday (years) 83	
6. DATE OF BIRTH (Month, Day, Year) September 19, 1920		7. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) Yes	
9a. PLACE OF DEATH (Check only one; see instructions on other side) HOSPITAL: Inpatient ER/Outpatient DOA OTHER: Nursing Home Residence Other (Specify)		9b. INSIDE CITY LIMITS? (Yes or No) Yes			
9c. FACILITY NAME (If not institution, give street and number) St. Lucie Medical Center		9d. CITY, TOWN, OR LOCATION OF DEATH Port St. Lucie		9e. COUNTY OF DEATH St. Lucie	
10a. DECEDENT'S USUAL OCCUPATION Supervisor		10b. KIND OF BUSINESS/INDUSTRY Municipal Water Department		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
12. SURVIVING SPOUSE (If alive, give maiden name) Marie Giacchetti		13a. RESIDENCE - STATE Illinois		13b. COUNTY Cook	
13c. CITY, TOWN, OR LOCATION Chicago		13d. STREET AND NUMBER 5026 South LaCrosse			
13e. INSIDE CITY LIMITS? (Yes or No) Yes		13f. ZIP CODE 60638		14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify Yes or No - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) No	
15. RACE - American Indian, Black, White, etc. Specify: White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary College (1-4 or 5 +) 12			
17. FATHER'S NAME (First, Middle, Last) John Guiseppe		18. MOTHER'S NAME (First, Middle, Maiden Surname) Anna D'Agosta			
19a. INFORMANT'S NAME (Type/Print) Marie Guiseppe		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5026 South LaCrosse, Chicago, Illinois 60638			
20a. METHOD OF DISPOSITION Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Resurrection Cemetery		20c. LOCATION - City or Town, State Summit, Illinois	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. LICENSE NUMBER (of Licensee) FE #1881		21c. NAME AND ADDRESS OF FACILITY Yates Funeral Home, Inc. 1101 S. US #1 Port St. Lucie, Florida 34950	
22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title) <i>[Signature]</i>		22b. DATE SIGNED (Mo., Day, Yr) 12/01/03		22c. HOUR OF DEATH 1:06 P.M.	
23a. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		23b. DATE SIGNED (Mo., Day, Yr)		23c. HOUR OF DEATH	
23d. MEDICAL EXAMINER'S CASE #		24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) Ravi Mehan, D.O., 8483 S. US #1, Ste. #19, Port St. Lucie, Flor. 34952			
25a. SUBREGISTRAR - SIGNATURE AND DATE <i>[Signature]</i>		25b. LOCAL REGISTRAR - SIGNATURE <i>[Signature]</i>		25c. DATE REGISTERED Dec 4, 2003	

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY

Linda S. B... DR

State Registrar

DEC 04 2003

WARNING:
14926893

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

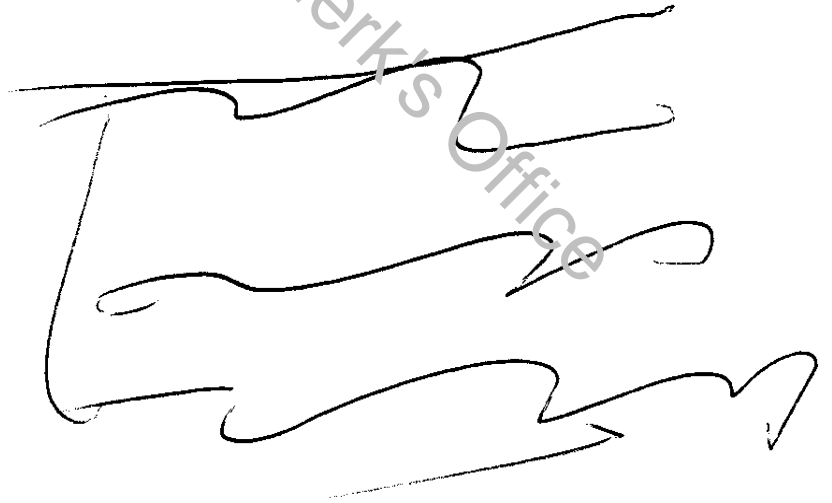
FLORIDA DEPARTMENT OF
HEALTH

DOH FORM 1584 (10-98)

CERTIFICATION OF VITAL RECORD

UNOFFICIAL COPY

Property of Cook County Clerk's Office

A large, stylized handwritten signature in black ink, consisting of several sweeping, connected strokes.

RECEIVED
LARRIBA, B. FUND
03 DEC 11 PM 1:23

