

**DECEASED JOINT
TENANCY AFFIDAVIT**

State of Illinois)
) SS.
County of Cook)

Maria Colella, hereby referred to as the affiant, states under oath that the affiant resides at 2633 N. 78th Avenue, in the Village of Elmwood Park, Illinois; that the affiant was acquainted with Francesco Colella, the 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, said property, located in Cook County, Illinois, and legally described as follows:

LOT 26 IN BLOCK 45 IN WESTWOOD, BEING MILLS AND SONS SUBDIVISION IN THE WEST HALF (1/2) OF SECTION 25, TOWNSHIP 40 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

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 property by transfer with 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 January 2, 2004, leaving no last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ ~~280,000~~, and that the value of the above property individually was \$ 260,000.

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

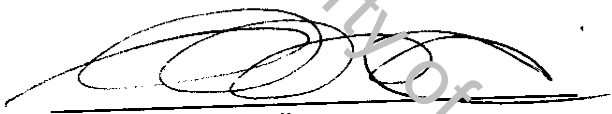
The affiant hereby covenants and agrees, for himself/ herself/ themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold harmless and to reimburse the title company for all loss, costs, damages, suits, attorney's fees and expenses of every kind and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

UNOFFICIAL COPY

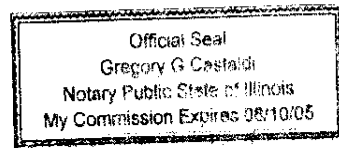
1. Claims against the Estate of Francesco Colella, the decedent.
2. Illinois State Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent.
4. Rights of contribution.

X *Francesco Colella* (SEAL)

Subscribed and sworn to before me this
10th day of May, 2004.



Notary Public



Prepared by:
Gregory G. Castaldi
Attorney at Law
5521 N. Cumberland
Suite 1109
Chicago, Illinois 60656

Mail to:
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P.I.N. # 12-25-311-006-0000

COMMONLY KNOWN AS: 2633 N. 78th Avenue
Elmwood Park, Illinois 60707

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

STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY
DAVID ORR, County Clerk

JAN 06 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

PERMANENT CERTIFICATE
 TEMPORARY CERTIFICATE

REGISTRATION DISTRICT NO. **16.0**
REGISTERED NUMBER **039JAN04**

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

Type, or Print in PERMANENT INK See Coroner's or Funeral Directors Handbook for INSTRUCTIONS

A DECEASED

B
C
D
E

PARENTS

1
2
3
4
5
CAUSE

N
P
H.G.
RIF
UNK
CERTIFIER

DISPOSITION

DECEASED - NAME FIRST MIDDLE LAST FRANCESCO COLELLA		SEX MALE	DATE OF DEATH (MONTH, DAY, YEAR) 1.2.04
COUNTY OF DEATH COOK		AGE - LAST BIRTHDAY (YRS) 5a. 61	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. FEBRUARY 18, 1942
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. OAK LAWN		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. CHRIST HOSPITAL	IF HOSP. OR INST. INDICATE D.O.A., OPER. RM. INPATIENT (SPECIFY) CHER. RM.
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. ITALY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8. MARRIED	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. MARIA
SOCIAL SECURITY NUMBER 10. 319-60-0080		USUAL OCCUPATION 11a. LABORER	KIND OF BUSINESS OR INDUSTRY 11b. CONSTRUCTION
RESIDENCE (STREET AND NUMBER) 13a. 2633 N. 78TH AVE.		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. ELMWOOD PARK	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. NOT AVAILABLE
STATE 13e. ILLINOIS	ZIP CODE 13f. 60707	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) SPECIFY 14a. WHITE	OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:
FATHER - NAME FIRST MIDDLE LAST 15. VINCENZO COLELLA		MOTHER - NAME FIRST MIDDLE (MAIDEN) LAST 16. ROSA ABATANGELO	
INFORMANT'S NAME (TYPE OR PRINT) 17a. MARIA COLELLA		RELATIONSHIP 17b. WIFE	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 2633 N. 78TH AVE. ELMWOOD PARK IL. 60707
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. Immediate Cause (Final disease or condition resulting in death) (a) MULTIPLE INJURIES		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) SEMI-TRUCK STRIKING PEDESTRIAN			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			
NATURAL ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY) 20a. ACCIDENT		DATE OF INJURY (MONTH, DAY, YEAR) 20b. 1-2-04	HOUR 20c. 920A
INJURY AT WORK (YES/NO) 20e. YES		PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY) 20d. ROADWAY	HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18) 20f. STRUCK BY SEMI TRUCK
LOCATION (CITY, VIL. OR TOWN; OR TWP.; OR RD. DIST. NO., COUNTY, STATE) 20g. CHICAGO, COOK CO, IL		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20h. YES <input type="checkbox"/> NO <input type="checkbox"/>	
I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT		THE DECEDENT WAS PRONOUNCED DEAD ON 21b. 1-2-04	
CORONER'S - MEDICAL EXAMINER'S SIGNATURE 22a. <i>G. M. Donoghue, M.D.</i>		DATE SIGNED (MONTH, DAY, YEAR) 22b. 1.3.04	AT 21d. 1032 A.M.
CORONER'S PHYSICIAN'S NAME (Type or Print) 23a. KENDAL V. CROWNS, M.D.		DATE SIGNED (MONTH, DAY, YEAR) 23b.	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL	CEMETERY OR CREMATORY - NAME 24b. ST. JOSEPH	LOCATION CITY OR TOWN STATE 24c. RIVER GROVE, ILLINOIS	DATE (MONTH, DAY, YEAR) 24d. JANUARY 2004
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. CUMBERLAND CHAPELS 8300 W. LAWRENCE AVE. NORRIDGE ILLINOIS 60706		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 031-008880	
FUNERAL DIRECTOR'S SIGNATURE 25b. <i>Jerry A. ...</i>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. JAN 06 2004	
LOCAL REGISTRAR'S SIGNATURE 26a. <i>David Orr</i>			