

# UNOFFICIAL COPY

DECEASED JOINT TENANT AFFIDAVIT



Doc#: 0425247162  
Eugene "Gene" Moore Fee: \$28.00  
Cook County Recorder of Deeds  
Date: 09/08/2004 01:50 PM Pg: 1 of 3

STATE OF ILLINOIS )  
 ) SS.  
COUNTY OF )

Order No. \_\_\_\_\_

I being duly sworn states that I For Recorder's use only \_\_\_\_\_

resides at 4315 Davis St  
in the Cook of Matteson County of Cook, State of \_\_\_\_\_

That I was acquainted with Bter Massaro deceased who, at the time of his death was one of the owners of the land in Cook County, Illinois, legally described as:

P.I.N. 31-34-404-004  
Common Address: 4315 Davis St Matteson IL

That the deceased died \_\_\_\_\_, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died: \_\_\_\_\_

\_\_\_\_\_  
Leaving no Last Will & Testament.

\_\_\_\_\_  
Leaving a Last Will & 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 \_\_\_\_\_.

Affiant makes this affidavit for that purpose of inducing \_\_\_\_\_ to issue its Title Insurance Policy, describing the above-mentioned \_\_\_\_\_

Daniel + Barbara / Renea Jaquelyn-Bauby  
AFFIANT

Subscribed and sworn to before me by the said \_\_\_\_\_

this 8th day of September, A.D. 2004 as affiant

Manie Jenkins  
NOTARY PUBLIC

OFFICIAL SEAL  
NAME A PERSONS  
NOTARY PUBLIC - STATE OF ILLINOIS  
MY COMMISSION EXPIRES 12/31/07

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EXHIBIT "A"  
LEGAL DESCRIPTION  
RE: 00 773 700

LOT 14 IN BLOCK 3 IN TREMBLEY'S RICHTON PARK ESTATES, A SUBDIVISION IN THE  
SOUTHEAST 1/4 OF SECTION 34, TOWNSHIP 35 NORTH, RANGE 13 EAST OF THE THIRD  
PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office

**UNOFFICIAL COPY**

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death and record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths, and deaths.

DATE June 23, 1994 SIGNED Carol R. Compton

At Cook County Department of Public Health, 1010 Lake Street Oak Park, IL 60301

Official Title Chief Deputy Registrar

REGISTRATION DISTRICT NO. 16.0  
REGISTERED NUMBER

STATE OF ILLINOIS  
MEDICAL CERTIFICATE OF DEATH  
STATE FILE NUMBER

DECEASED NAME Peter FIRST Massaro MIDDLE Massaro LAST Massaro SEX Male DATE OF DEATH (MONTH, DAY, YEAR) June 19, 1994

1. COUNTY OF DEATH Cook AGE-LAST BIRTHDAY (MOS) 35 UNDER 1 YEAR 2 HOURS 2 MIN 3 DATE OF BIRTH (MONTH, DAY, YEAR) June 31, 1938

4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Richton Park HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 4315 Davis 6c. 6c.

5a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago, IL MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Never married NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) \_\_\_\_\_

7. SOCIAL SECURITY NUMBER 10.325 32 3186 8a. USUAL OCCUPATION 11a. Shipping Clerk 8b. KIND OF BUSINESS OR INDUSTRY 11b. Whitting Corp. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 2 12 12 12

10. RESIDENCE (STREET AND NUMBER) 4315 Davis 13a. RICHTON PARK CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. Richton Park INSIDE CITY (YES/NO) YES COUNTY Cook

13a. STATE Illinois ZIP CODE 1360471 FACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) white 14a. HISPANIC OR LATINO? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) NO

13b. FATHER-NAME FIRST Rudolph MIDDLE \_\_\_\_\_ LAST Massaro 14b. MOTHER-NAME FIRST Mary MIDDLE \_\_\_\_\_ LAST Pannozzo

15. INFORMANT'S NAME (TYPE OR PRINT) Daniel Baublitz RELATIONSHIP P.O.A. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. P.O. Box 17c.4315 Davis Richton Park, IL 60471

18. PART I. Immediate Cause (Final disease or condition resulting in death) ACQUIRED IMMUNODEFICIENCY SYNDROME 4 YRS.

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (A) \_\_\_\_\_ (B) \_\_\_\_\_ (C) \_\_\_\_\_

PART II. Other significant conditions contributing to death but not the underlying cause given in PART I. AIDS ASSOCIATED ENCEPHALOPATHY, WASTING SYNDROME

DATE OF OPERATION, IF ANY \_\_\_\_\_ MAJOR FINDINGS OF OPERATION \_\_\_\_\_ AUTOPSY (YES/NO) NO WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO CORNER OR CAUSE OF DEATH? (YES/NO) NO

20a. I (I DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 01/25/84 20b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) NO HOUR OF DEATH 4:45 P DATE SIGNED (MONTH, DAY, YEAR) 06/20/94

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. NO 21b. ILLINOIS LICENSE NUMBER 036 070775

22a. SIGNATURE \_\_\_\_\_ NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) Dr. Rene E. Eckhardt MD 71 W 156th St #205 HARVEY, IL 60426

22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) \_\_\_\_\_ 22d. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED. \_\_\_\_\_

23. BURIAL, CREMATION, REMOVAL, etc. (SPECIFY) 24b. Skyline Memorial Park CEMETERY OR CREMATORY - NAME 24c. Monee, Illinois LOCATION CITY OR TOWN 24d. June 23, 1994 DATE (MONTH, DAY, YEAR)

24a. BURIAL 24c. Monee, Illinois LOCATION CITY OR TOWN 24d. June 23, 1994 DATE (MONTH, DAY, YEAR)

25a. LAIN SULLIVAN FUNERAL HOME 50 Westwood Drive Park Forest, Illinois 60466

25b. LOCAL REGISTRAR'S SIGNATURE Gerald Sullivan 25c. 11165

25a. REGISTRAR KAREN L. SCOTT, M.D. 25b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) June 23 1994