



Doc#: 0431703030  
Eugene "Gene" Moore Fee: \$26.50  
Cook County Recorder of Deeds  
Date: 11/12/2004 10:40 AM Pg: 1 of 2

**DECEASED  
JOINT TENANT  
AFFIDAVIT**

State of Illinois )  
County of Cook )

**EILEEN AMOROSO WIDOW AND NOT REMARRIED,**

being duly sworn on oath states that she is the Widow of Anthony Amoroso, and resides at 4621 N. Anthon Ave Chicago, Ill 60656. She was acquainted with Anthony Amoroso, who died intestate on April 6, 2001 as evidenced by an attached, certified copy of death certificate, and was, at the time of his death, one of two joint tenant owners and she the sole surviving joint tenant owner of the land commonly known as 4621 N. Anthon Ave, and legally described as,

LOT FIVE (5) IN SCHORSCH FOREST VIEW UNIT 12, BEING A SUBDIVISION IN THE NORTHWEST QUARTER (1/4) OF SECTION 14, TOWNSHIP 40 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO PLAT THEREOF REGISTERED IN THE OFFICE OF THE REGISTRAR OF TITLES OF COOK COUNTY, ILLINOIS, ON MARCH 15, 1973, AS DOCUMENT NUMBER 2680138.

To the best of her knowledge, the decedent's estate was under

Permanent Real Estate Index Number: 12-14-101-017-0000

Address of Real Estate: 4621 North Anthon Avenue, Chicago, Illinois 60656

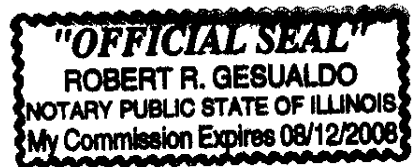
Sworn to and subscribed before me

*Eileen Amoroso*  
Affiant Eileen Amoroso

This 10th day of November 2004

DATED: 11-10-04

*Robert R. Gesualdo*  
Notary Public



My commission expires Aug 12, 2008

Prepared by Robert R. Gesualdo, 4743 N. Delphia Ave Chicago, IL 60656

**MAIL TO ROBERT R. GESUALDO 4743 N. Delphia Ave Chicago, IL 60656**

UNOFFICIAL COPY

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

Date: APR 09 2001

Signed: Nadine Mc Curry  
Official Title Deputy Registrar

At Cook County Department of Public Health  
1010 Lake Street Suite 300 Oak Park, Illinois 60301

REGISTRATION DISTRICT NO. 60  
REGISTERED NUMBER

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEASED-NAME <b>ANTHONY AMOROSO</b>		FIRST <b>ANTHONY</b>	MIDDLE <b>AMOROSO</b>	LAST <b>AMOROSO</b>	SEX <b>MALE</b>	DATE OF BIRTH (MONTH, DAY, YEAR) <b>3 APRIL 6, 2001</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>3 APRIL 6, 2001</b>
1. COUNTY OF DEATH <b>COOK</b>		AGE LAST BIRTHDAY <b>28</b>		UNDER 1 YEAR MOS 5D	UNDER 1 DAY HOURS 5C	DATE OF BIRTH (MONTH, DAY, YEAR) <b>3 APRIL 6, 2001</b>	
4. CITY, TOWN, TWP. OR ROAD/DISTRICT NUMBER <b>ARLINGTON HEIGHTS</b>		68. HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>NORTHWEST COMMUNITY HOSPITAL</b>		54. DATE OF BIRTH (MONTH, DAY, YEAR) <b>3 APRIL 6, 2001</b>		66. EMER. RM. <b>RM.</b>	
6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>ITALY</b>		8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>MARRIED</b>		8b. NAME OF SURVIVING SPOUSE (M, DEN, NAME, IF WIFE) <b>EILEEN COL. SANTI</b>		9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) <b>YES</b>	
7. SOCIAL SECURITY NUMBER <b>326-34-7147</b>		8b. MARRIED <b>MARRIED</b>		8b. KIND OF BUSINESS OF INDUSTRY <b>RESTAURANT</b>		9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) <b>YES</b>	
10. RESIDENCE (STREET AND NUMBER) <b>4621 N. ANTHON STATE</b>		11a. CHEF/OWNER		11b. RESTAURANT		13c. COUNTY <b>COOK</b>	
13a. ZIP CODE <b>60656</b>		13b. CITY, TOWN, TWP. OR P.O. DISTRICT NO. <b>CHICAGO</b>		13c. INSIDE CITY (YES/NO) <b>YES</b>		13d. COUNTY <b>COOK</b>	
13b. ILLINOIS		14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <b>WHITE</b>		14b. MOTHER-NAME FIRST <b>MARIA</b>		16. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <b>BARONE AMOROSO 60656</b>	
15. FATHER-NAME FIRST <b>PASQUALE</b>		15. RELATIONSHIP <b>WIFE</b>		17c. MOTHER-NAME FIRST <b>MARIA</b>		17d. CITY, TOWN, STATE, ZIP <b>CHICAGO IL 60656</b>	
17a. FATHER-NAME FIRST <b>EILEEN AMOROSO</b>		17b. WIFE		17c. MOTHER-NAME FIRST <b>MARIA</b>		17d. CITY, TOWN, STATE, ZIP <b>CHICAGO IL 60656</b>	
18. PART I. Immediate Cause (Final disease or condition resulting in death) <b>German Biting disease</b>		(a) DUE TO OR AS A CONSEQUENCE OF		(b) DUE TO OR AS A CONSEQUENCE OF		19a. AUTOPSY (YES/NO) <b>NO</b>	
19. CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(a) DUE TO OR AS A CONSEQUENCE OF		(b) DUE TO OR AS A CONSEQUENCE OF		19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) <b>NO</b>	
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION		21a. HOUR OF DEATH <b>6:50 P.M.</b>		21b. DATE SIGNED (MONTH, DAY, YEAR) <b>4/9/01</b>	
21. (1) DID YOU ATTEND THE DECEASED AND/LAS. SA. H. NUMBER ALIVE ON		22. SIGNATURE OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		22a. DATE SIGNED (MONTH, DAY, YEAR) <b>4/9/01</b>		22b. ILLINOIS LICENSE NUMBER <b>36-062414</b>	
22. DR. CARL LANG		22c. SIGNATURE OF CERTIFIER (TYPE OR PRINT) <b>Carl Lang</b>		22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) <b>DR. CARL LANG</b>		22e. ILLINOIS LICENSE NUMBER <b>36-062414</b>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>BURIAL</b>		23a. CEMETERY OR CREMATORY-NAME <b>JOSEPH CEMETERY</b>		23b. LOCATION <b>RIVER GROVE, ILLINOIS</b>		23c. STATE <b>ILLINOIS</b>	
24. FUNERAL HOME <b>CUMBERLAND CHAPELS</b>		24a. STREET AND NUMBER OR R.F.D. <b>8300 W. LAWRENCE AVENUE</b>		24b. CITY OR TOWN <b>NORRIDGE, ILLINOIS</b>		24c. STATE <b>ILLINOIS</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Michael J. Castorina</b>		25a. LOCAL REGISTRAR'S SIGNATURE <b>KAREN L. SCOTT, M.D.</b>		25b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>APR 09 2001</b>		25c. ILLINOIS LICENSE NUMBER <b>034-011889</b>	
26a. REGISTRAR		26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>APR 09 2001</b>		26c. ILLINOIS LICENSE NUMBER <b>034-011889</b>		26d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>APR 09 2001</b>	