

Counselors' Title Company, L.L.C. Deceased Joint Tenant Affidavit



Doc#: 0515305075 Eugene "Gene" Moore Fee: \$26.00 Cook County Recorder of Deeds Date: 06/02/2005 10:13 AM Pg: 1 of 2

Now comes CAROL A. STAUCATO, being duly sworn and for the purposes of inducing Counselors' Title Company, L.L.C. to delete all title exceptions caused by the death of AUTOIQUETTE STAUCATO, states:

- 1. That the Affiant resides at 2714 West 97th Street, Evergreen Park IL 60805;
2. That the Affiant was acquainted with said decedent who died on FEB 20, 1995 as evidenced by the certified copy of death certificate attached hereto;
3. That said decedent was one of the owners of land;

described in the subject file, or;

legally described as follows:

Lots 64, 65, and the West Half of 66 in Frank DeLugach's Beverly Vista, being a subdivision of the Northeast Quarter of Section 12, Township 37 North, Range 13 East of the Third Principal Meridian in Cook County, Illinois.

- 4. That said decedent died:
- leaving no Last Will and Testament;
- leaving a Last Will and Testament, a copy of which is attached hereto;
- leaving a last Will and Testament, which was filed in the unproven will box of the Probate Division of the circuit Court of Cook County, IL on
5. That the total value of the estate of said decedent, including both real and personal property owned by said decedent either individually or in joint tenancy at the date of death, does not exceed \$
6. Affiant further sayeth not.

Carol Ann Staucato Affiant Signature

STATE OF IL COUNTY OF COOK

Subscribed and sworn to before me a Notary Public, by the said Affiant this 19 day of

April, 20 05

Notary Public signature (Seal)

0501807 COUNSELORS TITLE CO., LLC 477 E. BUTTERFIELD RD. SUITE 101 LOMBARD, IL 60148



Handwritten initials

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STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 16:33
REGISTERED NUMBER 156

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
ANTOINETTE STANGATO 2 FEMALE 3 FEBRUARY 20, 1995

1. COUNTY OF DEATH AGE-LAST BIRTHDAY (MRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (QUARTAL, DAY, YEAR)
COOK 83 5b. 83 5c. 5d. FEBRUARY 3, 1912

4. CITY, TOWN, TWP OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER GIVE STREET & 2 NUMBERS) 5c. INPATIENT
EVERGREEN PARK 6b. LITTLE COMPANY OF MARY HOSPITAL

6a. EVERGREEN PARK 6b. LITTLE COMPANY OF MARY HOSPITAL 6c. INPATIENT
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 6d. WIDOWED, DIVORCED, WIDOWED
CHICAGO, IL. 6e. WIDOWED

7. CHICAGO, IL. 6e. WIDOWED 6f. NAME OF SURVIVING SPOUSE (MARTIN, SA, (P) WED)
SOCIAL SECURITY NUMBER 319-01-8178 6g. USUAL OCCUPATION 10a. HOMEMAKER 6h. KIND OF BUSINESS OR INDUSTRY 11b. OWN HOME 12. EDUCATION (SPECFY GRADE COMPLETED)
10. 319-01-8178 11a. HOMEMAKER 11b. OWN HOME 12. 8

13a. 2714 W 97TH ST 13b. EVERGREEN PARK 13c. INSIDE CITY COUNTY
STATE ILLINOIS 13d. ZIP CODE 60642 13e. RACE (WHITE, BLACK, AMERICAN INDIAN, AND ISPECIFY) WHITE 13f. CITY, TOWN, TWP, OR ROAD DISTRICT NO. EVERGREEN PARK 13g. YES NO 13d. COOK

13e. ILLINOIS 13f. WHITE 13g. YES NO 13d. COOK
FATHER-NAME FIRST MIDDLE LAST 14a. KIND 14b. YES SPECIFY: 14c. MIDDLE 14d. JOHN A

15. INFORMANT'S NAME (TYPE OR PRINT) 16. MARRIAGE RECORDS 17a. EVERGREEN PARK ILLINOIS 60642
17b. LAURA TROJAN/CLERK 17c. 2800 WEST 95TH STREET ILLINOIS 60642

18. PART I. Immediate Cause (Final disease or condition resulting in death) Enter the disease or complications that caused death. Do not enter the mode of dying, such as cardiac or respiratory arrest, check, or heart failure. List only one cause or condition.
Stroke Myocardial Infarction

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DUE TO OR AS A CONSEQUENCE OF DUE TO OR AS A CONSEQUENCE OF
(a) (b) (c)

PART II. Date of operation, if any. (a) MAJOR FINDINGS OF OPERATION
DATE OF OPERATION, IF ANY (a) MAJOR FINDINGS OF OPERATION

20a. DID NOT ATTEND THE DECEASED (MONTH, DAY, YEAR) 20b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)
20a. DID NOT ATTEND THE DECEASED (MONTH, DAY, YEAR) 20b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE OF CERTIFIER 22b. DATE SIGNED (MONTH, DAY, YEAR)
22a. SIGNATURE OF CERTIFIER 22b. DATE SIGNED (MONTH, DAY, YEAR)

22c. NAME AND ADDRESS OF CERTIFIER 22d. ILLINOIS LICENSE NUMBER
22c. NAME AND ADDRESS OF CERTIFIER 22d. ILLINOIS LICENSE NUMBER

23. BURIAL CREMATION, REMOVAL, SPECIAL BURIAL 24a. ST. MARY CEMETERY 24b. EVERGREEN PARK, ILLINOIS 24c. EVERGREEN PARK, ILLINOIS 24d. FEB. 22, 1995
23. BURIAL CREMATION, REMOVAL, SPECIAL BURIAL 24a. ST. MARY CEMETERY 24b. EVERGREEN PARK, ILLINOIS 24c. EVERGREEN PARK, ILLINOIS 24d. FEB. 22, 1995

25a. BRADY-GILL FUNERAL HOME 2929 W. 87TH STREET EVERGREEN PARK, ILLINOIS 60642
25a. BRADY-GILL FUNERAL HOME 2929 W. 87TH STREET EVERGREEN PARK, ILLINOIS 60642

25b. FURNAL DIRECTOR'S SIGNATURE 25c. 034-014240
25b. FURNAL DIRECTOR'S SIGNATURE 25c. 034-014240

0501807

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD OF THE PERSON 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 FEBRUARY 21, 1995
REGISTRAR *Shirley Thomas*
DEPUTY REGISTRAR