



# CHICAGO TITLE INSURANCE COMPANY

8501 W. HIGGINS RD. #420, CHICAGO, IL 60631

UNOFFICIAL COPY

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS }  
COUNTY OF COOK } ss.

Order No.: 1409 008273433 PK

58273433 call on

being duly sworn states that Antonino Bondi, by his attorney in fact, he resides at 908 Apple Drive in the City of Schaumburg.

That he was acquainted with Angela Bondi deceased who, at the time of death, was one of the owners of the land in Streamwood, Cook County, Illinois, described as:

See attached legal description



Doc#: 0522235256  
Eugene "Gene" Moore Fee: \$50.00  
Cook County Recorder of Deeds  
Date: 08/10/2005 09:48 AM Pg: 1 of 3

That the deceased died June 19, 2005, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

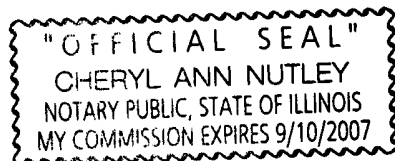
- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of \_\_\_\_\_ County, Illinois.
- Leaving a Last Will & Testament which was filed in 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 \_\_\_\_\_ dollars.

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

Subscribed and sworn to before me by the said

[Signature]  
this 9th day of July, A.D. 2005



Carola Adams

Mario Ferrero as  
(Affiant's Signature) Attorneys-in-Fact

Notary Public

BOX 333-CP

# UNOFFICIAL COPY

LOT 6257 IN WOODLAND HEIGHTS UNIT 13, BEING A SUBDIVISION IN SECTIONS 25, 26, 35 AND 36, TOWNSHIP 41 NORTH, RANGE 9, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, AS FILED FOR RECORD ON APRIL 7, 1970 AS DOCUMENT 21129318 IN THE RECORDER'S OFFICE OF COOK COUNTY, ILLINOIS AND RE-RECORDED FEBRUARY 12, 1971 AS DOCUMENT 21396480 IN COOK COUNTY, ILLINOIS.

I:\EE\Pa\Real Estate\bondi legal description.wpd

Property of Cook County Clerk's Office

# UNOFFICIAL COPY

CITY OF CHICAGO

DEPARTMENT OF PUBLIC HEALTH

REGISTRATION DISTRICT NO. **16.10**

## MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER

**608937**

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

JUN 22 2005

JOHN L. WILHELM M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.

*John L. Wilhelm, MD*  
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

DECEASED-NAME <b>Angela Bondi</b>		MIDDLE <b>Bondi</b>		LAST <b>Bondi</b>		SEX <b>Female</b>		DATE OF DEATH (MONTH, DAY, YEAR) <b>June 19, 2005</b>	
1. COUNTY OF DEATH <b>COOK</b>		2. UNDER 1 DAY <b>75</b> HOURS <b>5</b> MIN.		3. DATE OF BIRTH (MONTH, DAY, YEAR) <b>June 19, 2005</b>		4. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>LINCOLN PARK WEST HOSPITAL</b>		5. DATE OF BIRTH (MONTH, DAY, YEAR) <b>June 19, 2005</b>	
6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>ITALY</b>		6b. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>MARRIED</b>		6c. INPATIENT		6d. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <b>ANTONINO</b>		6e. (WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)) <b>NO</b>	
7. SOCIAL SECURITY NUMBER <b>10-337-56-7025</b>		8. KIND OF BUSINESS OR INDUSTRY <b>HOUSEWIFE</b>		9. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) <b>High School (1-12)</b>		10. RESIDENCE (STREET AND NUMBER) <b>908 APPLE DR CHICAGO, ILL 60614</b>		11. CITY, TOWN, TWP, OR ROAD DISTRICT NO. <b>SCHAUMBURG</b>	
12. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <b>WHITE</b>		13a. ZIP CODE <b>60194</b>		13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO. <b>SCHAUMBURG</b>		13c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)) <b>NO</b>		13d. COUNTY <b>COOK</b>	
14a. FATHER-NAME FIRST MIDDLE LAST <b>VINCENZO BOND I</b>		14b. MOTHER-NAME FIRST MIDDLE LAST <b>ROSA DIVITA</b>		14c. RELATIONSHIP <b>SPOUSE</b>		14d. MOTHER-NAME FIRST MIDDLE LAST <b>ROSA DIVITA</b>		14e. Mailing Address (Street and No. or R.F.D., City or Town, State, Zip) <b>908 Apple Dr Schaumburg, IL 60194</b>	
15. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>(a) Malignant Neoplasm of uterus</b>		16. DUE TO, OR AS A CONSEQUENCE OF <b>(b) DUE TO, OR AS A CONSEQUENCE OF</b>		17. DUE TO, OR AS A CONSEQUENCE OF <b>(c) DUE TO, OR AS A CONSEQUENCE OF</b>		18. PART I. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		19. AUTOPSY (YES/NO) <b>NO</b>	
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION		20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? <b>NO</b>		20d. HOUR OF DEATH <b>4:35 P.M.</b>		20e. DATE SIGNED (MONTH, DAY, YEAR) <b>June 19, 2005</b>	
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		21b. (WAS CORONER OR MEDICAL EXAMINER NOTIFIED?) (YES/NO) <b>NO</b>		21c. ILLINOIS LICENSE NUMBER <b>036-078000</b>		21d. DATE OF DEATH <b>June 19, 2005</b>		21e. ILLINOIS LICENSE NUMBER <b>036-078000</b>	
22a. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>John L. Wilhelm, MD</b>		22b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		22c. STREET AND NUMBER OF R.F.D.		22d. CITY OR TOWN <b>DES PLAINES, ILLINOIS</b>		22e. STATE <b>ILLINOIS</b>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		23a. CEMETERY OR CREMATORY-NAME <b>ALL SAINTS MAUSOLEUM</b>		23b. LOCATION <b>5TH FL CHICAGO, IL 60614</b>		23c. DATE (MONTH, DAY, YEAR) <b>24th JUNE 22 2005</b>		23d. ZIP <b>60172</b>	
24a. FUNERAL HOME		24b. FUNERAL HOME		24c. FUNERAL HOME		24d. FUNERAL HOME		24e. FUNERAL HOME	
25a. FUNERAL DIRECTOR'S SIGNATURE <i>John L. Wilhelm, MD</i>		25b. FUNERAL DIRECTOR'S SIGNATURE <i>John L. Wilhelm, MD</i>		25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034-010202</b>		25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>JUN 22 2005</b>		25e. DATE (MONTH, DAY, YEAR) <b>2005</b>	