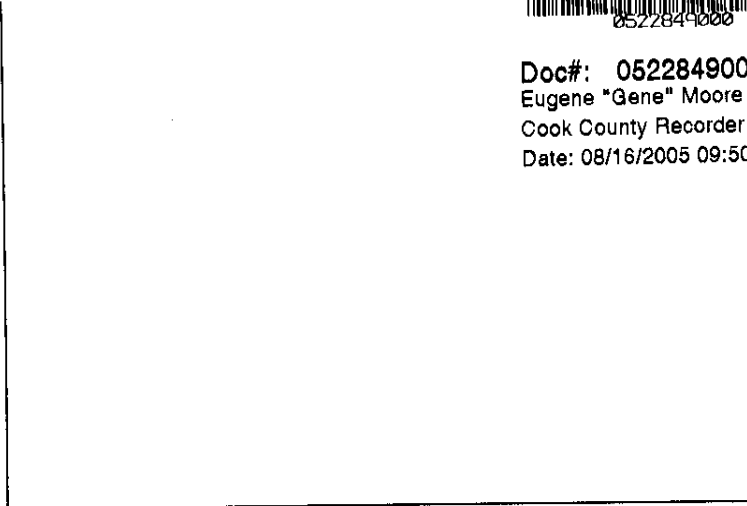


UNOFFICIAL COPY



**Joint Tenancy  
Affidavit**

Doc#: 0522849000 Fee: \$28.00  
Eugene "Gene" Moore  
Cook County Recorder of Deeds  
Date: 08/16/2005 09:50 AM Pg: 1 of 3



Above Space for Recorder's Use Only

Property of Cook County Clerk's Office

**JOINT TENANCY AFFIDAVIT**

Peter E. Scrimali, hereinafter referred to as the affiant, states under oath that the affiant resides at 1630 N. Charleston Court, in the City of MELROSE PARK, Illinois; that the affiant was acquainted with JOSEPHINE SCRIMALI, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of properly recorded joint tenancy warranty deed, said property located in, Cook County, Illinois, and legally described as follows:

LOT 316 IN WINSTON PARK UNIT NO. 2, BEING A SUBDIVISION OF PART OF SECTIONS 2 AND 3, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED JULY 3, 1956, AS DOCUMENT NO. 16628779, IN COOK COUNTY, ILLINOIS.

Permanent Index Number (PIN): 15-02-111-018

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 April 5, 2004, leaving no last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$10,000.00; and

That the value of the above property individually was \$150,000.00.

That the affiant makes this affidavit to induce **ATTORNEYS' TITLE INSURANCE FUND, INC.** to issue its policy of title insurance on the above described property.

28-



# Certified Copy of a Death Record

# UNOFFICIAL COPY

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <u>16.92</u>		STATE OF ILLINOIS				STATE FILE NUMBER	
		REGISTERED NUMBER <u>439</u>		<b>MEDICAL CERTIFICATE OF DEATH</b>					
<b>Type or Print in PERMANENT INK</b> See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS  <b>A DECEASED</b>  <b>B</b> <b>C</b> <b>D</b> <b>E</b>  <b>PARENTS</b>  <b>CAUSE</b>  <b>CERTIFIER</b>  <b>DISPOSITION</b>	1. DECEASED—NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)				
	1. JOSEPHINE SCRIMALI		2. FEMALE		3. APRIL 05, 2004				
	4. COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)
	4. COOK		5a. 82		5b. MOS DAYS		5c. HOURS MIN.		5d. NOVEMBER 28, 1921
	6a. PROVISO TOWNSHIP		6b. FOSTER G. MCGAW HOSPITAL				6c. INPATIENT		
	7. ITALY		8a. NEVER MARRIED		8b. NONE			9. NO	
	10. 338-12-2996		11a. ACCOUNTING		11b. OFFICE		12. 12		
	13a. 1630 CHARLESTON CT.		13b. MELROSE PARK		13c. YES		13d. COOK		
	13a. ILLINOIS		13f. 60160		14a. WHITE		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
	15. ANTHONY SCRIMALI		16. CONCETTA GRIFO						
17a. BRENDA JORDAN		17b. HOSPITAL RECORDS		17c. 2160 SOUTH FIRST AVENUE MAYWOOD, ILLINOIS 60153					
18. PART I. Immediate Cause (Final disease or condition resulting in death)		(a) Large B-cell lymphoma - stage IV						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF							
		(c) DUE TO, OR AS A CONSEQUENCE OF							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO)		19a. NO					
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. 4/5/04		21b. NO		21c. 2:10 AM M.					
22a. SIGNATURE <i>Shaila</i>		22b. 4/5/04		22c. 125-045719					
22a. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		22b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.					
22a. 2160 SOUTH FIRST AVENUE		22b. Shaila Lala MD							
22a. 2160 SOUTH FIRST AVENUE		22b. MAYWOOD, ILLINOIS 60153							
24a. BURIAL		24b. QUEEN OF HEAVEN		24c. HILLSIDE, ILLINOIS		24d. APRIL 8, 2004			
25a. ED PRIGNANO FUNERAL HOME, 1815 W. NORTH AVENUE, MELROSE PARK, ILLINOIS 60160		25b. <i>Michael J. DeBenedictis</i>		25c. 034-011603		25d. APRIL 7, 2004			
25a. FUNERAL DIRECTOR'S SIGNATURE		25b. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		25c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)					
25a. <i>Michael J. DeBenedictis</i>		25b. BROADVIEW ILLINOIS 60155		25c. APRIL 7, 2004					

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE MAR 16 2005 SIGNED Michael C. McDevitt

AT BROADVIEW, ILLINOIS, Illinois OFFICIAL TITLE LOCAL REGISTRAR OF VITAL STATISTICS

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of the facts therein stated.