UNOFFICIAL COPYMENT

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

## JOINT TENANCY AFFIDAVIT

Peter E. Scrimali, hereinafter referred to as the affiant, states under oath that the affiant resides at 1630 N. Charlestor. Court, in the City of MELROSE PARK, Illinois; that the affiant was acquainted with JOSE PHINE 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, PEING A SUBDIVISION OF PART OF SECTIONS 2 AND 3, TOWNSHIP 39 NORTH, PANGE 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.

.28

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.

0522849000 Page: 2 of 3

## **UNOFFICIAL COPY**

The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold **ATTORNEYS' TITLE INSURANCE FUND, INC.**, harmless and to reimburse the Fund for all loss, costs, damages, suites, attorney's fees and expenses and every kind and nature which the fund may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

- 1. Claims against the estate of JOSEPHINE SCRIMALI, the decedent;
- 2. Illinois State Inheritance Tax and Federal Tax which may be charges against the estate of said decedent;
- 3. Legacies, if any, created by the will of said decedent;
- 4. Rights to contribution.

4. Kights to conditude	.011.	
9		<b>~</b> ,
Ox	· f	The E Sumal (Seal)
		all xurane (Sear)
	0/	_(Seal)
STATE OF ILLINOIS	)	(000)
COUNTY OF COOK	) SS )	
Subscribed and Sworn to before this // day of	ore me ws	OFFICIAL SEAL
Notary Public		ARTHUR W WENZEL  NOT. RY PUBLIC - STATE OF ILLINOIS  MY CCMM/GSION EXPIRES: 12/19/07
	/	
This document was prepared	by: Arthur W. Wenzel	$O_{\mathcal{K}_{\alpha}}$
,	Attorney at Law 1111 Plaza Drive, Suite 405 Schaumburg, IL 60173	Co
Mail to:	Arthur W. Wenzel	

Attorney at Law

1111 Plaza Drive, Suite 405 Schaumburg, IL 60173

## Certified Series 1 2 1 Participation Record

	Certifor	IOFFI	CIAL	COF			
DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. // 97	STATE OF ILLINOIS					
	16.92	MEDICA	I CEDTIEN	CATE OF			

STATE FILE

NUMBER 439	14											
DECEASED-NAME	FIRST	MIDDLE	LA	ST		SEX	-	DATEC	F DEATH	(MONTH	l, DAY, YEAR)	
1.	OSEPHINE		S								, 2004	
COUNTY OF DEATH	<del>(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	AGE-LAST BIRTHDAY (YRS)										
4.		5a. 82	5b.	5c	. 1	1						
CITY, TOWN, TWP, OR ROAD DISTR	ICTNUMBER						STREET A	MD NUM	BEA)		OR INST, INDICATE D.O.A. RM, INPATIENT (SPECIFY)	
6a PROVISO TOWNSE	IIP									6c. I	NPATIENT	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	WIDOWED DIV	ORCED (SPECIFY)	NAMEOF	SURVIVIN			IAME, IF W	IFE)			WAS DECEASED EVER IN L ARMED FORCES? (YES/N Q NO	
7. ITALY			8b.								J	
			·	Elementary/Secondary (0								
	11aACCOU	NTING						I Z	<del></del>	COUNTY		
( )						ICT NO.	(V)	ES/NO)			COOK	
						DIGIN2 (coc				100.		
	IN	DIAN, etc.) (SPECIFY)	MEHKAN							ir i comit.	, mexicost, r deritor north, a	
							s s				(MAIDEN) LAST	
CVA								1000		CDIE	•	
			RELATIONSHI				STREETA	ND NO. C				
	"	1	HOSPIT?	T		2160	CON	PITT	FTRST	י AVF	NUE	
	be div. se V com					MAYW dving such a	CYOD,	orreso	iratory arre	est.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
shock	or hear. failure	st only one cause on	each line.	iot of ite (i)		ajing, adam			,	· '	BETWEEN ONSET AND DEATH	
Immediate Cause (Final disease or condition	(a)   Ava (	مريدا المح	م محدم ما س	_ cl	1144	W						
resulting in death)	DUE TO, ORVAS A C	ONSEQUENCEOF	Priorite		<del>NJC</del>	<u> </u>						
CONDITIONS, IF ANY	a s	0/								l		
WHICH GIVE RISE TO IMMEDIATE CAUSE (a)	· · · ·	ONSEQUE NCE OF										
STATING THE UNDERLYING CAUSE LAST	(c)											
	<del>1 . 4 </del>	resulting in the underlying	ause given in PA	AT1.							JTOPSY FINDINGS AVAILABLE PRICE TION OF CAUSE OF DEATH? (YES/NO	
			(/,					1.		19b.		
DATE OF OPERATION, IF ANY	MAJOR FINDIN	GS OF OPERATION		×							ERE A PREGNANCY IN PAST	
20a.	20Ь.										NO E	
I (DID)(DID NOT) ATTEND THE DEC		I, DAY, YEAR)	•							ROFDEA	тн	
21a.	415101	<b>ķ</b>				21b. N	0	. (125	21c.	2:10	OAM M	
TO THE BEST OF MY KNOWLEDGE	DEATH OCCURR	ED AT THE TIME, DA	TE AND PLAC	E AND DUI	ETÚT 🕦	CAUSE(S) S	TATED.		DATE	SIGNED	(MONTH, DAY, YEAR	
22a. SIGNATURE >	the en	0									04	
NAME AND ADDRESS OF CERTIFIE	R (TYPEORP	RINT) 2160 S	OUTH F	IRST	AVEN	UE						
22c. Shailee Lato	MD	MAYWOO	D. III.	INOIS	601	53 🔾			22d.	<u>125</u>	-045719	
NAME OF ATTENDING PHYSICIAN	IF OTHER THAN CE	ERTIFIER (TYP	E OÁ PRINT)					)_	NOTE	IF AN INJU	IRY WAS INVOLVED IN THIS ONER OR MEDICAL EXAMIN	
23.							$\overline{}$	<u> </u>	MUST	BE NOTIFI	ED.	
BURIAL, CREMATION, C REMOVAL (SPECIFY)	EMETERY OR CRE	MATORY-NAME									•	
					HILL			NO.	<u>s</u>		dAPRIL 8,200	
FUNERAL HOME	NAME	_							Cv			
		ME, (1875)	W. NOR'	<u>ry-av</u>	ENUE	, MELR						
FUNERAL DIRECTOR'S SIGNATUR	", <i>[[]</i> ,	$\hat{\ }$ $(2)$	.)	12	٠,							
25b.	15/14	un ged	<u>/w</u>	10	all L	1	25c.					
LOCAL PROCESSES TO	· JK YU	moon	BROADV	IEW ILLI	NOIS 6	0155	-	- REUDT	1.	-/) -	noniii, wat, iEnny	
							26b.		1 / 1 A	11		
26a. VR200 (Rev. 5/89)		is Department of Pul	-E-11 4	Jale - ***	San L Co	do	1200.	- 4	Just 1	5000	9U.S STANDARO CERTIFIC	
	1. COUNTY OF DEATH  4. COOK CITY, TOWN, TWP, OR ROAD DISTR  6a. PROVISO TOWNSE BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)  7. ITALY SOCIAL SECURITY NUMBER  10. 338-12-2996 RESIDENC 1. STREET AND NUMBER)  13a. 1630 CHARLESTO STATE ZIPC  13a. ILLING 15 13i. FATHER-NAME FIG. ST  15. ANTHONY INFORMANT'S NAME (TYPE OR OR IN INFORMANT'S NAME (TYPE OR OR INFORMATT'S NAME (TYPE OR	DECEASED-NAME  1. JOSEPHINE  COUNTY OF DEATH  4. COOK  CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER  6a. PROVISO TOWNSHIP  BIRTHPLACE (CITY AND STATE OR FOREKINCOUNTRY)  7. ITALY  SOCIAL SECURITY NUMBER  10. 338-12-2996  RESIDENCE, STREET AND NUMBER)  13a. 1630 CHARLESTON CT.  STATE  ZIPCODE  13a. ILLINC 1S  13d. 60160  1. FATHER-NAME  FINST  MIDDLE  15. ANTHONY  SC  INFORMANT'S NAME (TYPE OR "RIP")  17a. BRENDA JORDAN  18. PART I. Enter the discusse, or commishock, or hear failure in shock, or hear failure in	DECEASED-NAME  TOTAL  T	DECEASED-NAME  TINDESPHINE  1. JOSEPHINE  COUNTY OF DEATH  4. COOK  5. 82  CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER  6a. PROVISO TOWNSHIP  6a. PROVISO TOWNSHIP  6a. PROVISO TOWNSHIP  6b. FOSTER G.  BIRTHPLACE CITY AND STATE OR  FOREIGNECOUNTRY)  7. ITALY  80. BARRIED, NEVER MARRIED  8b. FOSTER G.  8b. FOSTER G.  8c. POSTER G.  8c. POS	DECRASED-NAME  DECRASED-NAME  FIRST  MIDDLE  LAST  COUNTY OF DEATH  COOK  JOSEPHINE  COUNTY OF DEATH  COOK  Sa. 82 Sb. So. DAYS INC.  Sa. 82 Sb. DAYS INC.  Sa. PROVISO TOWNSHIP  BETHPHACK COTY AND STATE OR  FOREON COUNTRY)  T. TIALY  BETHPHACK COTY AND STATE OR  FOREON COUNTRY)  T. TIALY  BETHPHACK COTY AND STATE OR  FOREON COUNTRY)  T. TIALY  BETHPHACK COTY AND STATE OR  FOREON COUNTRY)  T. TIALY  BETHPHACK COTY AND STATE OR  FOREON COUNTRY)  T. TIALY  BETHPHACK COTY AND STATE OR  FOREON COUNTRY NUMBER  10.338-12-2996  11.2CCOUNT ING  11.1b. OFFICI  TIBLE COUNT ING  11.1b. OFFICI  TIBLE COUNT ING  11.1b. OFFICI  TIBLE COUNT ING  11.1b. OFFICI  TOWN, TWP, OR ROW  11.1b. OFFICI	DECEASED-NAME  DECEASED-NAME  TIST  COUNTY OF DEATH  COOK  1. C	DECEASED-NAME    DOSEPHINE   SCRIMALI   2FEMAL	DECEASED-NAME    DECEASED-NAME	DECEASED-NAME  I. JOSEPHTNE  GUNTY OF DEATH  COOK  A. COOK  BIRTHDAY (1989)  BIRTH	DECEASED - MAME  I. JOSEPHINE  1. JOSEPHINE  1. JOSEPHINE  1. AGE-LAST  SCRIMALI  2. FEMALE  3. APRI  COUNTY OF DEATH  AGE-LAST  SCRIMALI  2. FEMALE  3. APRI  COUNTY OF DEATH  AGE-LAST  SCRIMALI  AGE-LAST  AGE-COUNTING  AGE-COUN	DECEASED-NAME  FIRST  MIDDLE  LAST  SCRIMALT  2FEMALE  3 APRIL 05  APRIL 05  COUNTYOFDEATH  COUNTYOFDEATH  COOK  JOSEPHTNE  COUNTYOFDEATH  COOK  JOSEPHTNE  COUNTYOFDEATH  COOK  JOSEPHTNE  COUNTYOFDEATH  COOK  JOSEPHTNE  AGE-LAST TWO BY THE WAS THE LUNGER YEAR LUNGER YEA	

1 HE

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 G. McAlemott			
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 facle evidence of the facts therein stated.