

UNOFFICIAL COPY



DECEASED JOINT TENANCY AFFIDAVIT

Doc#: 0524356111 Fee: \$26.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 08/31/2005 01:11 PM Pg: 1 of 2

State of Illinois)
County of Cook) ss.

PREPARED BY AND MAIL TO:

Heather J. Rose
Erickson-Papanek-Peterson-Erickson
1625 Shermer Road
Northbrook, Illinois 60062

Florence D. Galassini being duly sworn states that she resides at 4925 N. Normandy, Chicago, IL 60656.

That she was acquainted with JOSEPH D. GALASSINI, deceased, who at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

Lot 275 in Big Oaks Subdivision being a Subdivision in the South half of Section 7, Township 40 North, Range 13 East of the Third Principal Meridian in Cook County, Illinois.

Property Address: 4925 N. Normandy, Chicago, IL 60656
P.I.N.: 13-07-428-009-0000

That the deceased died October 1, 1992, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

Leaving no Last Will and Testament.

Leaving a Last Will and 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 Cook County, Illinois about _____.

Leaving a Last Will and Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ Illinois about _____.

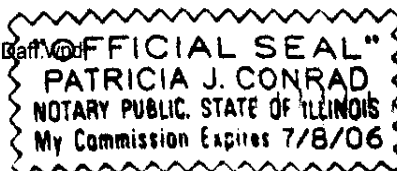
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \$100,000 dollars.

Subscribed and sworn to before me this
16 day of August, 2005.

Notary Public

Florence D. Galassini

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STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY

DAVID ORR, County Clerk

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

David Orr
COUNTY CLERK

REGISTRATION DISTRICT NO. 1610		STATE OF ILLINOIS				STATE FILE NUMBER
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH				617932
DECEASED-NAME FIRST MIDDLE LAST 1 JOSEPH D. GALASSINI		SEX 2 MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3 OCTOBER 1, 1992			
COUNTY OF DEATH 4 COOK		AGE - LAST BIRTHDAY (YRS) 5a 86	UNDER 1 YEAR MOS 5b	UNDER 1 DAY HOURS 5c	DATE OF BIRTH (MONTH, DAY, YEAR) 5d Feb. 18 - 1906	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a CHICAGO		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b RESURRECTION MEDICAL CENTER			IF HOSP. OR INST. INDICATE D.O.A. OPER. RM. INPATIENT (SPECIFY) 6c INPATIENT	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7 CHICAGO - IL.		MARRIED, DIVORCED, WIDOWED, DIVORCED (SPECIFY) 8a MARRIED	NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) 8b FLORENCE KUHN		HAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9 NO	
SOCIAL SECURITY NUMBER 10 335-07-1096		USUAL OCCUPATION 11a ELEC. ENGINEER	KIND OF BUSINESS OR INDUSTRY 11b COM. ED.	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary: Secondary (0-12) College (1-4 or 5+) 12 5 yrs.		
RESIDENCE (STREET AND NUMBER) 13a 4925 N. Normandy		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b Chicago	INSIDE CITY (YES/NO) 13c Yes	COUNTY 13d Cook		
STATE 13e Illinois		ZIP CODE 13f 60656	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a WHITE	OF HISPANIC ORIGIN? (SPECIFY) (YES IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b NO		
FATHER-NAME FIRST MIDDLE LAST 15 CONSTANTINO GALASSINI		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16 CONCETTA MINGHILLI				
INFORMANT'S NAME (TYPE OR PRINT) 17a FLORENCE GALASSINI		RELATIONSHIP 17b WIDOW	MAILING ADDRESS (STREET AND NO. OR P.O. CITY OR TOWN, STATE, ZIP) 17c 4925 N. NORMANDY Chicago, IL. 60656			
18 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of death, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) → (a) ACUTE MYOCARDIAL INFARCTION					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH HOURE	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST (b)						
PART II. Other significant condition(s) contributing to death but not resulting in the underlying cause given in PART I. (c)						
DATE OF OPERATION, IF ANY 20a		MAJOR FINDINGS OF OPERATION 20b		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS 20c YES () NO (X)		
1 (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON 21a 1 OCTOBER 1, 1992		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b YES	HOUR OF DEATH 21c 9:20P			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED		DATE SIGNED (MONTH, DAY, YEAR) 22b OCTOBER 2, 1992		ILLINOIS LICENSE NUMBER 22d 36-039134		
22a SIGNATURE → <i>Michael Marchi</i> NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c MICHAEL MARCHI MD 7407 W. IRVING PK CHICAGO, IL 60634		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.				
23		BURIAL, CREMATION, REMOVAL (SPECIFY) 24a Cremation		CEMETERY OR CREMATORY - NAME 24b Acacia Park	LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) 24c Chicago - Illinois 24d Oct. 5, 1992	
DISPOSITION		FUNERAL HOME 25a SHELDON-GOGLIN 5935 W. Belmont Av. Chicago - Illinois 60634		FUNERAL DIRECTOR'S SIGNATURE 25b <i>R. H. Nugent</i>		
LOCAL REGISTRAR'S SIGNATURE 26a <i>David Orr</i>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c 034-006121		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b OCT 3 1992 LW		