## STATE OF

STATE OFIllinois )	<b>0</b> 53 <b>0</b> 817 <b>0</b> 44
COUNTY OF Cook ) SS	Doc#: 0530817044 Fee: \$28.50 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds
Marcia C. Piscopo	Date: 11/04/2005 10:22 AM Pg: 1 of 3
hereby referred to as the affiant, states under	
oath that the affiant resides at	
5633 Harvey Avenue	
LaGrange, IL 60525	
In the City of <u>LaGrange</u> ,	
State of Illinois;	
that the affiant was acquainted with	
John F. Piscopo	
the decedent; at the time of death, the decedent was one of the owners of property, by virtue of a property recorded joint tenancy deed, said property located in	
Cook County, State of	
Illinois , and egally	
described as follows:	
Lot 312 in Robert Bartlet's LaGrange Highland East 1/2 of the Northwest 1/2 of Section 17 ex West 525 Feet thereof also except therefrom the highway running diagonally across the south extra Township 38 North, Range 12 East of the Third County. Illinois	xcept the South 310 feet of the hat part lying south of the nd of said northwest 174 in

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;

The decedent died on _	July 20, 2005	, leaving no/x last will and restament;
The total value of decedent that the value of the about	dent's estate, including the taxable intove property individually was \$ 300	nterest in the above property was a Under 1.5 million

The State and Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from the decedent's estate, has been paid in full;

The affiant makes this affidavit to induce Attorneys' Title Guaranty Fund, Inc. (ATG) to issue its policy of title insurance on the above described property.

ATG FORM 3007 © ATG (REV. 1/00)

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## JOINT TENANCY AFFIDAVIT

(continued)

The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATG harmless and to reimburse ATG for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature that ATG 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 John F. Pis	copo , the decedent;
2. State Estate/Inheritance Tax and Federal Estate Tax that	may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;	
4. Rights of contribution.	$\alpha$
-	Marcin C. Liscopo (Seal
	Marcin - Us cofo (Seal
	Marcia C. Piscopo
	(Seal
$\sim$	·
Subscribed and sworn to before me this	
10 oder of October 20	<b>0</b> 5
day of	<i>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</i>
(Month) (Ye	The second of th
W/11/1 X/1000	LOUIS V PAVONE
(Notary Public)	NOTARY PUBLIC - STATE OF ILLINOIS
(110000) 10000)	MY COMMISSION EXPIRES:02/05/09
Note: If the decedent left a will it will be necessary	that the original or certified copy thereof be presented to ATG fo
	ayment of death taxes, if any, should accompany this affidavit.
mispection. At death certificate, together with 50.2 after or p	a fine it of desix acros, it any, should accompany this attitude it.
0/	
4	
This instrument prepared by:	Return to:
tais tistiament property.	
Louis V. Pavone	Louis V. Pavone
(Name)	(Name)
1000 a Will 14 - # 222	1920 So. Highland Ave., # 333
1920 So. Highland Ave., # 333	1920 So. Highland Ave., # 333
(Address	(Address)
	T 100 TY (01/0
Lombard, IL 60148	Lombard, IL 60148
(City, State, Zip)	
	(City, State, Zip)

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STATE OF ILLINOIS) County of Cook)

## UNOF FAVIOR BARDUNTY CLER PYJUL 2 5 2005

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.

**COUNTY CLERK** 

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 36	۵	STATE OF ILLINOIS				STATE FILE NUMBER	
	REGISTERED NUMBER		DICAL C	ERTIFICAT	E OF DEA	TH	2	
Type or Print in PERMANENT INK See Funeral Directors,	DECLASI D-NAME	FIRST John	MIDDLE F.	LAST Piscopo	sex Male	DATE OF DEATH (MO July 20,		
Hospital, or Physicians Handbook for INSTRUCTIONS	COUNTY (FDFATH  CCOK		AGE-LAST BIRTHDAY (YRS) 5a. 62	MOS. DAYS HOURS 5b. 5c.	R1DAY DATEOFBIR	TH (MONTH DAY YEAR) ne 24, 1943		
Α	6a LaGrange Fi	ζ.	HOSPITAL OR OTH	ERINSTITUTION-NAME(IFN)	OT IN EITHER, GIVE STREET A	OP/EN	SP, OR INST, INDICATE D.O.A. MER. RM, INPATIENT (SPECIFY) Home	
DECEASED	BIRTHPLACE (CITYAND STATE FOREIGN COUNTRY)  7. Dubuque, Ion	Ć⊲ MARRIED, NE WIDOWED, D	VER MARRIED, VORCED (SPECIFY)	NAME OF SURVIVING SP			WAS DECEASED EVER IN U ARMED FORCES? (YES/N	
B	social security númber 10. 337-34-4363	'√SUAL ∩∩CU		8b. Marcia Lo	NDUSTRY EDUCATION Elementary/S	N (SPECIFY ONLY HIGHE	9. Yes STGRADE COMPLETED) College (1-4 or 5+)	
D	RESIDENCE (STREET AND NUM 13a. 5633 Harvey	BEH)	Manager CITY,	11b Self Empl TOWN, TWP, OR ROAD DE	STRICT NO. IN	SIDE CITY COUN		
E	STATE	ZIP CODE F	13b. TACE (v. HITE, BLACK, AM VDIAN, et) (SPECIFY)	La Grange Hig ERICAN OF HISPANI	hlands 13 CORIGIN? (SPECIFYNOOR	BC. Yes 13d. RYES-IF YES, SPECIFY CUE	COOK BAN, MEXICAN, PUERTORICAN, GI	
PARENTS	FATHER-NAME FIRST	MIDDLE	4a While	14b. 🖼 N MOTHER-A		PECIFY:	(MAIDEN) LAST	
	15. John I	I.	Piscopo	1.0.	rjorie NGADDRESS (STREETAN		ller	
1	<sub>17a.</sub> Marcia Piso 18.PARTI. E			b. Wife 17c.			rown.state.zip) 60525 Highlands, II	
3	Immediate Cause (Final disease or condition resulting in death)	$\Rightarrow$ (a) $CO/$	20 NAC	сп иле.	_		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
CAUSE	CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING	(b) DUE TO, OR AS A C	ONSEQUENCE OF		4,			
4	CAUSE LAST. PART II. Other significant condition	(c)	resulting in the underlying ca	use given in PART I.	<del>- 0</del>	AUTOPSY WERE	AUTOPSY FINDINGS AVAILABLE PRIOR Y LETION OF CAUSE OF DEATH? (YES NO)	
5	DATE OF OPERATION, IF ANY	MAJOR FINDIN	IGS OF OPERATION			19a. / 0 19b	). THERE A PREGNANCY IN PAST	
P	20a I (DID) DID NOT) ATTEND THE	20b. DECEASED (MONTH	J. DAY, YEAR)	-4-03	WAS CORONER OR ME		] NO □	
	AND LAST SAW HIM/HER ALIVE 21a. TO THE BEST OF MY KNOWLED	MAY 4,		AND DEACE AND DUE TO TE	EXAMINER NOTIFIED?	(YES/NO) 1 21c.	7:39 P.M.	
CERTIFIER	22a. SIGNATURE NAME AND ADDRESS OF CERT	Miller	MM	NID FORCEAND DUE TO TH	TE CAUSE(S) STATED.		21-05	
	22c. Asha Thomas		Sherwood 1	Road, LaGrang	e Park, IL	526   ILLINOISLICE	ense number 089204	
ļ	23.	AN IF OTHER THAN CE	RTIFIER (TYPE OF	PRINT)		NOTE: IF AN INJ	URY WAS INVOLVED IN THIS RONER OR MEDICAL EXAMINER IED.	
	BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERYOR CREM		LOCATION Cem. 24c. Elwoo		· 1	ATE (MONTH, DAY, YEAR)  4d. 7 – 25 – 2005	
DISPOSITION		NAME Cuno Funera	STREET AND N	NMBERIORRED. V201 Roosevel	CITY OR TOWN	STATE	ZIP	
	FUNERAL DIRECTOR'S SIGNAT	Garle.	Burs	Michael Brun	O FUNERAL (	DIRECTOR SILLINOISLICE	ENSE NUMBER	
4	COCAL REGISTRAA'S SIGNAT			ARC		JUL 2 5 20		
• •	/R200 (Rev. 5/89)	Minois	Department of Public I	lealth Division of Vital Res	Z00.	JUL - ULY		