



Doc#: 0532549098 Fee: \$26.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 11/21/2005 12:03 PM Pg: 1 of 2

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois
County of Cook

Katherine Scortino, being duly sworn states that she resides at 1024 E. Vargo in the City of Arlington Heights, Illinois.

That the undersigned was acquainted with Frank Scortino, deceased, who, at the time of his death, was one of the owners of the real estate commonly known as 1024 E. Vargo, Arlington Hts., IL 60004.

Legal description:

Lot 7 in Ivy Hill Subdivision Unit No. 12, phase one being a Subdivision of part of the East 1/2 of the Southeast 1/4 of Section 17, Township 42 North, Range 11, East of the Third Principal Meridian, in Cook County, Illinois.

The deceased died on March 2, 2002, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

X 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 Clerk of the Probate Division of the Circuit Court of Cook County, Illinois.

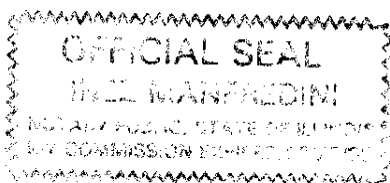
_____ Leaving a Last Will and Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois.

That the total value of the estate of the deceased, including both real estate 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 \$750,000.00.

Katherine A. Scortino
Affiant's Signature

Sworn and subscribed this 4th day
of November, 2005

Greg Manfredini
Notary



UNOFFICIAL COPY

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

DATE: MARCH 5, 2002

SIGNED: Margrit Valdeira

at Cook County Department of Public Health

Official Title, Chief Deputy Registrar

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
STATE FILE NUMBER

REGISTRATION DISTRICT NO.	16.0	
REGISTERED NUMBER		
DECEASED-NAME	FIRST	MIDDLE
1. Frank		LAST
COUNTY OF DEATH	Scottino	
4. Cook	AGE-LAST BIRTHDAY (YRS)	SEX
	5a. 59	2. Male
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	DATE OF DEATH (MONTH, DAY, YEAR)
6a. Arlington Heights	6b. 1024 E. Vargo	3. March 2, 2002
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
7. Chicago, Illinois	8. Kathy Katherine A. Moller	
SOCIAL SECURITY NUMBER	KIND OF BUSINESS OR INDUSTRY	EDUCATION (S. EQ. ONLY, ONLY HIGHEST GRADE COMPLETED)
10. 340-34-2318	11a. Senior Buyer	12. 4
RESIDENCE (STREET AND NUMBER)	11b. Electronics	13. Cook
13a. 1024 E. Vargo	CITY, TOWN, TWP. OR ROAD DISTRICT NO.	COUNTY
STATE	13b. Arlington Heights	13d. Cook
13a. Illinois	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	14b. X NO <input type="checkbox"/> YES <input type="checkbox"/>
FATHER-NAME	13c. White	MOTHER-NAME
Frank	14a. White	Josephine
15. Frank	14b. X NO <input type="checkbox"/> YES <input type="checkbox"/>	MIDDLE
INFORMANT(S) NAME (TYPE OR PRINT)	16. Bernard	(MAIDEN) LAST
17a. Kathy Scottino	RELATIONSHIP	Alesi
18. PART I.	17b. Spouse	
Immediate Cause (Final disease or condition resulting in death)	17c. 1024 E. Vargo Arlington Heights 60004	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Postate Liver and Bone marrow		Months
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	(b) metastases	
	(c) metastases	
PART II. Other significant conditions contributing to death but not resulting in the final fatal cause (GIVE PART I.)	MAJOR FINDINGS OF OPERATION	
Ischemic Heart Disease, Deep Vein Thrombosis		
DATE OF OPERATION, IF ANY	20a. March 1, 2002	21b. NO
20b. NO	20c. NO	21c. 8:30 P. M.
19. (a) DID (NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON	21a. March 1, 2002	21d. NO
21a. NO	21b. NO	21c. 8:30 P. M.
TO THE BEST OF MY KNOWLEDGE, I BELIEVE THAT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.	22b. March 4, 2002	
22a. SIGNATURE	22c. March 4, 2002	
Margrit Valdeira, MD		
NAME AND ADDRESS OF CERTIFIER	ILLINOIS LICENSE NUMBER	
22c. J. Biltz, 1700 Luther Lane, Park Ridge, Illinois	22d. 36-45731	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED	
23. NO		
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY-NAME	LOCATION
24. Burial	24b. All Saints	24c. Des Plaines, Illinois
FUNERAL HOME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN
25a. Glueckert Funeral Home, Ltd. 1520 N. Arlington Hts. Rd. Arlington Hts. Illinois		
FUNERAL DIRECTOR'S SIGNATURE	STATE	DATE (MONTH, DAY, YEAR)
John W. Glueckert, Jr.	25b. 034-012091	24. Mar. 9, 2002
LOCAL REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	
AREN L. SCOTT, M.D.		
REGISTRAR	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
Margrit Valdeira	26b. March 5, 2002	
REGISTRAR		

VR200 (Rev. 5/89) Illinois Department of Public Health, Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)