

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT



Doc#: 0614356095 Fee: \$28.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 05/23/2006 12:33 PM Pg: 1 of 3

State of Illinois)
County of Cook) ss.

PREPARED BY AND MAIL TO:

Mary A. Long
The Firm of Per K. Hanson Associated P.C.
2222 Chestnut Avenue
Suite 201
Glenview, Illinois 60026

ANTHONY M. DeCICCO, being duly sworn, states that he resides at 8260 N. Milwaukee Avenue, Niles, Illinois.

That he was acquainted with Dawn DeCicco, deceased, who at the time of her death, was one of the owners of the land in Cook County, Illinois, described as:

SEE ATTACHED EXHIBIT 'A' MADE A PART HEREOF

Property Address: 8260 N. Milwaukee Avenue, Niles, Illinois 60714
P.I.N.: 09-24-330-007-0000

That the deceased died 12/7/05, as evidenced by a certified copy of death certificate of the deceased attached hereto.

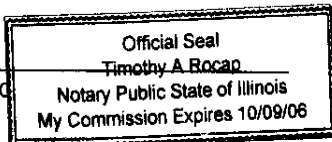
That the deceased died:

- Leaving no Last Will and Testament.
- Leaving a Last Will & 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 ___ County, Illinois about _____.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, 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 \$1,500,000.00 dollars.

Subscribed and sworn to before me this 11th day of May, A.D. 2005.

T. J. P.
Notary Public



Anthony M. DeCicco
Anthony M. DeCicco

UNOFFICIAL COPY

EXHIBIT 'A'

Legal Description

Lot 30 in Oakton Manor Third Addition, being a Subdivision of the Northeast quarter of the Southwest quarter of Section 24, Township 41 North, Range 12, East of the Third Principal Meridian, lying West of Milwaukee Avenue, excepting thereof the West 165 feet (the 165 feet measured from and at right angles to the West line of said Northeast quarter of the Southwest quarter of said Section 24), according to the plat thereof registered in the Office of the Registrar of Titles of Cook County, Illinois, as Document number 1476531.

Property of Cook County Clerk's Office

STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY

DAVID ORR, County Clerk

DEC 09 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.

COPY

David Orr
COUNTY CLERK

DECEASED	DECEASED - NAME 1. Dawn Femmel DeCicco	SEX 2. Female	DATE OF DEATH (MONTH, DAY, YEAR) 3. December 7, 2005
B.	CITY OF DEATH 4. Cook	AGE - LAST BIRTHDAY (YRS) 5a. 45	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. August 21, 1960
C.	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. Niles	HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. 8260 N. Milwaukee Avenue	IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY) 6c.
D.	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Park Ridge, IL	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Anthony DeCicco
E.	SOCIAL SECURITY NUMBER 10. 321-62-1080	USUAL OCCUPATION 11a. Office Manager	KIND OF BUSINESS OR INDUSTRY 11b. Construction
	RESIDENCE (STREET AND NUMBER) 13a. 8260 N. Milwaukee Avenue	CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. Niles	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. College (1-4 or 5+)
	STATE 13e. Illinois	ZIP CODE 13f. 60714-	INSIDE CITY (YES/NO) 13c. Yes
PARENTS	FATHER - NAME FIRST MIDDLE LAST 15. John Femmel	MOTHER - NAME FIRST MIDDLE LAST 16. Anne Duchaj	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. No
	INFORMANT'S NAME (TYPE OR PRINT) 17a. John Femmel	RELATIONSHIP 17b. Father	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 8297 Wisner Niles, IL 60714
CAUSE	PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(a) Metastatic Breast Cancer		4 yrs
	CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		
	DATE OF OPERATION, IF ANY 20a.	MAJOR FINDINGS OF OPERATION 20b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19a. No 19b. No
CERTIFIER	I (DID) (OR NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON 21a. 11/4/2005	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. No	HOUR OF DEATH 21c. 5:15 PM
	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. 12/08/05	ILLINOIS LICENSE NUMBER 22d. 036308106
	22a. SIGNATURE 22c. Sigran Hallmeyer, MD 1700 Luther Lane Park Ridge IL 60068	NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
DISPOSITION	BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Cremation	CEMETERY OR CREMATORY - NAME 24b. Montrose	LOCATION CITY OR TOWN STATE 24c. Chicago, Illinois
	FUNERAL HOME 25a. Skaja Terrace Funeral Home	STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 7812 N Milwaukee Ave Niles, IL 60714	DATE (MONTH, DAY, YEAR) 24d. 12/10/2005
	FUNERAL DIRECTOR'S SIGNATURE 25b. James Skaja	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-010555	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. DEC 09 2005
	LOCAL REGISTRAR'S SIGNATURE 26a. David Orr		