

# UNOFFICIAL COPY



Doc#: 0615843086 Fee: \$28.00  
Eugene "Gene" Moore RHSP Fee:\$10.00  
Cook County Recorder of Deeds  
Date: 06/07/2006 09:01 AM Pg: 1 of 3

## DECEASED JOINT OWNER AFFIDAVIT

STATE OF ILLINOIS) ) SS  
COUNTY OF COOK )

Barbara A. Bertucci, being  
Duly sworn states that she  
Lynwood, Illinois 60411

That she was acquainted with James D. Bertucci, deceased who, at  
the time of his death, was one of the owners of 17416 Walter  
Street, Lansing, Illinois 60438

See legal attached.  
PIN 30-29-300-029

That the deceased died 12 Nov 2001, as evidenced by a  
certified copy of death certificate of the deceased attached  
hereto.

That the deceased died:

       Leaving a Last Will & Testament.

  X   Leaving No Last Will & Testament

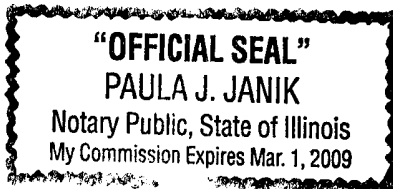
That the total value of the estate of the deceased, including both  
real and personal property owned by the deceased either  
individually or in joint tenancy at the time of the death of the  
deceased, does not exceed the sum of \$ 600,000.00 dollars.

Barbara Bertucci  
AFFIANT'S SIGNATURE

Sign and sworn to before me  
May 25, 2006

Paula J. Janik  
NOTARY PUBLIC

ATGF, INC.



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INDIANA STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

State No. ....

ATTENTION STATE: The Social Security # is being requested by this state agency in order to assume its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Local No. 1082-01  
28705

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

PRECEDENT

PARENTS

FORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) <b>James Bertucci</b>				2. SEX <b>Male</b>	3a. TIME OF DEATH <b>3:56P M</b>	3b. DATE OF DEATH (Month, Day, Yr.) <b>May 12, 2001</b>	
4. *SOCIAL SECURITY NUMBER <b>331-26-5348</b>		5a. AGE—Last Birthday (Years) <b>68</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) <b>Jan. 20, 1933</b>		7. BIRTHPLACE (City and State or Foreign Country) <b>Chicago, IL</b>
8a. WAS DECEDENT A U.S. VETERAN? <b>No</b>		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>Never</b>		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) <b>The Community Hospital</b>				9c. CITY, TOWN, OR LOCATION OF DEATH <b>Munster</b>		9d. COUNTY OF DEATH <b>Lake</b>	
10. MARITAL STATUS (Specify) <b>Married</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>Barbara Malinowski</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Inspector</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Steel Mfgr.</b>	
13a. RESIDENCE—STATE <b>Illinois</b>		13b. COUNTY <b>Cook</b>		13c. CITY, TOWN, OR LOCATION <b>Lansing</b>		13d. STREET AND NUMBER <b>17416 Walter St.</b>	
13e. ZIP CODE <b>60438</b>		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? <b>USA</b>		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc)	
13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		16. RACE—American Indian, Black, White, etc. (Specify) <b>White</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>9</b> College (1-4 or 5+) <b>9</b>			
18. FATHER'S NAME (First, Middle, Last) <b>Vincenzo Bertucci</b>				19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Nancy Adams</b>			
20a. INFORMANT'S NAME (Type/Print) <b>Barbara Bertucci</b>				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>17416 Walter Lansing, IL 60438</b>		20c. Relationship <b>Wife</b>	
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>May 17, 2001 Heritage Crematory</b>			21c. LOCATION—City or Town, State <b>Portage, Indiana</b>		
22a. EMBALMER'S NAME <b>Jason Williamson</b>		22b. EMBALMER'S LICENSE NO. <b>IL 034-015195</b>		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Edward B. Schaefer</i>		24b. LICENSE NUMBER (of Licensee) <b>FDO 1000857</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>LaHayne FH19400005 6956 South-eastern Hammond, IN for Schroeder-Lauer FH 3227 Ridge</b>			
26. PART I Enter the disease, injury, or complications that caused the death. Do not enter nonspecific terms, 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. <b>Cardiac arrhythmia</b> DUE TO (OR AS A CONSEQUENCE OF) b. <b>Cardiomyopathy</b> DUE TO (OR AS A CONSEQUENCE OF) c. _____ DUE TO (OR AS A CONSEQUENCE OF) d. _____ DUE TO (OR AS A CONSEQUENCE OF) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last							Approximate Interval Between Onset and Death <b>1 hr</b> <b>1 day</b>
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I <b>circles of liver</b>				27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>	
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>No</b>				29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated			
29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>				29c. MEDICAL LICENSE NO. <b>01017640</b>		29d. DATE SIGNED (Month, Day, Year) <b>5/15/01</b>	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Lawrence Bernstein, MD 5500 Hohman Ave. Hammond, IN 46320</b>							
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. Best, DO</i>						32. DATE FILED (Month, Day, Year) <b>May 17, 2001</b>	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)	
		34d. DESCRIBE HOW INJURY OCCURRED		34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			
		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc					

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**Step 3: Write the legal description from the deed.** Write, type (minimum 10-point font required), or attach the legal description from the deed. If you prefer, submit an 8½" x 11" copy of the extended legal description with this form. You may also use the space below to write additional parcel identifiers and lot sizes or acreage from Step 1, Line 3.

Lot 29 in Block 2 in Air Port Addition, a resubdivision of certain lots in Calumet Bernice Addition, being a subdivision of the West Half of the West Half of the Southwest Quarter of Section 29, Township 36 North, Range 15, East of the Third Principal Meridian, in Cook County, Illinois

Property of Cook County Clerk's Office