

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT



Doc#: 0619811034 Fee: \$28.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 07/17/2006 10:29 AM Pg: 1 of 3

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

RONALD T. LAMPARSKI,
being duly sworn states that he resides at

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

For Recorder's Use Only

AMERICAN TITLE
ORDER # 1415133

Permanent Real Estate Index Number(s):

That the deceased, JOSEPHINE CANTELE, died on Jan 22, 1999, as evidenced by a certified
copy of a death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will & 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 Cook County, Illinois.
- 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 _____.

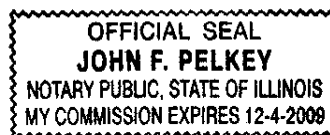
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed statutory limits.

Affiant makes this affidavit for the purpose of inducing the Title Company to issue its Title Insurance Policy, describing the above-mentioned property.

RONALD T. LAMPARSKI

Subscribed and sworn to before me
this 17th day of June, 2006.

NOTARY PUBLIC



Prepared by and return to: JOHN F. PELKEY, 1461 Ring Road, Calumet City, IL 60409 (708) 862-0101

3K9

UNOFFICIAL COPY

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death and 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 February 24, 1999

SIGNED

Carole R. Compton

At Cook County Dept. of Public Health
1010 Lake Street
Oak Park, IL 60301

Official Title Chief Deputy Registrar

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 160
REGISTERED NUMBER

DECEASED-NAME

1. JOSEPHINE FIRST

MIDDLE

LAST

SEX

2 FEMALE

DATE OF DEATH (MONTH, DAY, YEAR)
3 FEBRUARY 22, 1999

4. COOK COUNTY OF DEATH

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

AGE-LAST BIRTHDAY (YRS, MOS, DAYS)

90 UNDER 1 YEAR UNDER 1 DAY

DATE OF BIRTH (MONTH, DAY, YEAR)
5d. AUGUST 10, 1908

6a. CAULMET CITY BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)

7. PENNSYLVANIA SOCIAL SECURITY NUMBER

8. OWN HOME KIND OF BUSINESS OR INDUSTRY

10. 341-28-1276 RESIDENCE (STREET AND NUMBER)

11a. HOMEMAKER USUAL OCCUPATION

12. 8 EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
Elementary/Secondary (0-12) College (1-4 or 5+)

13a. 703 MAY STREET STATE

13b. CAULMET CITY CITY, TOWN, TWP. OR ROAD DISTRICT NO.

13c. YES INSIDE CITY (YES/NO)

13d. COOK COUNTY

13e. ILLINOIS ZIP CODE

14a. WHITE RACE (WHITE, BLACK, AMERICAN INDIAN, etc. (SPECIFY))

14b. WHITE MOTHER-NAME FIRST MIDDLE LAST

15. ALEXANDER FATHER-NAME FIRST MIDDLE LAST

16. ANN MOTHER-NAME FIRST MIDDLE LAST

17a. FRANK R. LAMPARSKI INFORMANT'S NAME (TYPE OR PRINT)

17b. ANN RELATIONSHIP

17c. 11638 JUREANE DR., ORLANDO, FLORIDA MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)

18. PART I. Immediate Cause (Final disease or condition resulting in death)

(a) Basophilic Echinococcosis with Liver mets

18. PART II. Other significant conditions contributing to death, if not resulting in the underlying cause given in PART I.

20a. DATE OF OPERATION, IF ANY

20b. YEAR OR FINDINGS OF OPERATION

20c. AUTOPSY (YES/NO)

20d. NO WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)

21a. (U/D) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON

21b. 2/1/99 (MONTH, DAY, YEAR)

21c. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

21d. 3:30 P.M. HOUR OF DEATH

22a. SIGNATURE OF CERTIFIER

22b. 2/24/99 DATE SIGNED (MONTH, DAY, YEAR)

22c. DR. SIRAJUDDIN KHAJA 921 FRAN LIN PARKWAY; MUNSTER, INDIANA NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)

22d. IND1032657 ILLINOIS LICENSE NUMBER

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

24a. BURIAL BURIAL, CREMATION, REMOVAL (SPECIFY)

24b. HOLY CROSS CEMETERY CEMETERY OR CREMATORY-NAME

24c. ILLINOIS LOCATION CITY OR TOWN STATE

24d. FEB. 25, 1999 DATE (MONTH, DAY, YEAR)

25a. HENNESSY-NOMAK FUNERAL HOME 400 PULASKI ROAD; CAULMET CITY, ILLINOIS 60409 FUNERAL HOME

25b. ILLINOIS STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE

25c. 034-014535 FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

26a. KAREN L. SCOTT, MD LOCAL REGISTRAR'S SIGNATURE

26b. February 24 1999 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26c. Illinois Department of Public Health - District 10 REGISTRAR

26d. 241990 ZIP

UNOFFICIAL COPY

EXHIBIT A

LEGAL DESCRIPTION

Legal Description: LOTS 56 AND 57 IN BLOCK 2 IN PHILLIPS SUBDIVISION OF THE NORTHEAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 18, TOWNSHIP 36 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index #'s: 30-18-208-002-0000 Vol. 0225 and 30-18-208-003-0000 Vol. 0225

Property Address: 703 May Street, Calumet City, Illinois 60409

Property of Cook County Clerk's Office