

STEWART TITLE OF ILLINOIS
2 N. LaSalle St.
Suite 600
Chicago, IL 60602
312-849-4243

UNOFFICIAL COPY



Doc#: 0626105124 Fee: \$28.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 09/18/2008 10:24 AM Pg: 1 of 3



CHICAGO TITLE INSURANCE COMPANY

DECEASED JOINT TENANCY AFFIDAVIT

495141

1 of 3

State of Illinois
County of Cook) ss.

Order No. 495141

JENNIE VANDINI, being duly sworn states that she resides at 8447 W. Normal in the City of Niles, Illinois.

That she was acquainted with LEO J. VANDINI

deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

LOT 119 IN GREENWOOD ESTATES, BEING A SUBDIVISION IN THE EAST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 23, TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF REGISTERED IN THE OFFICE OF THE REGISTRAR OF TITLES OF COOK COUNTY, ILLINOIS.

That the deceased died January 24, 2001, as evidenced by a certified copy of 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 _____ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ 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 \$200,000.00 dollars.

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

STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY

DAVID ORR, County Clerk

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.

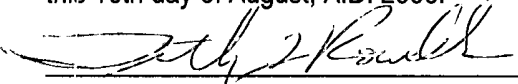
David Orr

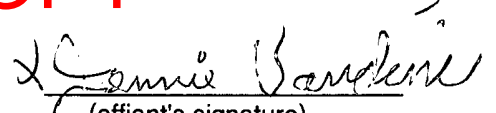
COUNTY CLERK

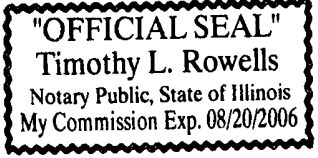
5 BIRTH NO.		REGISTRATION DISTRICT NO. <u>16-0</u>		STATE OF ILLINOIS				STATE FILE NUMBER	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH							
DECEASED—NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)					
1. Leo J. Vandini		2 Male		3. January 24, 2001					
COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)	
4. Cook		5a. 77		5b.		5c.		5d. August 12, 1923	
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				IF HOSP. OR INST. INDICATE D.O.A. OPERER, P.M. INPATIENT (SPECIFY)			
6a. Park Ridge		8b. Lutheran General Hospital				6c. Inpatient			
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)				WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
7. Chicago Illinois		8a. Married		8b. Jennie Sarch				9. Yes	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)			
10. [REDACTED]		11a. Police Officer		11b. Cook County		12. 12 College (1-4 or 5+)			
RESIDENCE (STREET AND NUMBER)			CITY, TOWN, TWP, OR ROAD DISTRICT NO.			INSIDE CITY (YES/NO)		COUNTY	
13a. 8447 W. Normal Avenue			13b. Niles			13c. Yes		13d. Cook	
STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)			
13a. Illinois		13b. 60714		14a. White		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:			
FATHER—NAME FIRST MIDDLE LAST		MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST							
15. Candido Vandini		16. Melinda Rossi							
INFORMANT'S NAME (TYPE OR PRINT)			RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)				
17a. Jennie Vandini			17b. Wife		17c. 8447 W. Normal Avenue Niles, IL 60714				
18. 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	
Immediate Cause (Final disease or condition resulting in death)		(a) Emphysema						2 weeks	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		DUE TO, OR AS A CONSEQUENCE OF							
		(b) DUE TO, OR AS A CONSEQUENCE OF							
		(c) DUE TO, OR AS A CONSEQUENCE OF							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.						AUTOPSY (YES/NO)		IF AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
						19a. No		19b.	
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION				IF FEMALE, WAS SHE A PREGNANT IN PAST THREE MONTHS?			
20a. N.A.		20b. N.A.				20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
1 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON			MONTH, DAY, YEAR		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH		
21a.			1/24/01		21b. No		21c. 9:00 AM		
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)			
22a. SIGNATURE <i>F. Soler M.D.</i>						22b. 1/26/01			
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)						ILLINOIS LICENSE NUMBER			
22c. Dr. Fernando Soler 5050 N. Cumberland Ave. Norridge, IL						22d. 036-082596			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)						NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
23.									
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)			
24a. Burial		24b. Maryhill Cemetery		24c. Niles IL		24d. 01/27/2001			
FUNERAL HOME		NAME STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE		ZIP			
25a. Skaja Terrace Funeral Home 7812 N Milwaukee Ave Niles, IL 60714									
FUNERAL DIRECTOR'S SIGNATURE						FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
25b. <i>Sola Robert H. Hrybicki</i>						25c. 034-014764			
LOCAL REGISTRAR'S SIGNATURE						DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
26a. <i>KAREN L. SCOTT, M.D.</i> REGISTRAR						26b. Jan 31 2001			

Subscribed and sworn to before me by the said JENNIE VANDINI
this 10th day of August, A.D. 2006.

UNOFFICIAL COPY


Notary Public


(affiant's signature)



Prepared by: Timothy L. Rowells
2 Mail to: 35 E Wacker Drive
Suite 1870
Chicago, IL 60601

Property of Cook County Clerk's Office