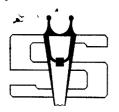
## **UNOFFICIAL COPY**



Sanctity of Contract

Notary P

JOSÉPH C. FANELLI COMMISSION EXPIRES



Doc#: 0628620091 Fee: \$28.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds
Date: 10/13/2006 10:47 AM Pg: 1 of 3

Stewart Title Company of Illinois DECEASED JOINT TENANCY AFFIDAVIT STATE OF ILLINOIS STCI File Number: 494051 **COUNTY OF** 600 ANNET being duly sworn states that in the City of was acquainted with  $\sum \mathcal{M}$ deceased who, at the time of death, was one of the sworn of the land in County, Illinois, describes as: SEE ATTACHED That the deceased died JUNE 6, 1986 , as evidenced by a cerufied 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 field 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 Cour et County, Illinois 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 deceased, does not exceed the sum of FIPTY TROWN. Affiant makes this affidavit for the purpose of inducing Stewart Title Company to issue its Title Insurance Policy., describing the above mentioned property. Subscribed and sworn to before me by the said 34 WIA GOVANNET

0628620091 Page: 2 of 3

## **UNOFFICIAL COPY**

## **LEGAL DESCRIPTION**

LOT 81 IN GLENWOOD MANOR UNIT #1, A SUBDIVISION OF PART OF THE SOUTH 1/2 OF THE NORTHWEST 1/4 OF SECTION 4, TOWNSHIP 35 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Number.

Property Address: 808 Rainbow Drive, Glenwood, IL 60425

COLMI S BIBTH NO	DISTRICT NO. 16. 32									
	REGISTERED 33	PANC	MEDICAL	FRTIFI	CATE		ATH			
Type or Print in PERMANENT INK	DECEASED-NAME		MID	LA	AT US2		DATE OF	DEATH	(MON TH, DA	Y, YEAR)
See Funeral Directors Tospital or Physicians	1.	SAM		GIOVANN	ETTI 2M	ALE	3. JUN	E 6,		
Mandbook for INSTRUCTIONS	REE-WHITEBLACK, AMERICATION OF THE STATE OF			HER JAFAR H	HOER ! DAY.	ATE OF B	IRTH(MO.,DA		COUNTY OF BEATH	
	40. WHITE CITY, YOWN, YWP. OR NO	AB BISTALIAN	Sa. 53 Sa. 186	. E	C. CON-MAME UP	FEBRU	ARY 5		7a. COOK	
	CHICAGO HE								PASP.OR INST.	ATIENT
DECEASED	STATE OF BIRTH (IF NOT NO NAME COUNTRY)	F WHAT COUNTRY								
	a. ITALY	S.A.	A. 10. MARRIED			11. SYLVIA MARCHETTI				
	SOCIAL SECURITY NUMBE	CUPATION	KIND OF BUSIN	Y WAS			WAR OR DATES OF SERVICE			
		130/50	ick Layer	la ba	boror	(SPE	YES	0)	13d. Kasean	Cafe
	RESIDENCE STREET AND	NUMBER	CITY, TOWN, TWP. O						STATE	
• • •	14a 808 RAINBO		14b GLENW		14c. YES		COOK		14a ILLI	NOIS_
PARENTS	FATHER-NAME	FIRST	MIDDLE	- 1	OTHER-MAIDE		FIRST	MID	OLE	LAST
	15. AL			GIOVANNETTI 16.			THERESA SCATENA			
	INFORMANT NAME (TYPE O		**	MEDICAL BRECORD	MAILING AT	3 CHI	CAGO ROA	AD	D., CITY OR TOWN, ST	
1	11/0.	H WAS CAUSED					HEIGHTS	ILLI	NOIS 6041	
2,	PART I.	IMMEDIATE CAUSE	<u> Στ:</u> [ε	NTER ONLY ONE C	AUSE PER LINE FOR	(a), (b), A	IND (c)]		BETWEEN ONSET	
3	CAMA									
		TUE TO OR AS A CO			,				<del></del>	
	CONDITIONS, IF ANY, WHICH GIVE RISE TO	) IDI / 1/11	ALLA C	a Kl	1223					
CAUSE	STATING THE UNDER-									
	LYING CAUSE LAST.	( lc)	X		(/					
4	PART II. OTHER SIGNIFIC	CANT CONDITIO	NS: JULTITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO CA	USE GIVEN IN		UTOPSY	IF YES, WERE I	FINDINGS CON-
5	ANAST	TKCA	and KIN	il f	ailur	<i>e</i> .	li i	a.	19b.	
N	DATE OF OPERATION, IF	F ANY MAJOR F	INDINCIS OF OPERA	TION (				F FEMALE, IANCY IN P	WAS THERE A PREC AST THREE MONTH	3. IS?
P	20a.	20ь.						Oc. YES		
	I (DID) (DID NOT) ATTEND T	THE DECEASED LIVE ON	6/6/	AT, YEAR)	WAS CORONE EXAMINER N (SPECIFY YES	OTIFIED?	1	OF DE	ATH 05 A	
	21a. TO THE BEST OF MY KNOWL	EDGE, DEATH OCOUT	7010	EARD PLACE AN	216.		21c.	DATE SIGN	IED (MO., DAY, YR.)	<u>M.</u>
	1/6/4/									
CERTIFIER	NAME AND ADDRESS OF C	ERTIFIER	2 12 (T	YPE OR PRINT	×	/	<u> </u>	22b. ULLII	NOIS LICENSE NUN	ABER
	12c 14/23 Cd	willy 1	D. Chica	POHTS	LIL	60	411	224	36-48	869
	NAME OF ATTENDING PHYSICIAN IN OTHER THAN CERTIFIER (TYPE OR PRINT)									
	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.									
	BURIAL, CREMATION, REMOVAL (SPECIPY)	CEMETERY OF	R CREMATORY-NAM	IE LOCAT	ION ci	OR TOWN		STATE [	DATE (MONTH, DAY	r. YEAR)
	240. BURIAL	24b. A.S.S		24c. (	enwe	<b>X</b> x .	I	4. 2	MO JUNE 9	38PLF
DISPOSITION	FUNERAL HOME	NAME '	STREET AND NUMBER		CITY OR	IOWN		STATE		ZIP
	FUNERAL DIRECTOR'S SH	UNERAL F	OME LITD	180	177 DI	NE,		اد س	od IL. 6	<u> 25%0 </u>
	$\sim m_{\odot}$	1-01.	7 2	<b>.</b> .			19	, ,	OIS LICENSE NUMBI	ī.K
	LOCAL REGISTRAR'S SIG	NATURE	i. Fy	an_	· · · · · · · · · · · · · · · · · · ·		25c. O C		REGISTRAR (MONT)	- DAY 2548)
	260. Don	m.	Costabil	ا) (ا	nmc,	)	1	7/10	11986	1, 041, 1244)
	VR200 REV/5/82	liling	ois Department of P	ublic Health -	Office of Vital		26b. CO	N 1978 V.	S. STANDARD CER	TIFICATE)
	U									
	220-74						_			
										•
<b>T</b> 1	UPDEDV CEDMIN	37 44-4 **				_				

I HEREBY CERTIFY that the foregoing is a true and correct copy of the DEATH RECORD for the deceased in Item No. 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:_	JUN 1 0 1986	SIGNED: John In Costatoel
AT: _	CHICAGO HEIGHTS, IL 60411	TITLE: LOCAL REGISTRAR