

UNOFFICIAL COPY



0633331031

Doc#: 0633331031 Fee: \$30.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 11/29/2006 11:45 AM Pg: 1 of 4

**DECEASED JOINT TENANCY  
AFFIDAVIT**

127 Marina Street  
Des Plaines, IL 60016  
PIN# 08-12-429-016-0000

**PREPARED BY AND MAIL TO:**

MAUREEN P. MEERSMAN  
16 W. NORTHWEST HWY. 2ND FLOOR  
MT. PROSPECT, IL. 60056  
847-259-3292

OK

**UNOFFICIAL COPY****DECEASED JOINT TENANCY  
AFFIDAVIT**

STATE OF ILLINOIS     )  
  ) SS  
COUNTY OF COOK     )

Order No. \_\_\_\_\_

LOUIS LOSURDO, being duly sworn on oath, states that he/she resides at  
127 MARINA STREET, DES PLAINES, IL 60016

That he/she was acquainted with GRACE LOSURDO deceased who, at the time of  
his/her death, was one of the owners of the land in Cook County, Illinois, described as:

**See attached legal description. . .**

That the deceased died 5/26/06 as evidenced by a certified copy of death certificated  
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.

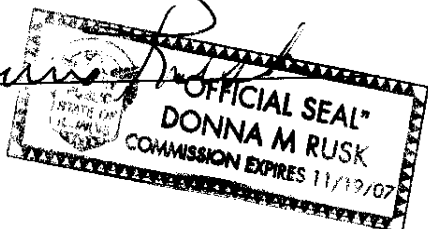
☒ Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division  
of the Circuit Court of \_\_\_\_\_ County, Illinois about \_\_\_\_\_

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  
Dollars.

Subscribed and sworn to before me by the said Louis Losurdo this 10th Day of

Nov, A.D. ~~KXXX~~ 2006.

Louis Losurdo



# UNOFFICIAL COPY

LOT 41 IN SAKOWICZ SUBDIVISION, BEING A SUBDIVISION OF PART OF THE EAST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 12, TOWNSHIP 41 NORTH, RANGE 11 EAST OF THE THIRD PRINCIPAL MERIDIAN, AND PART OF THE EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 13, TOWNSHIP 41 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

ADDRESS: 127 MARINA STREET, DES PLAINES, IL 60016

P.I.N. 08-12-429-016-0000

Property of Cook County Clerk's Office

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Statistics Act.

DATE **JUN 01 2006**

SIGNED

*Shirley Fitzgerald*AT **HIGHLAND PARK**, Illinois. OFFICIAL TITLE **REGISTRAR**

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health or the local registrar or the county clerk shall be considered as prima facie evidence of the facts therein stated.

VS 201B (1968)

BUREAU OF STATISTICS - ILLINOIS DEPARTMENT OF PUBLIC HEALTH - SPRINGFIELD 62706

REGISTRATION  
DISTRICT NO. **49.6**  
REGISTERED  
NUMBER **311**

STATE OF ILLINOIS

STATE FILE  
NUMBER

## MEDICAL CERTIFICATE OF DEATH

1. DECEASED NAME		FIRST		MIDDLE		LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
GRACE				LOSURDO				FEMALE		MAY 26, 2006	
2. COUNTY OF DEATH		3. AGE - LAST BIRTHDAY (YRS)		4. UNDER 1 YEAR		5. UNDER 1 DAY		6. DATE OF BIRTH (MONTH, DAY, YEAR)			
LAKE		56		5d		5c		JUNE 7, 1949			
4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		5a. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT NEITHER, GIVE STREET AND NUMBER)		5b. BRENTWOOD NURSING AND REHAB		5c. NAME OF SURVIVING SPOUSE (MARRIAGE NAME IF NEEDED)		5d. LOUIS LOSURDO		5e. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
6a. RIVERWOODS										6c. INPATIENT	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		7. CARBONARA ITALY		8. SOCIAL SECURITY NUMBER		9. USUAL OCCUPATION		10. 336-40-7358		11. LOAN OFFICER	
10. 336-40-7358		11a. LOAN OFFICER		11b. BANK		12. INSIDE CITY (YES/NO)		13. YES		13d. COOK	
13a. 127 MARINA DR.		13b. DES PLAINES		14. OFF HISPANIC ORIGIN? (SPECIFY NO OR YES. IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.)		15. FATHER - NAME		16. MICHAEL TENERELLI		17. ANGELA CALABRESE	
13e. ILLINOIS		13f. 60016		14a. WHITE		14b. R. AND		15. FATHER - NAME		16. MICHAEL TENERELLI	
17a. LOUIS LOSURDO		17b. HOSLAND		17c. 127 MARINA DR. DES PLAINES, IL. 60016		18. PART I		19. 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.		20. Immediate Cause (Final disease or condition resulting in death)	
						(a) Pancreatic Cancer				21. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST	
						(b) DUE TO OR AS A CONSEQUENCE OF				22. DATE OF OPERATION, IF ANY	
						(c) DUE TO OR AS A CONSEQUENCE OF				23. MAJOR FINDINGS OF OPERATION	
										24. DATE OF OPERATION, IF ANY	
										25. DATE OF OPERATION, IF ANY	
										26. DATE OF OPERATION, IF ANY	
										27. DATE OF OPERATION, IF ANY	
										28. DATE OF OPERATION, IF ANY	
										29. DATE OF OPERATION, IF ANY	
										30. DATE OF OPERATION, IF ANY	
										31. DATE OF OPERATION, IF ANY	
										32. DATE OF OPERATION, IF ANY	
										33. DATE OF OPERATION, IF ANY	
										34. DATE OF OPERATION, IF ANY	
										35. DATE OF OPERATION, IF ANY	
										36. DATE OF OPERATION, IF ANY	
										37. DATE OF OPERATION, IF ANY	
										38. DATE OF OPERATION, IF ANY	
										39. DATE OF OPERATION, IF ANY	
										40. DATE OF OPERATION, IF ANY	
										41. DATE OF OPERATION, IF ANY	
										42. DATE OF OPERATION, IF ANY	
										43. DATE OF OPERATION, IF ANY	
										44. DATE OF OPERATION, IF ANY	
										45. DATE OF OPERATION, IF ANY	
										46. DATE OF OPERATION, IF ANY	
										47. DATE OF OPERATION, IF ANY	
										48. DATE OF OPERATION, IF ANY	
										49. DATE OF OPERATION, IF ANY	
										50. DATE OF OPERATION, IF ANY	
										51. DATE OF OPERATION, IF ANY	
										52. DATE OF OPERATION, IF ANY	
										53. DATE OF OPERATION, IF ANY	
										54. DATE OF OPERATION, IF ANY	
										55. DATE OF OPERATION, IF ANY	
										56. DATE OF OPERATION, IF ANY	
										57. DATE OF OPERATION, IF ANY	
										58. DATE OF OPERATION, IF ANY	
										59. DATE OF OPERATION, IF ANY	
										60. DATE OF OPERATION, IF ANY	
										61. DATE OF OPERATION, IF ANY	
										62. DATE OF OPERATION, IF ANY	
										63. DATE OF OPERATION, IF ANY	
										64. DATE OF OPERATION, IF ANY	
										65. DATE OF OPERATION, IF ANY	
										66. DATE OF OPERATION, IF ANY	
										67. DATE OF OPERATION, IF ANY	
										68. DATE OF OPERATION, IF ANY	
										69. DATE OF OPERATION, IF ANY	
										70. DATE OF OPERATION, IF ANY	
										71. DATE OF OPERATION, IF ANY	
										72. DATE OF OPERATION, IF ANY	
										73. DATE OF OPERATION, IF ANY	
										74. DATE OF OPERATION, IF ANY	
										75. DATE OF OPERATION, IF ANY	
										76. DATE OF OPERATION, IF ANY	
										77. DATE OF OPERATION, IF ANY	
										78. DATE OF OPERATION, IF ANY	
										79. DATE OF OPERATION, IF ANY	
										80. DATE OF OPERATION, IF ANY	
										81. DATE OF OPERATION, IF ANY	
										82. DATE OF OPERATION, IF ANY	
										83. DATE OF OPERATION, IF ANY	
										84. DATE OF OPERATION, IF ANY	
										85. DATE OF OPERATION, IF ANY	
										86. DATE OF OPERATION, IF ANY	
										87. DATE OF OPERATION, IF ANY	
										88. DATE OF OPERATION, IF ANY	
										89. DATE OF OPERATION, IF ANY	
										90. DATE OF OPERATION, IF ANY	
										91. DATE OF OPERATION, IF ANY	
										92. DATE OF OPERATION, IF ANY	
										93. DATE OF OPERATION, IF ANY	
										94. DATE OF OPERATION, IF ANY	
										95. DATE OF OPERATION, IF ANY	
										96. DATE OF OPERATION, IF ANY	
										97. DATE OF OPERATION, IF ANY	
										98. DATE OF OPERATION, IF ANY	
										99. DATE OF OPERATION, IF ANY	
										100. DATE OF OPERATION, IF ANY	

VS 201B (1968)

Illinois Department of Public Health - Division of Vital Records

BASED ON 1968 U.S. STANDARD CERTIFICATE