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Doc#: 0704534013 Fee: \$28.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 02/14/2007 08:34 AM Pg: 1 of 3

STATE OF ILLINOIS)
) SS
COUNTY OF Cook)

JOINT TENANCY AFFIDAVIT

LORRIE CESARINA a/k/a
LORRIE PARENTI, hereinafter referred to as the affiant, states under oath that the affiant resides
in the City of Niles, Illinois; that the affiant was acquire
with CESARINA PARENTI, the decedent; that at the time of death, the decedent was one of the owners of the propo
by virtue of properly recorded joint tenancy warranty deed, said property located in Cook County, Illinois, and leg:
described as follows:

SEE ATTACHED

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created
remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possess
or enjoyment after death;

That the decedent died on May 2, 1996, leaving no/w last will and testament; 3

That the total value of decedent's estate, including the taxable interest in the above property was \$ _____; and

That the value of the above property individually was \$ _____

That the affiant makes this affidavit to induce _____ to issue its policy of t
insurance on the above described property.

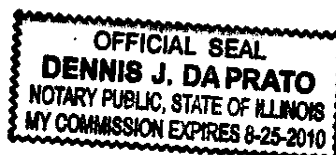
the affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to fore
fully indemnify, protect, defend and hold _____, her/his/its and to reimburse the Fund
all loss, costs, damages, suits, attorney's fees and expenses and every kind and nature which which the Fund may suffer, expend or in
by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of CESARINA PARENTI, the decedent;
2. Illinois State Inheritance Tax and Federal Tax which may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights to contribution.

Lorrie Parenti (S)
LORRIE PARENTI (S)

Subscribed and Sworn to before me
this 6th day of February, 2007

[Signature]
Notary Public



Note: If the decedent left a will, it will be necessary that the original or a certified copy thereof be presented to us for inspecti
A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

106-182840

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STATE OF ILLINOIS

STATE FILE
NUMBER**MEDICAL CERTIFICATE OF DEATH**

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <u>16.08</u>	REGISTERED NUMBER		
DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR) 1. CESARINA M. PARENTI 2. FEMALE 3. MAY 2, 1996					
COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)
4. COOK		5a. 81	MOS. DAYS	HOURS MIN.	5d. JUNE 16, 1914
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. OP. EMER. RM. INPATIENT (SPECIFY)	
6a. PARK RIDGE		6b. 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)	
7. ITALY		8a. WIDOWED		8b.	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
10. 326-32-0173		11a. HOMEMAKER		11b. OWN HOME	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	
13a. 6341 N. KEELER		13b. CHICAGO		13c. YES	
STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	
13e. ILLINOIS		13f. 60646		14a. WHITE	
FATHER—NAME FIRST MIDDLE LAST		MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST		OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)	
15. GIOVANNI LUCCHESI		16. PRIMITIVA LUCCHESI		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)	
17a. J. LUEDER, REGISTRAR		17b. HOSP. REC		17c. 1775 DENPSTER ST. PARK RIDGE, ILLINOIS 60068	
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) GRAM NEGATIVE SEPSIS			
		(b) CHOLECISTITIS			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(c)			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO)		WERE 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 THERE A PREGNANCY IN PAST THREE MONTHS?	
20a.		20b.		20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(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. MAY 2, 1996		21b. NO		21c. 8:50 P.M.	
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)		ILLINOIS LICENSE NUMBER	
22a. SIGNATURE W.R. Rhoades, DO		22b. 5/4/96		22d. 036-090185	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		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.	
22c. W. RHOADES, DO 6000 W. TOUCHY CHICAGO IL 60646		23. VICTORIA BRAND, MD			
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)	
24a. BURIAL		24b. ALL SAINTS		24c. DESPLAINES, ILLINOIS	
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP		DATE (MONTH, DAY, YEAR)			
25a. SMITH-CORCORAN FUNERAL HOME 6150 N. CICERO AV. CHICAGO, IL 60646		24d. MAY 6, 1996			
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
25b. [Signature]		25c. 034-010547			
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
26a. KAREN L. SCOTT, M.D.		26b. MAY 6, 1996			

VR200 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

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

DATE MAY 6, 1996SIGNED [Signature]

EVANSTON

LOCAL REGISTRAR

AT _____, Illinois OFFICIAL TITLE _____

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, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

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Ticor Title Insurance

Commitment Number: A06-1828

SCHEDULE C
PROPERTY DESCRIPTION

The land referred to in this Commitment is described as follows:

LOTS 42 AND 43 (EXCEPT THAT PART OF SAID LOTS LYING EAST OF A LINE 50 FEET WEST OF AND PARALLEL WITH THE EAST LINE OF SECTION 15, HEREINAFTER MENTIONED) IN BLOCK 1 IN W.F. KAISER AND COMPANY'S KEDVALE GARDENS, IN SECTION 15, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N. 19-15-407-026
19-15-407-027

ADDRESS: 5914-18 S. PULASKI, CHICAGO, IL 60629