

UNOFFICIAL COPY



AFFIDAVIT RE DECEASED
JOINT TENANT

Doc#: 0824049088 Fee: \$38.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 08/27/2008 02:12 PM Pg: 1 of 2

STATE OF ILLINOIS)
)
COUNTY OF COOK)

Natalie Vercillo Early, being duly sworn for the purpose of
recording a transfer of real estate described below, states:

1. That she is the daughter of Francis J. Vercillo and Janet Vercillo.
2. That she is also the Executor of the Estate of Francis J. Vercillo.
3. That Francis J. Vercillo (deceased 9/15/07) was married to Janet Vercillo who died on November 15, 2002 as evidenced by the attached certified copy of death certificate;

4. That said decedent was a partial owner of land and the legal description is as follows:

LOT 28 (EXCEPT THE SOUTH 267 1/2 FEET THEREOF) IN E.A. CUMMINGS AND CO'S GARDEN HOME ADDITION BEING A SUBDIVISION OF THE NORTH WEST FRACTIONAL 1/4 OF SECTION 8 AND THAT PART OF THE EAST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 8, LYING SOUTH OF INDIAN BOUNDARY LINE, AND NORTH OF BUTTERFIELD ROAD, ALL IN TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, EXCEPT RAILROAD, IN COOK COUNTY, ILLINOIS.

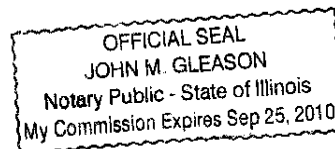
Property Address: 501 51st Avenue, Bellwood, IL 60104
PIN # 15-08-313-037

Natalie Vercillo Early
Natalie Vercillo Early

SUBSCRIBED AND SWORN to

before me this 7th day of August, 2008

[Signature]
Notary Public



MAIL TO: Natalie Early
6906 Meadowcrest Drive
Downers Grove, IL 60516

Prepared by: Law Offices of Bruce Kiselstein, Ltd. 930 E. Northwest Hwy., Mt. Prospect, IL 60056

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DECEDENT'S BIRTH NO. _____
 REGISTRATION DISTRICT NO. 1635
 REGISTERED NUMBER 577

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED—NAME JANET FIRST MIDDLE LAST
 1. COUNTY OF DEATH COOK
 4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER MELROSE PARK
 5a. AGE LAST BIRTHDAY (YRS) 69
 5b. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) WESTLAKE COMMUNITY HOSPITAL
 5c. UNDER 1 YEAR MOS. DAYS 11
 5d. UNDER 1 DAY HOURS MIN. 11
 5e. DATE OF BIRTH (MONTH, DAY, YEAR) JANUARY 6, 1933
 2. SEX FEMALE
 3. DATE OF DEATH (MONTH, DAY, YEAR) NOVEMBER 15, 2002
 6. IF HOST OR INST. INDICATE D.O.A. D.O.A.

6a. BIRTHPLACE, CITY AND STATE OR FOREIGN COUNTRY MELROSE PARK
 6b. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
 7. MAYWOOD, IL. 8a. MARRIED
 SOCIAL SECURITY NUMBER 343-26-8155 8b. FRANCIS J. VERCILLO
 10. 343-26-8155 11a. HOMEMAKER 8c. KIND OF BUSINESS OR INDUSTRY
 11b. OWN HOME 12. EDUCATION (N, J, SP, COPY, ONLY, HIGHEST GRADE COMPLETED)
 13a. 501 51ST AVE. 13b. BELLWOOD 13c. YES YES 13d. COOK
 13e. ILLINOIS 13f. 60104 14a. WHITE 14b. KING 14c. YES
 14d. KING 14e. YES 14f. SPECIFY: OTT
 FATHER—NAME JOHN FIRST MIDDLE LAST MOTHER—NAME MARIE FIRST MIDDLE LAST (MAIDEN) LAST

15. INFORMANT'S NAME (TYPE OR PRINT) FRANK VERCILLO RELATIONSHIP HUSBAND MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
 17. HUSBAND 176301 51ST AVE, BELLWOOD, IL 60104

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.
 Immediate Cause (Final disease or condition resulting in death) Chronic obstructive pulmonary disease
 CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) 7 years
 STATING THE UNDERLYING CAUSE LAST (b) DUETO, OR AS A CONSEQUENCE OF
 (c) DUETO, OR AS A CONSEQUENCE OF

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
Steg agra MAJOR FINDINGS OF OPERATION
 DATE OF OPERATION, IF ANY 11/14/02
 20a. (I.D.#) (I.D.#) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON 11/14/02 WAS CORONER OR MEDICAL EXAMINER (NOTIFIED)? YES
 21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
 21b. YES YES 21c. HOUR OF DEATH 11:39 A.M.
 21d. DATE SIGNED (MONTH, DAY, YEAR) 11-18-02

22a. SIGNATURE [Signature] (TYPE OR PRINT)
 22b. ILLINOIS LICENSE NUMBER 22a 036-070836
 NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)
 22c. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL CEMETERY OR CREMATORY—NAME QUEEN OF HEAVEN LOCATION HILLSIDE, ILLINOIS CITY OR TOWN HILLSIDE, ILLINOIS STATE ILLINOIS
 24a. BURIAL QUEEN OF HEAVEN 24b. HILLSIDE, ILLINOIS 24c. HILLSIDE, ILLINOIS 24d. 11-18-02
 25a. HURSEN FUNERAL HOME 4001 W. ROOSEVELT ROAD HILLSIDE, ILLINOIS 60162
 25b. [Signature] FUNERAL DIRECTOR'S SIGNATURE ILLINOIS LICENSE NUMBER 34-11788
 25c. [Signature] LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 11/18/2002

26a. [Signature] LOCAL REGISTRAR'S SIGNATURE

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 Records Act.
 DATE November 18, 2002 SIGNED [Signature]
 AT MELROSE 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, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.