

# UNOFFICIAL COPY



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ATTORNEY AT LAW  
7819 W. LAWRENCE AVE.  
NORRIDGE, IL 60706

Doc#: 0825545050 Fee: \$42.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 09/11/2008 12:07 PM Pg: 1 of 4

Prepared by:  
Maggio & Tartaglia  
7819 W. Lawrence Avenue  
Norridge, IL 60706

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS )

) ss.

COUNTY OF COOK )

*MA*  
DIANA GUMUSHIAN

, hereinafter referred to as the  
affiant, states under oath that affiant resides at  
4600 N. OSAGE, NORRIDGE, IL. 60706

That the affiant was acquainted with <sup>A.</sup> JOSEPH GUMUSHIAN, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of a properly recorded joint tenancy deed, said property located in Cook County, Illinois, and legally described as follows:

SEE ATTACHED LEGAL DESCR.

Property Address: 4600 N. OSAGE, NORRIDGE, IL. 60706

PIN # 12-13-111-030-0000

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

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That the decedent died on 7/16/08 leaving  
**(NO)** A last will and testament:

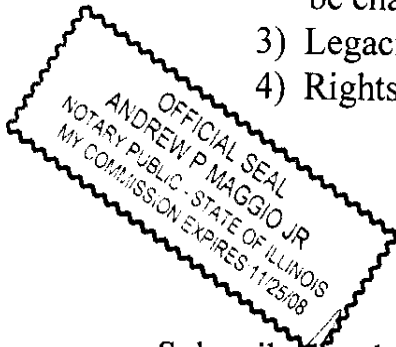
That the total value of decedents estate including the taxable interest in the above property was less than THE TAXABLE THRESHOLD FOR FEDERAL ESTATE TAX AND ILL. INHERITANCE TAX.

That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full:

That the affiant makes this affidavit to induce the title insurance company (Attorneys' Title) to issue its policy of title insurance on the above described property.

The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold the title insurance company (Attorneys' Title) harmless and to reimburse the title insurance company for all loss, costs, damages, suits, attorney fees and expenses of every kind and nature which the title insurance company may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

- 1) Claims against the estate of JOSEPH GUMUSHIAN,<sup>A.</sup> the decedent;
- 2) Illinois State Inheritance Tax and Federal Estate 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.



Diana Maggioro Gumushian  
Affiant, DIANA GUMUSHIAN  
MAGGIO

Subscribed and sworn before me this 22 day of Aug, ~~XXXX~~ 2008

[Signature]  
Notary Public

THIS INSTR. PREPARED BY:  
MAGGIO & TARTAGLIA  
ANDREW P. MAGGIO, JR  
ATTORNEY AT LAW  
7819 W. LAWRENCE AVE.  
NORRIDGE, IL 60706

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REGISTRATION DISTRICT NO. <b>16.0</b>		STATE OF ILLINOIS CERTIFICATE OF DEATH	
LOCAL FILE NUMBER <b>224 July 08</b>		STATE FILE NUMBER	
1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last) <b>JOSEPH A. GUMUSHIAN</b>		2. SEX <b>MALE</b>	3. DATE OF DEATH (Month/Day/Year) (Spell Month) <b>JULY 16, 2008</b>
4. COUNTY OF DEATH <b>Cook</b>	5a. AGE AT LAST BIRTHDAY (years) <b>39</b>	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY hours: _____ Minutes: _____
6. DATE OF BIRTH (Month/Day/Year) <b>MAY 18, 1969</b>		7a. CITY OR TOWN <b>Norridge</b>	
7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) <b>4600 North Osage</b>		7c. PLACE OF DEATH (Check only one; see instructions)	
IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival		IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input checked="" type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____	
8. BIRTHPLACE (City and State or Foreign Country) <b>CHICAGO, ILLINOIS</b>	9. SOCIAL SECURITY NUMBER <b>347-70-3669</b>	10. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) <b>DIANA MAGGIO</b>
12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13a. RESIDENCE (Street and Number) <b>4600 NORTH OSAGE</b>	
13b. APT. NO.		13c. CITY OR TOWN <b>NORRIDGE</b>	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13e. COUNTY <b>COOK</b>	13f. STATE <b>IL.</b>	13g. ZIP CODE <b>60706</b>	14. FATHER'S NAME (First, Middle, Last) <b>ANTIBAS GUMUSHIAN</b>
15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>SUZANNE KALOUSTIAN</b>		16a. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) <b>4600 N. OSAGE, NORRIDGE, ILLINOIS 60706</b>	
16a. INFORMANT'S NAME <b>DIANA GUMUSHIAN</b>		16b. RELATIONSHIP <b>WIFE</b>	
17. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____		18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) <b>MARYHILL</b>	
19. LOCATION - CITY, TOWN AND STATE <b>NILES, ILLINOIS</b>		20. DATE OF DISPOSITION (Month/Day/Year) <b>JULY 19, 2008</b>	
21a. FUNERAL HOME NAME <b>CUMBERLAND CHAPELS</b>		21b. FUNERAL HOME STREET AND NUMBER <b>8300 WEST LAWRENCE AVENUE, NORRIDGE, ILLINOIS 60706</b>	
21c. FUNERAL HOME CITY OR TOWN <b>NORRIDGE</b>		21d. FUNERAL HOME STATE <b>ILLINOIS</b>	
21e. FUNERAL HOME ZIP <b>60706</b>		21f. FUNERAL DIRECTOR'S SIGNATURE <i>William J. Gupo</i>	
21g. LOCAL REGISTRAR'S SIGNATURE <i>David Orr</i>		21h. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>031-007657</b>	
21i. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) <b>JUL 18 2008</b>		21j. DATE OF DEATH (Month/Day/Year) <b>JULY 16, 2008</b>	
24. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.			
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>Dilated Cardiomyopathy</b>		Due to (or as a consequence of):	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) 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. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		25. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		28. IF FEMALE: <input type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within one year of death but time unknown <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past 12 months	
29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation		26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
30. DATE OF INJURY (Month/Day/Year)	31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	32. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	33. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
34. LOCATION OF INJURY Street and Number		Apartment Number	City or Town State ZIP Code
35. DESCRIBE HOW INJURY OCCURRED:		36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify): _____	
37. I (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	39. DATE PRONOUNCED (Month/Day/Year) <b>July 16, 2008</b>
40. TIME OF DEATH <b>9:30 A.M.</b>		41. CERTIFIER (Check only one): <input type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.	
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) <b>J. LAWRENCE COGAN, M.D. 2121 W. HARRISON ST., CHICAGO, ILLINOIS 60612-3705</b>		43. PHYSICIAN LICENSE NUMBER	
44. TITLE OF CERTIFIER <b>THE MEDICAL EXAMINER</b>	45. DATE CERTIFIED (Month/Day/Year) <b>July 17, 2008</b>	46. SIGNATURE OF CERTIFIER <i>Thomas Eugene Jones M.D.</i>	

Illinois Department of Public Health - Division of Vital Records  
VR200 (Rev. 1/06)

This is to certify that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health.

STATE OF ILLINOIS  
County of Cook  
**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

**JUL 18 2008**

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Lot 30 in Block 9 in Fredrickson and Company's Norridge Manor, being a Subdivision in the North West Quarter of the North West Quarter and the South West Quarter of the North West Quarter of Section 13, Township 40 North, Range 12 East of the Third Principal Meridian, in Cook County, Illinois

Property Address: 4600 N. Osage, Norridge IL  
Permanent Real Estate Index Number: 12-13-111-030-0000

Property of Cook County Clerk's Office