

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)
) SS.
 County of Cook)

Louis A. Martino, Jr. hereinafter called Affiant(s) being duly sworn states that he/she/they resides at: **4655 N. Cumberland Avenue, Norridge, IL 60706**. That Affiant(s) was acquainted with **Louis A. Martino, Sr.**, hereinafter referred to as Deceased and at the time of Decedent's death, was one of the owners of the land in Cook County, Illinois, described as:

Parcel 1: Unit 416 in Terrace Point Condominiums of Norridge as delineated on a Survey of the following described Real Estate:

The East 369.55 feet of the West 419.55 feet of the North 260.7 feet of the South 31 Rods and 15 Links of the Northwest ¼ of the Northeast ¼ of Section 14, Township 40 North, Range 12, East of the Third Principal Meridian which survey is attached to the Declaration of Condominium recorded as Document 99562664 together with its undivided interest in the Common Elements.

Parcel 2: The exclusive right to the use of Storage Space S-47 and Parking Space P-47 Limited Common Elements as delineated on the survey attached to the Declaration recorded as Document 99562664

PIN 12-14-200-089-1056

That the Deceased died on December 7, 2004 as evidenced by a copy of Deceased's death certificate attached hereto.

That the Deceased, at the time of his/her death, held his/her share of the above-mentioned property as a joint tenant and that the Deceased died leaving no last will & testament.

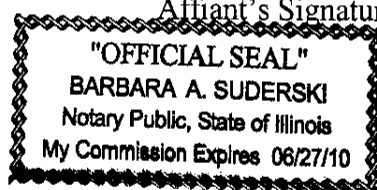
That the total value of the estate of the Deceased, for estate tax purposes, including both real and personal property owned by the Deceased either individually or in joint tenancy at the time of the death of the Deceased, does not exceed the sum of \$ _____.

Affiant makes this affidavit for the purpose of any individual or corporation who may be harmed by the Affiant's lack of veracity.

Subscribed and sworn before me
 this 4th day of September, 2008.

Barbara A. Suderski
 Notary Public

Louis A. Martino Jr.
 Affiant's Signature



2P

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DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO. 1635
REGISTERED NUMBER 528

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

Type or Print in Permanent Ink See Funeral Directors, Hospital, or Physicians Instructions

DECEASED

1. DECEASED NAME: **BOUIS, A.** FIRST MIDDLE LAST

2. SEX: **MALE**

3. DATE OF DEATH (MONTH, DAY, YEAR): **DECEMBER 7, 2004**

4. COUNTY OF DEATH: **COOK**

5. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: **COOK**

6. AGE - LAST BIRTHDAY (YEARS, MONTHS, DAYS): **86**

7. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **GOTTLEBER MEMORIAL HOSPITAL**

8. DATE OF BIRTH (MONTH, DAY, YEAR): **DECEMBER 6, 1918**

9. IF HOSP. OR INST. INDICATE D.O.A. OR OTHER, INDICATE (SPECIFY): **INPATIENT**

10. IF DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): **YES**

11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **MARRIED**

12. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): **LILLIAN C. AUGELLI**

13. KIND OF BUSINESS OR INDUSTRY: **11a. FUNERAL DIRECTOR; 11b. FUNERAL**

14. EDUCATION (SPECIFY ON Y. HIGHEST GRADE COMPLETED): **2**

15. RESIDENCE (STREET AND NUMBER): **13a. 4655 N. CUMBERLAND AVE.**

16. CITY, TOWN, TWP, OR ROAD DISTRICT NO.: **13b. NORRIDGE**

17. COUNTY: **COOK**

18. STATE: **ILLINOIS**

19. ZIP CODE: **60706**

20. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): **WHITE**

21. OF HISPANIC ORIGIN? (SPECIFY YES/NO): **NO**

22. SPECIFY: **13c. YES**

PARENTS

15. FATHER - NAME FIRST MIDDLE LAST: **PETER MARTINO**

16. MOTHER - NAME FIRST MIDDLE LAST: **AMELIA REPETTO**

17a. LILLIAN C. MARTINO

17b. WIFE

17c. 4655 N. CUMBERLAND AVE. NORRIDGE, IL

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.

19. Immediate Cause (Final disease or condition resulting in death): **PNEUMONIA**

20. (a) DUE TO, OR AS A CONSEQUENCE OF: **CONGESTIVE HEART FAILURE**

21. (b) DUE TO, OR AS A CONSEQUENCE OF: **DIASTOLIC HEART FAILURE**

22. (c) DUE TO, OR AS A CONSEQUENCE OF: **APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH**

23. (d) DUE TO, OR AS A CONSEQUENCE OF: **1 WEEK**

CAUSE

20a. DATE OF OPERATION, IF ANY: **APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH**

20b. MAJOR FINDINGS OF OPERATION: **APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH**

20c. HOUR OF DEATH: **2:38 P.M.**

20d. DATE SIGNED (MONTH, DAY, YEAR): **12-9-2004**

20e. ILLINOIS LICENSE NUMBER: **036-054830**

20f. ILLINOIS LICENSE NUMBER: **036-054830**

20g. ILLINOIS LICENSE NUMBER: **036-054830**

20h. ILLINOIS LICENSE NUMBER: **036-054830**

20i. ILLINOIS LICENSE NUMBER: **036-054830**

20j. ILLINOIS LICENSE NUMBER: **036-054830**

20k. ILLINOIS LICENSE NUMBER: **036-054830**

20l. ILLINOIS LICENSE NUMBER: **036-054830**

20m. ILLINOIS LICENSE NUMBER: **036-054830**

20n. ILLINOIS LICENSE NUMBER: **036-054830**

20o. ILLINOIS LICENSE NUMBER: **036-054830**

20p. ILLINOIS LICENSE NUMBER: **036-054830**

20q. ILLINOIS LICENSE NUMBER: **036-054830**

20r. ILLINOIS LICENSE NUMBER: **036-054830**

20s. ILLINOIS LICENSE NUMBER: **036-054830**

20t. ILLINOIS LICENSE NUMBER: **036-054830**

20u. ILLINOIS LICENSE NUMBER: **036-054830**

20v. ILLINOIS LICENSE NUMBER: **036-054830**

20w. ILLINOIS LICENSE NUMBER: **036-054830**

20x. ILLINOIS LICENSE NUMBER: **036-054830**

20y. ILLINOIS LICENSE NUMBER: **036-054830**

20z. ILLINOIS LICENSE NUMBER: **036-054830**

CERTIFIER

21a. I (DID) (DECEASED) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: **12-6-2004**

21b. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE: **[Signature]**

22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): **DR. DRAGAN YKOVIC 675 W. NORTH AVE. MELROSE PARK, IL.**

22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): **[Signature]**

22d. ILLINOIS LICENSE NUMBER: **036-054830**

22e. ILLINOIS LICENSE NUMBER: **036-054830**

22f. ILLINOIS LICENSE NUMBER: **036-054830**

22g. ILLINOIS LICENSE NUMBER: **036-054830**

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22z. ILLINOIS LICENSE NUMBER: **036-054830**

DISPOSITION

23a. BURIAL CREMATION, REMOVAL (SPECIFY): **BURIAL**

23b. CEMETERY OR CREMATORY NAME: **QUEEN OF HEAVEN**

23c. LOCATION: **HILL-SIDE ILLINOIS**

23d. CITY OR TOWN: **ILLINOIS**

23e. STATE: **ILLINOIS**

23f. DATE (MONTH, DAY, YEAR): **DEC. 11, 2004**

23g. FUNERAL HOME: **CUMBERLAND CHAPELS**

23h. STREET AND NUMBER OR R.F.D.: **8300 W. LAWRENCE AVE. NORRIDGE ILLINOIS 60706**

23i. CITY OR TOWN: **ILLINOIS**

23j. STATE: **ILLINOIS**

23k. ZIP: **60706**

23l. FUNERAL DIRECTOR'S SIGNATURE: **[Signature]**

23m. ILLINOIS LICENSE NUMBER: **031-0088880**

23n. ILLINOIS LICENSE NUMBER: **031-0088880**

23o. ILLINOIS LICENSE NUMBER: **031-0088880**

23p. ILLINOIS LICENSE NUMBER: **031-0088880**

23q. ILLINOIS LICENSE NUMBER: **031-0088880**

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23y. ILLINOIS LICENSE NUMBER: **031-0088880**

23z. ILLINOIS LICENSE NUMBER: **031-0088880**

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: December 10, 2004 SIGNED: [Signature] REGISTRAR

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.