

# UNOFFICIAL COPY



Doc#: 0831829034 Fee: \$42.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 11/13/2008 11:45 AM Pg: 1 of 4

## JOINT TENANCY AFFIDAVIT

Prepared By and MAIL TO:  
Hegarty, Kowols & Associates  
301 W. Touhy  
Park Ridge, IL 60068  
(847) 692-3031

STATE OF ILLINOIS)  
)SS  
COUNTY OF COOK )

ANTOINETTE BRANA,  
hereby referred to as the affiant, states under oath that the affiant resides at 911 N. Delphia, in the City of Park Ridge, Illinois; that the affiant was acquainted with **ANGELO J. BRANA and MARIE BRANA**, decedents; that at the time of their deaths, the decedents were each one of the owners of the property, by virtue of a properly recorded joint tenancy warranty deed, said property located in Cook County, Illinois, and legally described as follows:

Lot 45 in Golf View Highlands, being a Subdivision of Lot 1 in Subdivision of the West Half (1/2) of the Northwest Quarter (1/4) of Section 26, and the North 387.2 feet of the Southeast Quarter (1/4) of the Northwest Quarter (1/4) of the Northwest Quarter (1/4) of said Section 26 (except the West 337.72 feet thereof) all in Township 41 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

Property Address: 911 N. Delphia, Park Ridge, IL 60068  
P.I.N.: 09-26-103-017-0000

That the decedents 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 thereof or the creation of interest to take effect in possession or enjoyment after death;

That the decedent (ANGLEO J. BRANA) died on February 19, 2004, leaving no last will and testament and the decedent (MARIE BRANA) died on June 18, 1988 leaving no last will and testament. A certified copy of both death certificates are attached hereto and a copy of the last will and testament, if any.

That the total value of each of the decedent's estate at death, including the taxable interest in the above property was less than the applicable federal and state estate tax unified credit and that the value of the above property individually was less than the then applicable federal and state estate tax unified credit.

# UNOFFICIAL COPY

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 affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever indemnify, protect, defend and hold NA harmless and to reimburse said title company for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature which said title 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 estates of ANGELO J. BRANA, and MARIE BRANA, the decedents.
2. Illinois State Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedents;
3. Legacies, if any, created by the will of said decedents;
4. Rights of contribution.

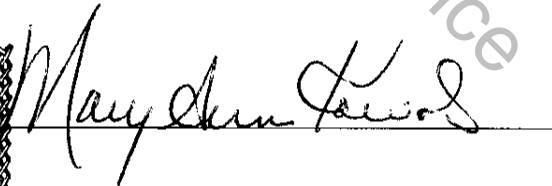
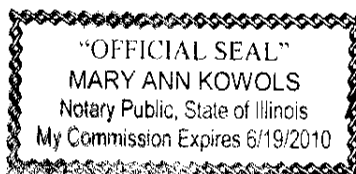


Antoinette Brana

State of Illinois, County of Cook ss.

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that ANTOINETTE BRANA, a single woman, is personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledge that she signed, sealed and delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and official seal, this 15 day of October, 2008  
Commission expires 6/19/2010



STATE OF ILLINOIS  
County of Cook

DAVID ORR, County Clerk

FEB 25 2004

**UNOFFICIAL COPY**

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

STATE OF ILLINOIS

DAVID ORR

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <b>16.0</b>		STATE OF ILLINOIS		STATE FILE NUMBER	
		REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>			
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		1. DECEASED-NAME FIRST MIDDLE LAST <b>ANGELO J. BRANA</b>		2. SEX <b>MALE</b>		3. DATE OF DEATH (MONTH, DAY, YEAR) <b>FEBRUARY 19, 2004</b>	
4. COUNTY OF DEATH <b>COOK</b>		AGE-LAST BIRTHDAY (YRS) 5a. <b>76</b>		UNDER 1 YEAR 5b. <b></b>		UNDER 1 DAY 5c. <b></b>	
6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>PARK RIDGE</b>		6b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>LUTHERAN GENERAL HOSPITAL</b>				6c. IF HOSP. OR INST. INDICATE D.O.Z. OPERATED BY INCIDENT (SPECIFY) <b>INPATIENT</b>	
7. Birthplace (CITY AND STATE OR FOREIGN COUNTRY) <b>Chicago, IL</b>		8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Never Married</b>		9. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <b></b>		10. WAS DECEASED EVER IN ARMED FORCES? (YES/NO) <b>No</b>	
11. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		11a. USUAL OCCUPATION <b>Electrician</b>		11b. KIND OF BUSINESS OR INDUSTRY <b>Electrical</b>		12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (9-12) College (1-4 or 5+) <b>12</b>	
13a. RESIDENCE (STREET AND NUMBER) <b>911 N. Delphia</b>		13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. <b>Park Ridge</b>		13c. INSIDE CITY (YES/NO) <b>No</b>		13d. COUNTY <b>Cook</b>	
13e. STATE <b>Illinois</b>		13f. ZIP CODE <b>60068</b>		14. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <b>White</b>		14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAL, PUERTO RICAN) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
15. FATHER-NAME FIRST MIDDLE LAST <b>Peter Brana</b>		16. MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST <b>Margaret Prignano</b>					
17a. INFORMANT'S NAME (TYPE OR PRINT) <b>MICHELLE KING REGISTRAR</b>		17b. RELATIONSHIP <b>MOSP REC</b>		17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <b>1775 DEMPSTER, PARK RIDGE IL 60016</b>			
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.		(a) <b>DIFFUSE METASTASES</b>		(b) <b>CARCINOMA OF THE PROSTATE</b>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>3 MONTH</b>	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) <b></b>		(c) <b></b>		<b>2 YEARS</b>	
19. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		19a. AUTOPSY (YES/NO) <b>NO</b>		19b. WERE AUTOPSY FINDINGS AVAILABLE FOR COMPLETION OF CAUSE OF DEATH? (YES/NO) <b></b>			
20a. DATE OF OPERATION, IF ANY <b></b>		20b. MAJOR FINDINGS OF OPERATION <b></b>		20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? <b>YES <input type="checkbox"/> NO <input type="checkbox"/></b>			
21a. (I/DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON <b>FEB 19, 2004</b>		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <b>NO</b>		21c. HOUR OF DEATH <b>10:50 A</b>			
22a. SIGNATURE <i>Lawrence Pankau MD</i>		22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>LAWRENCE R. PANKAU MD 132 S PROSPECT PARK RIDGE IL 60068</b>		22c. ILLINOIS LICENSE NUMBER <b>036-054781</b>			
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) <b></b>		24a. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>		24b. CEMETERY OR CREMATORY-NAME <b>Queen of Heaven</b>		24c. LOCATION CITY OR TOWN STATE <b>Hillside IL</b>	
25a. FUNERAL HOME <b>Cooney Funeral Home, 625 Busse Hwy., Park Ridge, IL 60068</b>		25b. FUNERAL DIRECTOR'S SIGNATURE <i>Matthew J Cooney</i>		25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>11875</b>		26. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>FEB 25 2004</b>	

# UNOFFICIAL COPY

## MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.0 | STATE OF ILLINOIS | STATE FILE NUMBER

REGISTERED NUMBER | CEASED - NAME | FIRST | MIDDLE | LAST | SEX | DATE OF DEATH - (MONTH, DAY, YEAR)

MARIE BRANA | FEMALE | JUNE 18, 1988

ORIGIN OR DESCENT | AGE - LAST BIRTHDAY (YRS) | UNDER 1 YEAR | UNDER 1 DAY | DATE OF BIRTH - (MO, DAY, YEAR) | COUNTY OF DEATH

WHITE | 4b. Italian | 5a. 57 | 5b. | 5c. | SEPTEMBER | 14, 1930 | 7a. COOK

TOWN, TWP. OR ROAD DISTRICT NUMBER | HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) | IF HOSP OR INST. INDICATE DOA (OPER. RM. INPATIENT (SPECIFY))

PARK RIDGE | 7c. LUTHERAN GENERAL HOSPITAL | 7d. INPATIENT

DATE OF BIRTH - (IF NOT U.S.A. OR FOREIGN COUNTRY) | CITIZEN OF WHAT COUNTRY | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) | NAME OF SURVIVING SPOUSE - (MARDEN NAME, IF WIFE)

ILLINOIS | 9. UNITED STATES | 10. Never Married | 11.

SOCIAL SECURITY NUMBER | USUAL OCCUPATION | KIND OF BUSINESS OR INDUSTRY | WAS DECEASED EVER IN U.S. ARMED FORCES? YES / NO | WAR OR DATES OF SERVICE

13a. Secretary | 13b. Magazine | 13c. No | 13d.

RESIDENCE STREET AND NUMBER | CITY, TOWN, TWP. OR ROAD DISTRICT NO. | INSIDE CITY YES / NO | COUNTY | STATE

911 N DELPHIA | 14b. PARK RIDGE | 14c. Yes | 14d. COOK | 14e. ILLINOIS

FATHER - NAME | FIRST | MIDDLE | LAST | MOTHER - MAIDEN NAME | FIRST | MIDDLE | LAST

PETER BRANA | MARGARET PRIGNANO

FORMANT NAME (TYPE OR PRINT) | RELATIONSHIP | MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)

M. SHEEHAN-REGISTRAR | HOSP. REC'D | 1775 DEMPSTER, PARK RIDGE, ILLINOIS 60068

DEATH WAS CAUSED BY: IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(a) Cardiac Arrest | 2 min

(b) Sepsis | 2 days

(c) Central Epidural Abscess

ART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

Renal Failure, Diabetes Mellitus

DATE OF OPERATION, IF ANY | MAJOR FINDINGS OR OPERATIONS | AUTOPSY YES / NO | IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

NO | 20b. | 19a. No | 19b.

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

June 17, 1988 | 21b. No | 21c.

SIGNATURE | NAME AND ADDRESS OF CERTIFIER | DATE SIGNED - (MONTH, DAY, YEAR)

Halolo Prigman MD | 1775 Balboa Dr, Park Ridge, IL 60068 | 5:45 A.M. | 22b. JUNE 18, 1988

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER | ILLINOIS LICENSE NUMBER

Halolo Prigman MD | 1775 Balboa Dr, Park Ridge, IL 60068 | 22c. 036-066587

METHOD OF REMOVAL (SPECIFY) | CEMETERY OR CREMATORY - NAME | LOCATION | CITY OR TOWN | STATE | DATE (MONTH, DAY, YEAR)

Burial | 24a. Queen of Heaven | 24c. Hillside, Illinois | 24d. June 20, 1988

Funeral Home | STREET AND NUMBER OR R.F.D. | CITY OR TOWN | STATE | ZIP

Drake & Son Guardian Chapel 625 Busse Hwy. Park Ridge, Illinois 60068

Funeral Director's Signature | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

Ronald A. Connell | 25c. 867110

LOCAL REGISTRAR'S SIGNATURE | DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

KAREN L. SCOTT, M.D. | 25d. 06-18-88

ILLINOIS DEPARTMENT OF PUBLIC HEALTH - OFFICE OF VITAL RECORDS (BASED ON 1978 ILL. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is true and correct copy of the death record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois Statutes, relating to the registration of births, stillbirths and deaths.

DATE: JUN 20 1988

SIGNED: *Melvin McCann*

At Cook County Department of Public Health