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Doc#: 0833626182 Fee: \$42.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 12/01/2008 02:06 PM Pg: 1 of 4

Prepared by:
James J. Kash
6545 W. Archer Ave.
Chicago, IL 60638

1 of 3

Return To:
James J. Kash
6545 W. Archer Ave.
Chicago, IL 60638

0833626182

[Space Above This Line For Recording Date]

JOINT TENANCY AFFIDAVIT Statutory (ILLINOIS)

Property of Cook County Clerk's Office

Property Address Commonly Known as:

5223 S. Austin Ave., Chicago, IL 60638

Permanent Real Estate Index Number:

19-08-408-068-0000

Dated:
November 12, 2008

JKY

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JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

STEVEN J. LAZZARA, hereby referred to as the affiant, states under oath that the affiant resides at 5651 S. Neenah, Chicago, Illinois 60638; that the affiant was acquainted with JOSEPH B. LAZZARA; at the time of the decedent's death, the decedent was one of the owners of a parcel of property by virtue of a properly recorded joint tenancy or tenancy by the entirety deed, said property located in COOK County, Illinois, and legally described as follows:

LOT 39 AND THE SOUTH 9 FEET OF LOT 40 IN BLOCK 9 IN CRANE ARCHER AVENUE HOME ADDITION TO CHICAGO, BEING THAT PART OF THE SOUTH EAST QUARTER LYING NORTHERLY OF ARCHER AVENUE OF SECTION 8, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index Number: 19-08-408-068-0000
Property Address: 5223 S. Austin, Chicago, Illinois 60638

The decedent died on June 6, 1995, leaving NO last will and testament;

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;

The total value of decedent's estate, including the taxable interest in the above property, is \$ under 300,000, and that the value of the above property individually is \$ under \$150,000.

The State Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from the decedent's estate, has been paid in full;

The affiant makes this affidavit to induce Attorneys' Title Guaranty Fund, Inc. (ATG) to issue its policy of title insurance on the above described property.

The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATG harmless and to reimburse ATG for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature that ATG 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 B. Lazzara, deceased, the decedent;
2. State Estate/Inheritance Tax and Federal Estate Tax that may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

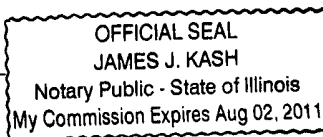
Steven J. Lazzara
Steven J. Lazzara

Subscribed and sworn to before me this

12 day of November, 2008
(Month) (Year)

James J. Kash
(Notary Public)

My commission expires: _____



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JOINT TENANCY AFFIDAVIT (continued)

Note: If the decedent left a will, a certified copy thereof must be presented to ATG for inspection, along with a certified copy of the death certificate and evidence of payment of death taxes, if any.

This instrument prepared by:

James J. Kash
6545 W. Archer Ave.
Chicago, Illinois 60638

Return to:

James J. Kash
6545 W. Archer Ave.
Chicago, Illinois 60638

Property of Cook County Clerk's Office

UNOFFICIAL COPY

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

NOV 25 1996

L SHEILA LYNE, RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

STATE FILE NUMBER: 6211586

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

DECEASED—NAME: **Joseph Blase** LAST: **Lazzara** SEX: **2. Male** DATE OF DEATH (MONTH, DAY, YEAR): **June 6, 1995**

CITY OF DEATH: **Cook** COUNTY: **Cook**

AGE—LAST BIRTHDAY (YRS): **57** UNDER 1 DAY: **5c.** DATE OF BIRTH (MONTH, DAY, YEAR): **March 26, 1938**

CITY, TOWN, TWP OR ROAD DISTRICT NUMBER: **Chicago** HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **Northwestern Memorial Hospital**

6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **Aurora Illinois** NAME OF SURVIVING SPOUSE (Maiden Name, if wife): **Margaret Jaquelyne Reynolds**

7. SOCIAL SECURITY NUMBER: **10322-30-5316** KIND OF BUSINESS OR INDUSTRY: **C.T.A.** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **College (1-4 or 5-1)**

11a. RESIDENCE (STREET AND NUMBER): **5223 S. Austin** CITY, TOWN, TWP, OR ROAD DISTRICT NO.: **Chicago** INSIDE CITY (YES/NO): **Yes**

13a. STATE: **Illinois** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.): **White** OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): **NO**

FATHER—NAME: **Blase** MOTHER—NAME: **Jennie** MIDDLE: **Sabatino**

15. INFORMANT'S NAME (TYPE OR PRINT): **Angela Persky** RELATIONSHIP: **Medical Records** MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP): **17303 E. Superior Chicago, IL. 60611**

17a. **Angela Persky** 17b. **Medical Records** 17c. **Chicago, IL. 60611**

18. PART I. Enter the disease, 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): **(a) Metastatic Adenocarcinoma of the Gastro-Esophageal Junction**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **(b) DUE TO, OR AS A CONSEQUENCE OF**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

DATE OF OPERATION, IF ANY: **20b.** MAJOR FINDINGS OF OPERATION: **20c.**

(1)(D) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: **June 5, 1995** HOUR OF DEATH: **8:45 A.M.**

21a. I did last attend alive on **June 5, 1995** TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE: **Al Benson** NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): **Al. B. Benson, III., M.D. 233 E. Erie Chicago, Ill., 60611**

22b. DATE SIGNED: **June 6, 1995** ILLINOIS LICENSE NUMBER: **036-059058**

22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): **ANDREAS E. JENINGA**

23. BURIAL CREMATION, REMOVAL (SPECIFY): **Burial** CEMETERY OR CREMATORY—NAME: **Resurrection** LOCATION: **Justice Illinois** STATE: **Illinois** DATE (MONTH, DAY, YEAR): **24d. 6-10-95**

24b. STREET AND NUMBER: **925 S. Pulaski** CITY: **Chicago** STATE: **Illinois** ZIP: **60607**

25a. FUNERAL HOME: **FORAN FUNERAL HOME, LTD. 7300 W. Archer Avenue Summit Illinois 60501** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **034-011087**

25b. FUNERAL DIRECTOR'S SIGNATURE: **Andreas E. Jeninga** ANDREAS E. JENINGA

25c. LOCAL REGISTRAR'S SIGNATURE: **Sheila Lyne** LOCAL REGISTRAR'S SIGNATURE: **ANDREAS E. JENINGA**

26a. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **JUN 7 1995**