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Doc#: 0900754050 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 01/07/2009 12:00 PM Pg: 1 of 3

AFFIDAVIT REGARDING DECEASED JOINT TENANT

3

STATE OF ILLINOIS)
) SS
COUNTY OF Cook)

Ralph J. Salerno, being first duly sworn deposes and says:

1. That he resides at 2459 Bellevue Avenue, Westchester, IL 60154;
2. That he was acquainted with Rose Salerno, who died on August 4, 2008, as evidenced by the attached copy of the death certificate;
3. That the said decedent was one of the owners of the land described on "Exhibit A" attached hereto;
4. That the said decedent's estate did not require formal probate;
5. That the total value of said decedent's estates for State of Illinois Inheritance Tax/Estate Tax and Federal Estate Tax purposes does not exceed the exemption equivalent and therefore does not necessitate the filing of federal or state estate tax returns.

Signed under the pains and penalties of perjury this 5th day of January, 2009.

Ralph J. Salerno
RALPH J. SALERNO

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, CERTIFY THAT **Ralph J. Salerno**, 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 acknowledged that he signed, sealed and delivered the said instrument as his free and voluntary act.

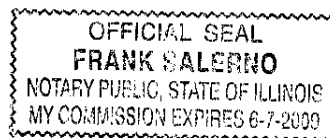
Given under my hand and official seal this 5th day of January, 2009.

Frank Salerno

(Notary Public)

Mail To:
Salerno Law Group, P.C.
22 Calendar Court, 2nd Floor
LaGrange, IL 60525

Affidavit Deceased Joint



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EXHIBIT A - PROPERTY DESCRIPTION

PIN #15-29-219-028

ADDRESS: 2459 Belleview Avenue
Westchester, IL 60154

LOT 23 IN PLAT OF SUBDIVISION OF MARTIN H. BRAUN AND COMPANY'S MARTINDALE ESTATE UNIT NUMBER 6, A RESUBDIVISION OF LOTS 1 TO 4, BOTH INCLUSIVE IN BLOCK 6, LOTS 1 TO 3, BOTH INCLUSIVE AND LOTS 8 TO 15, BOTH INCLUSIVE IN BLOCK 7, LOTS 1 TO 9, BOTH INCLUSIVE IN BLOCK 8, LOTS 1 TO 3, BOTH INCLUSIVE IN BLOCK 9 ALL IN HADRABA AND MANDA'S SUBDIVISION UNIT NUMBER 2, BEING A SUBDIVISION OF THE NORTH 1/2 OF THE NORTH WEST 1/4 OF THE SOUTH EAST QUARTER, ALSO PART OF THE SOUTH 1/2 OF THE NORTH EAST QUARTER ALL IN SECTION 29, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

UNOFFICIAL COPY

STATE OF ILLINOIS CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. <u>14-12</u>		LOCAL FILE NUMBER <u>833</u>		STATE FILE NUMBER	
1. DECEDENT'S LEGAL NAME (include AKAs if any) (First, Middle, Last) Rose E. Salerno			2. SEX Female	3. DATE OF DEATH (Month/Day/Year) (Spell Month) August 4, 2008	
4. COUNTY OF DEATH Cook		5a. AGE AT LAST BIRTHDAY (Years) 67	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Month/Day/Year) July 8, 1941
7a. CITY OR TOWN Proviso Township			7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) Loyola University Hospital		
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 checked="" 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 type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____		
8. BIRTHPLACE (City and State or Foreign Country) Chicago, IL		9. SOCIAL SECURITY NUMBER		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) Ralph Salerno
12. EVER IN U.S. ARMED FORCE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13. RESIDENCE (Street and Number) 2459 Bellevue Avenue		13b. APT. NO.	13c. CITY OR TOWN Westchester
13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13e. COUNTY Cook		13f. STATE IL	13g. ZIP CODE 60154
14. FATHER'S NAME (First, Middle, Last) Joseph Schiavone			15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Florence Masceri		
16a. INFORMANT'S NAME Ralph Salerno		16b. RELATIONSHIP Husband		16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 2459 Bellevue Ave. Westchester, IL 60154	
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) Mt. Carmel Cemetery		19. LOCATION - CITY, TOWN AND STATE Hillside, IL	20. DATE OF DISPOSITION (Month/Day/Year) August 8, 2008
21a. FUNERAL HOME NAME Salerno's Galewood Chapels		21b. STREET AND NUMBER 1857 N. Harlem Avenue		21c. CITY OR TOWN Chicago	21d. STATE IL
21e. ZIP 60707		21f. FUNERAL DIRECTOR'S SIGNATURE <i>Joseph D. Salerno</i>		21g. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-010202	
22. LOCAL REGISTRAR'S SIGNATURE <i>Shirley Rivera Jr.</i>		22b. HILLSIDE ILLINOIS 60162		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) August 6, 2008	
CAUSE OF DEATH (See instructions and examples)					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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.					2 hours
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Acute Myocardial Infarction Due to (or as a consequence of):					
Sequitely 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					
b. Atherosclerosis 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" 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 checked="" 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 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	
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 checked="" 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 8-4-08		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		39. DATE PRONOUNCED (Month/Day/Year) August 4, 2008	40. TIME OF DEATH: 6:34 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.
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) 7411 Lake St River Forest 60305				43. PHYSICIAN'S LICENSE NUMBER 3640479	
44. TITLE OF CERTIFIER J.R. O'Donoghue M.D.		45. DATE CERTIFIED (Month/Day/Year) August 5, 2008		46. SIGNATURE OF CERTIFIER <i>J.R. O'Donoghue</i>	

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.

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 AUG 06 2008 SIGNED Shirley Rivera Jr.

AT BROADVIEW, ILLINOIS Illinois OFFICIAL TITLE LOCAL REGISTRAR OF VITAL STATISTICS

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 of the facts therein stated.