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FOR DEPOSIT ONLY
EUGENE "GENE" RE
RECORDER OF DEEDS
0070054 01

Chicago Title Insurance Company



DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

} ss.

Order No. _____

VIRGINIA VECELLIO

being duly sworn

states that she resides at #42, 7216 West 153rd Street in the City of Orland Park, Illinois 60462.

That she was acquainted with ARTHUR VECELLIO

deceased who, at the time of his death, was one of the owners of the land in COOK County, Illinois, describe as:

-- SEE OVER --

That the deceased died February 27, 1999, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois about _____

That the total value of the estate of the deceased, 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 \$25,000.00 dollars.

Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

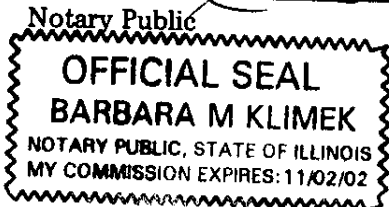
Subscribed and sworn to before me by the said

VIRGINIA VECELLIO

this 2nd day of November, A.D. 1999

Barbara M. Klimek
Notary Public

Virginia Vecellio
(affiant's signature)



UNOFFICIAL COPY

Property of Cook County Clerk's Office

Doc. prepared by:
DAVID C. DIERFF
1936 W. 8TH ST.
JUSICE, I.L. 60458

MAIL TO:
DAVID C. DIERFF
1936 W. 8TH ST.
JUSICE, I.L. 60458



ADDRESS: 7216 W. 133rd Street, Unit #42, Orland Park 60462

P.I.N. 27-13-206-003-1042

Unit 42 in CATALINA VILLAS CONDOMINIUM III as delineated on a survey of the following described real estate: Part of Lot SIX (6) (except the South 242.00 feet of the East 185.00 feet) in SILVER LAKE GARDENS UNIT 8, a subdivision of part of the East one-half (E 1/2) of the North East One-quarter (NE 1/4) of Section 13, Township 36 North, Range 12 East of the Third Principal Meridian, in COOK COUNTY, Illinois, which survey is attached as Exhibit 'A' to Declaration of Condominium made by Catalina Construction Corp., an Illinois corporation recorded in the office of the Recorder of Deeds for Cook County, Illinois, as Document Number 86296707, together with its undivided percentage interest in the common elements

LEGAL DESCRIPTION:

UNOFFICIAL COPY

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item I 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 March 2, 1999 Signed Nick Cannatella
 At Cook County Department of Public Health Official Title Chief Deputy Registrar, 1010 Lake Street, Oak Park, Illinois, 60301

REGISTRATION DISTRICT NO. 16.0
 REGISTERED NUMBER

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEASED-NAME Arthur V. Vecellio FIRST MIDDLE LAST SEX Male DATE OF DEATH (MONTH, DAY, YEAR) February 27, 1999

COUNTY OF DEATH Cook AGE LAST BIRTHDAY (M/S) 90 UNDER 1 YEAR (MOS) DAYS UNDER 1 DAY (HOURS) MIN DATE OF BIRTH (MONTH, DAY, YEAR) January 2, 1909

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Orland Park HOSPITAL OR OTHER INSTITUTION (IF NOT BIRTHPLACE, GIVE STREET AND NUMBER) 18430 Renabcheyer Orland Park (IF HOME OR INST. INDICATE D.O.A. OVERSEEN BY NURSE, PHARMACEUTICIAN, OR OTHER PERSON (SPECIFY)) Inpatient

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Ironton, OH MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married NAME OF SURVIVING SPOUSE (MAIDEN, MARRIED, OR OTHER) Virginia Vecellio WAS DECEASED IN U.S. ARMED SERVICES? (YES/NO) No

SOCIAL SECURITY NUMBER 10.235-01-4109 USUAL OCCUPATION Bricklayer KIND OF BUSINESS OR INDUSTRY Construction EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) High School (Specify 1-12)

RESIDENCE (STREET AND NUMBER) 7216 W. 153rd St. CITY, TOWN, TWP. OR ROAD DISTRICT NO. Orland Park INSIDE CITY (YES/NO) Yes COUNTY COOK

STATE IL ZIP CODE 60462 RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) White OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) No

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST

15. Valentino Vecellio MARY MASCARI

17a. Virginia Vecellio RELATIONSHIP Wife MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 7216 W. 153rd St. Orland Park IL 60462

18. PART I. Immediate Cause (Final disease or condition resulting in death) Cardiac respiratory arrest 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.

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) Cardiac respiratory arrest (b) Cardiac vascular accident (c) Myocardial infarction DUE TO OR AS A CONSEQUENCE OF STATING THE UNDERLYING CAUSE LAST.

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

DATE OF OPERATION, IF ANY None MAJOR FINDINGS OF OPERATION

20a. (DID) (MONTH, DAY, YEAR) WAS CORONER OR MEDICAL EXAMINER NOTIFIED (YES/NO) 26/15 1999 NO

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. HOUR OF DEATH 8:30 pm DATE SIGNED (MONTH, DAY, YEAR) 3/1/99

22a. SIGNATURE OF CERTIFIER [Signature] (TYPE OR PRINT) NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) Dr. Sharma M.D. 1725 W. Harrison Ste. 319 Chicago IL 60617 ILLINOIS LICENSE NUMBER 036-095503

22b. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)

23. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Orland Park HOSPITAL OR OTHER INSTITUTION (IF NOT BIRTHPLACE, GIVE STREET AND NUMBER) 18430 Renabcheyer Orland Park

24a. Burial Calvary Cemetery STREET AND NUMBER OR R.F.D. Coal Grove, OH CITY OR TOWN Orland Park STATE OH DATE (MONTH, DAY, YEAR) March 4, 1999

25a. Hills Funeral Home, Ltd. 10201 S Roberts Rd. Palos Hills IL 69465 FUNERAL DIRECTOR'S SIGNATURE [Signature] JASON C. LEONARD

25b. LOCAL REGISTRAR SIGNATURE [Signature] DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) March 2 1999

26a. REGISTRAR [Signature] DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) March 2 1999

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