

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)

)ss.

ORDER NO. _____

COUNTY OF COOK)

DIANE M. ANGONE, being duly sworn, states that she resides at 7734 S. Parkside, in the City of Burbank, Illinois.

That she was acquainted with NICHOLAS J. ANGONE, deceased, who at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

SEE LEGAL DESCRIPTION ON REVERSE SIDE AND MADE A PART HEREOF.

That the deceased died July 16, 2008, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

X Leaving no Last Will and Testament.

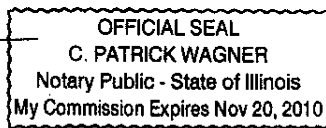
_____ Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of Cook County, Illinois.

_____ Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Probate Division of the Circuit Court of Cook 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 deceased, does not exceed the sum of **TWO HUNDRED THOUSAND AND NO/100 (\$200,000.00)** dollars.

SUBSCRIBED AND SWORN TO BEFORE ME BY THE SAID DIANE M. ANGONE, this 16th Day of March, 2009.

C. Patrick Wagner
Notary Public



Diane M. Angone
(affiant's signature)

PREPARED BY AND MAIL TO:

C. PATRICK WAGNER, ESQ.
8855 South Ridgeland Avenue
Oak Lawn, Illinois 60453-1067
708-598-6423

UNOFFICIAL COPY

LEGAL DESCRIPTION

LOT ELEVEN IN BLOCK THIRTEEN IN F.H. BARTLETT'S GREATER 79TH STREET SUBDIVISION, BEING A SUBDIVISION OF THE SOUTH WEST QUARTER OF THE SOUTH EAST QUARTER AND THE SOUTH EAST QUARTER OF THE SOUTH EAST QUARTER OF SECTION 29, ALSO THE SOUTH WEST QUARTER OF THE SOUTH WEST QUARTER OF SECTION 28, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. *Lot 11*

PIN: 19-29-407-031-0000

Commonly known as: 7734 S. Parkside, Burrbank, Illinois 60459

Property of Cook County Clerk's Office

CERTIFICATION OF VITAL RECORD

UNOFFICIAL COPY

STATE OF ILLINOIS
CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16.0**
LOCAL FILE NUMBER

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (include AKAs if any) (First, Middle, Last) **Nicholas J. Angone** 2. SEX **Male** 3. DATE OF DEATH (Month/Day/Year) (Spell Month) **July 16, 2008**

4. COUNTY OF DEATH **Cook** 5a. AGE AT LAST BIRTHDAY (Years) **70** 5b. UNDER 1 YEAR Months Days 5c. UNDER 1 DAY Hours Minutes 6. DATE OF BIRTH (Month/Day/Year) **May 3, 1938**

7a. CITY OR TOWN **Oak Lawn** 7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) **Advocate Christ Medical Center**

7c. PLACE OF DEATH (Check only one; see instructions)

IF DEATH OCCURRED IN A HOSPITAL Inpatient Emergency Room/Outpatient Dead on Arrival IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL Hospice facility Nursing Home/Long-term care facility Decedent's home Other (Specify):

8. BIRTHPLACE (City and State or Foreign Country) **Chicago, IL** 9. SOCIAL SECURITY NUMBER **322-30-3814** 10. MARITAL STATUS AT TIME OF DEATH Married Married but separated Widowed Divorced Never Married Unknown 11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) **Diane Desmond** 12. EVER IN U.S. ARMED FORCES Yes No

13a. RESIDENCE (Street and Number) **7734 South Parkside** 13b. APT. NO. 13c. CITY OR TOWN **Burbank** 13d. INSIDE CITY LIMITS? Yes No

13e. COUNTY **Cook** 13f. STATE **IL** 13g. ZIP CODE **60459** 14. FATHER'S NAME (First, Middle, Last) **Joseph Angone** 15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) **Mary Tezak**

16a. INFORMANT'S NAME **Diane Angone** 16b. RELATIONSHIP **Wife** 16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) **7734 South Parkside Burbank, IL 6045**

17. METHOD OF DISPOSITION: Burial Cremation Donation Entombment Other (Specify): 18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) **Skyline Memorial Park** 19. LOCATION - CITY, TOWN AND STATE **Monee, IL** 20. DATE OF DISPOSITION (Month/Day/Year) **July 21, 2008**

21a. FUNERAL HOME NAME **Lawn Funeral Home** STREET AND NUMBER **7909 State Road** CITY OR TOWN **Burbank** STATE **Illinois** ZIP **60459**

21b. FUNERAL DIRECTOR'S SIGNATURE *Donald B. Jaska* 21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **09806**

22. LOCAL REGISTRAR'S SIGNATURE *Abdul Orr* 23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) **Jul 18 2008**

CAUSE OF DEATH (See instructions and examples)

24. PART I. Enter the chain of events - diseases, injuries or complications - that directly cause 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 or a line. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. **Pneumonia** Due to (or as a consequence of) **day**
Sequentially list conditions, if any, leading to the cause listed on line a. b. **Metastatic Lymphoma** Due to (or as a consequence of) **years**
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST 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. **Panicytopenia**

25. WAS AN AUTOPSY PERFORMED? Yes No 26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? Yes No

27. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes Probably No Unknown 28. IF FEMALE: Not pregnant within past 12 months Pregnant at time of death Not pregnant, but pregnant within 42 days of death Pregnant within one year of death but time unknown Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past 12 months 29. MANNER OF DEATH Natural Suicide Could not be determined Accidental Homicide Pending investigation

30. DATE OF INJURY (Month/Day/Year) 31. TIME OF INJURY A.M. P.M. 32. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area) 33. INJURY AT WORK Yes 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: Driver/Operator Pedestrian Passenger Other (Specify)

37. I (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON **7/16/08** 38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? Yes No 39. DATE PRONOUNCED (Month/Day/Year) **7/16/08** 40. TIME OF DEATH **9:52** A.M. P.M.

41. CERTIFIER (Check only one) Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. 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. 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) **WARREN D. ROBINSON MD 4550 SOUTHWEST HWY, OAK LAWN IL 60453** 43. PHYSICIAN'S LICENSE NUMBER **036-066755**

44. TITLE OF CERTIFIER **Attending Physician** 45. DATE CERTIFIED (Month/Day/Year) **7/17/08** 46. SIGNATURE OF CERTIFIER *Warren D. Robinson MD*

(Based on the 2003 U.S. Standard Certificate)

Illinois Department of Public Health - Division of Vital Records

VR200 (Rev. 1/08)