

# UNOFFICIAL COPY

## DECEASED JOINT TENANCY AFFIDAVIT



Doc#: 0918354011 Fee: \$44.25  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 07/02/2009 11:15 AM Pg: 1 of 4

BT: 09-03014  
#34

Property of Cook County Clerk's Office

4-

THIS DOCUMENT PREPARED BY AND RETURN TO:

MICHAEL J. COZZI, P.C.  
Attorney at Law  
215 N. Arlington Heights Rd., Su. 203  
Arlington Heights, Illinois 60004  
847-392-9030

ISSUED BY  
COMMONWEALTH LAND TITLE INSURANCE COMPANY

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DECEASED JOINT TENANCY AFFIDAVIT



**Commonwealth**

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF LAKE

} ss.

Order No. Burnett Title 09-03014

Sharon Bianchini

states that she resides at 1309 Superior Avenue being duly sworn  
Spring Grove, IL 60081 in the City of

That she was acquainted with Lois I. Gasser

deceased who, at the time of her death, was one of the owners of the land in Cook  
County, Illinois, described as:

201 N Stratford Rd., Arlington Heights, IL 60004

PIN 03-28-312-009-0000

Legal Description: See Attached.

That the deceased died March 22, 2009, 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 \$5,000.00 dollars.

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

Subscribed and sworn to before me by the said

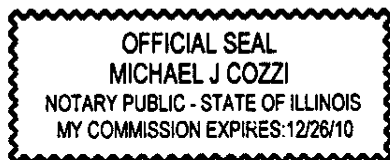
Sharon Bianchini

this 15th day of May, 2009 19\_\_

Michael J Cozzi  
Notary Public

x Sharon Bianchini  
S. B. (Affiant's Signature)

FORM 3022



# UNOFFICIAL COPY

## CERTIFICATION OF VITAL RECORD

REGISTRATION DISTRICT NO. <b>16.0</b>		STATE OF ILLINOIS CERTIFICATE OF DEATH		STATE FILE NUMBER	
LOCAL FILE NUMBER		1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last) <b>Lola Imwie Gasser</b>		2. SEX <b>Female</b>	
3. COUNTY OF DEATH <b>Cook</b>		5a. AGE AT LAST BIRTHDAY (Years) <b>76</b>		3. DATE OF DEATH (Month/Day/Year) (Spell Month) <b>March 22, 2009</b>	
7a. CITY OR TOWN <b>Arlington Heights</b>		5b. UNDER 1 YEAR Months: _____ Days: _____		6. DATE OF BIRTH (Month/Day/Year) <b>December 31, 1932</b>	
7c. PLACE OF DEATH (Check only one; see instructions) <b>ManorCare of Arlington Heights</b>		5c. UNDER 1 DAY Hours: _____ Minutes: _____		7b. HOSPITAL OR OTHER INSTITUTION NAME (if not in other, give street and number)	
IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival		IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input checked="" 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) <b>Blue Island, IL</b>		9. SOCIAL SECURITY NUMBER <b>343-25-8459</b>		10. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
11a. RESIDENCE (Street and Number) <b>201 N. Stratford Rd.</b>		13b. APT. NO.		11. SURVIVING SPOUSE'S NAME (if wife, give full name prior to first marriage) <b>Lena Michaels</b>	
13a. COUNTY <b>Cook</b>		13c. CITY OR TOWN <b>Arlington Heights</b>		12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
13d. STATE <b>IL</b>		13e. ZIP CODE <b>60004</b>		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>Lena Michaels</b>	
16a. INFORMANT'S NAME <b>Sharon Bianchini</b>		16b. RELATIONSHIP <b>Daughter</b>		16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) <b>1309 Superior Ave. Spring Grove IL 60081</b>	
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, Cemetery, crematory, other) <b>Twin Pines Crematory</b>		19. LOCATION - CITY, TOWN AND STATE <b>Dundee, IL</b>	
20. DATE OF DISPOSITION (Month/Day/Year) <b>March 26, 2009</b>		21a. FUNERAL HOME NAME <b>Glueckert Funeral Home, Ltd., 1520 N. Arlington Heights Road, Arlington Heights, IL 60004-3906</b>		21b. FUNERAL DIRECTOR'S SIGNATURE <i>Thomas M. Gotlund</i>	
21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034-014754</b>		22. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) <b>MAR 25 2009</b>	
CAUSE OF DEATH (See instructions and examples)					
24. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terms if events such as cardiac respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease or Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <b>Colon Cancer</b> Due to (or as a consequence of): _____				_____	
Sequentially list conditions, if any, leading to the cause listed on line a. b. _____ Due to (or as a consequence of): _____				_____	
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.					
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		29. MANNER OF DEATH <input checked="" 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	
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No		28. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death		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. (DID) (DID NOT) ATTEND TO THE DECEASED (Month/Day/Year) <b>03/20/2009</b>	
38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. DATE PRONOUNCED (Month/Day/Year) <b>March 22, 2009</b>		40. TIME OF DEATH <b>8:25</b> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	
41. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner <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 <input 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					
42. HOME ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) <b>1520 N. Arlington Heights Rd. 60004</b>				43. PHYSICIAN'S LICENSE NUMBER <b>036-091350</b>	
44. TITLE OF CERTIFIER <b>M.D.</b>		45. DATE CERTIFIED (Month/Day/Year) <b>3/25/09</b>		46. SIGNATURE OF CERTIFIER <i>[Signature]</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.

STATE OF ILLINOIS  
County of Cook

DAVID ORR, County Clerk

MAR 25 2009

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.

*[Signature]*

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## LEGAL DESCRIPTION

LOT 9 IN BLOCK 2 IN FIDELITY ARLINGTON ESTATES FIRST ADDITION THAT PART OF THE NORTHWEST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 28, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING EAST OF A LINE PARALLEL WITH AND DISTANT 329.65 FEET, MEASURED ON THE NORTH LINE OF THE SAID SOUTHWEST QUARTER WEST OF THE EAST LINE OF THE NORTHWEST QUARTER OF SAID SOUTHWEST QUARTER ACCORDING TO THE PLAT THEREOF REGISTERED IN THE OFFICE OF THE REGISTRAR OF TITLES OF COOK COUNTY, ILLINOIS ON JULY 10, 1958, AS DOCUMENT NO. 1805597.

Property of Cook County Clerk's Office