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Doc#: 0919831008 Fee: \$40.00  
Eugene "Gene" Moore RHSP Fee:\$10.00  
Cook County Recorder of Deeds  
Date: 07/17/2009 08:24 AM Pg: 1 of 3

AD9-0326 LMH  
Prepared By: [unclear]  
AFTER RECORDING RETURN TO:  
W. LEE NEWELL, JR.  
134 Pulaski Road  
Calumet City, Illinois 60409

ESTATE OF LOTTIE V. MUSSATO )  
Deceased )

AFFIDAVIT OF HEIRSHIP

RAYMOND F. MUSSATO, being first duly sworn on his oath, deposes and states as follows:

1. That he is the son of LOTTIE V. MUSSATO, who died on February 29, 2009.
2. That LOTTIE V. MUSSATO was married once and only once to DINO F. MUSSATO who predeceased LOTTIE V. MUSSATO. That LOTTIE V. MUSSATO and DINO F. MUSSATO had one child, namely, RAYMOND F. MUSSATO, who is living and is an adult.
3. That LOTTIE V. MUSSATO never had nor adopted any other children.
4. That the only heir of LOTTIE V. MUSSATO is as follows:
  - a. RAYMOND F. MUSSATO, son

That this Affidavit is made to establish the ownership of the real estate commonly known as 503 Paxton, Calumet City, Illinois

SEE LEGAL DESCRIPTION ATTACHED

And further affiant sayeth not.

*Raymond F. Mussato*  
x RAYMOND F. MUSSATO  
*Raymond F. Mussato*

Subscribed and sworn to before me this 13 day

of MAY, 2009

*Jessica Simmons* Notary Public



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4/6/2009 12:33 PM FROM: Fax TO: 1-708-891-0809 PAGE 002 OF 006

First American Title Insurance Company

Commitment Number: A09-0326

**SCHEDULE C  
PROPERTY DESCRIPTION**

The land referred to in this Commitment is described as follows:

LOT 16 (EXCEPT THE NORTH 5 FEET THEREOF) AND THE NORTH 20 FEET OF LOT 17 IN BLOCK 4 IN G. FRANK CROISSANT'S SHADOW LAWN, A SUBDIVISION OF THAT PART OF THE WEST 1/2 OF THE SOUTHEAST 1/4 AND THE EAST 1/3 OF THE EAST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 12, TOWNSHIP 36 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTH OF CENTER LINE OF MICHIGAN CITY ROAD, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office

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REGISTRATION DISTRICT NO. <b>99.0</b>		STATE OF ILLINOIS CERTIFICATE OF DEATH		STATE FILE NUMBER	
LOCAL FILE NUMBER		1. DECEDENT'S LEGAL NAME (include AKAs if any) (First, Middle, Last) <b>LOTTIE V. MUSSATO</b>		2. SEX <b>FEMALE</b>	
3. DATE OF DEATH (Month/Day/Year) (Spell Month) <b>FEBRUARY 25, 2009</b>		4. COUNTY OF DEATH <b>WILL</b>		5a. AGE AT LAST BIRTHDAY (Years) <b>89</b>	
5b. UNDER 1 YEAR Months: _____ Days: _____		5c. UNDER 1 DAY Hours: _____ Minutes: _____		6. DATE OF BIRTH (Month/Day/Year) <b>OCTOBER 12, 1919</b>	
7a. CITY OR TOWN <b>JOLLET</b>		7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) <b>SALEM VILLAGE</b>			
7c. PLACE OF DEATH (Check only one: see instructions) <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>CHICAGO, ILLINOIS</b>		9. SOCIAL SECURITY NUMBER <b>351-07-6704</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	
11. SURVIVING SPOUSE'S NAME (if wife, give full name prior to first marriage) - - -		12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13a. RESIDENCE (Street and Number) <b>503 PAXTON AVE.</b>	
13b. APT. NO. -		13c. CITY OR TOWN <b>CALUMET CITY</b>		13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
13e. COUNTY <b>COOK</b>		13f. STATE <b>IL</b>		13g. ZIP CODE <b>60409</b>	
14. FATHER'S NAME (First, Middle, Last) <b>GEORGE BORUCKI</b>		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>ROSE ROBEL</b>			
16a. INFORMANT'S NAME <b>MR. RAYMOND MUSSATO</b>		16b. RELATIONSHIP <b>SON</b>		16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) <b>27 OAK VIEW CT. NOVATO, CA 94947</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 of cemetery, crematory, other) <b>HOLY SEPULCHRE CEMETERY</b>		19. LOCATION - CITY, TOWN AND STATE <b>ALSIP, ILLINOIS</b>	
20. DATE OF DISPOSITION (Month/Day/Year) <b>MARCH 2, 2009</b>		21a. FUNERAL HOME NAME <b>TEWS FUNERAL HOME</b>		21b. FUNERAL HOME STREET AND NUMBER <b>18230 S. DIXIE HWY.</b>	
21c. FUNERAL HOME CITY OR TOWN <b>HOMEWOOD, ILLINOIS</b>		21d. FUNERAL HOME STATE <b>ILLINOIS</b>		21e. FUNERAL HOME ZIP <b>60430</b>	
21f. FUNERAL DIRECTOR'S SIGNATURE <i>Michael J. Schassburger</i>		21g. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034-011635</b>		21h. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) <b>MAR 02 2009</b>	
22. LOCAL REGISTRAR'S SIGNATURE <i>John J. Cicero</i>					
<b>CAUSE OF DEATH (See instructions and examples)</b>					
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.					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>Colon CA metastatic</b> Due to (or as a consequence of): _____					
Sequentially 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. _____ 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 type="checkbox"/> No			
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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 last 12 months		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	
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 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 AND LAST SAW HIM/HER ALIVE ON <b>2/24/09</b>		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		39. DATE PRONOUNCED (Month/Day/Year) <b>FEBRUARY 25, 2009</b>	
40. TIME OF DEATH <b>10:35</b> <input checked="" type="checkbox"/> A.M. <input 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 checked="" 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 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) <b>DR. TURK, Joliet Doctor's Clinic, 2450 Glenwood Joliet 60425</b>					43. PHYSICIAN'S LICENSE NUMBER <b>036102125</b>
44. TITLE OF CERTIFIER <b>MD</b>		45. DATE CERTIFIED (Month/Day/Year) <b>3/2/09</b>		46. SIGNATURE OF CERTIFIER <i>John J. Cicero</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.

*John J. Cicero*  
**John J. Cicero**  
 Executive Director &  
 Local Registrar  
 Will County Health Department

Date Issued: **MAR 02 2009**