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AFFIDAVIT RE DECEASED JOINT TENANT

STATE OF ILLINOIS)

COUNTY OF COOK)

Josephine Maniscalco, being

Doc#: 0932049108 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds

Date: 11/16/2009 04:04 PM Pg: 1 of 3

duly sworn for the purpose of recording a

transfer of real estate described below states as follows:

- 1. That she resides at 3723 North Pontiac, Chicago, IL 60634
- 2. That she was a carried to Peter Maniscalco who died on July 25, 2009 as evidenced by the attached certified copy of death certificate;
- 3. That said decedent was a partial owner of land and the legal description is as follows:

Lot 28 in Block 11 in Feuerborn an i Klode's Irvingwood being a Subdivision of the West half of the North East quarter of Section 23, i ownship 40 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

Property Address: 3723 North Pontiac, Chicago, IL 6063+

PIN #: 12-23-217-013

Josephine Maniscalco

State of Illinois)

) SS.

County of Cook)

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that Josephine Maniscalco, 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 she signed, sealed and delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and official seal dated September 22, 2009.

OFFICIAL SEAL
BRUCE KISELSTEIN
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 08/06/11

This instrument was prepared by: Law Offices of Bruce Kiselstein, 930 E. Northwest Hwy., Mt. Prospect, IL 60056

(151-poquest DX)

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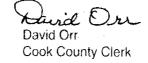
CENTIFICATION OF DEATH ASCORD

CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2009 0053636							DATE	: 1220ED	07/28/200
DECEDENT'S LEGAL NAME PETER MANISCALCO					SEX MALE		DATE OF DEATH JULY 25, 2009		
COUNTY OF DEATH AGE AT LAST BIR COOK 79 YEARS			L			BIRTH ARY 01, 1930			
CITY OR TOWN PARK RIDGE		HOSPITAL OR OTHER INSTITUTION I							
PLACE OF DEATH HOSPICE FACILITY									•
BIRTHPLACE SOCIAL SECURITY NUMBER MARI ITALY 325-28-3528 MAI			TUS AT TIME OF DE	RVIVING SPOUSE'S NAME JOSEPHINE RANDAZZO			EVER IN U.S. A		
RESIDENCE 3723 PONTIAC			I I		OR TOWN		INSIDE CITY LIMITS?		ATS?
COUNTY STATE	HER'S NAME ALOGERO I	NAME GERO MANISCALCO			MOTHER'S NAME PRIOR TO FIRST MARRIAGE ANTONINA MAURICI				
INFORMANT'S NAME JOSEPHINE MANISCALCO RELATIONSHIP WIFE					MAILING ADDRESS 3723 N PONTIAC, CHICAGO, IL, 60634				
METHOD OF DISPOSITION ENTOMBMENT	SITION		N - CITY OR TOWN AN PLAINES, IL	•		DATE OF DISPOSITION JULY 28, 2009			
FUNERAL HOME MANISCALCO FUNERAL DIRECTORS, 21 43 / TVING PARK ROAD, CHICAGO, IL, 60618									
FUNERAL DIRECTOR'S NAME NICOLE S SMITH					FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015814				
LOCAL REGISTRAR'S NAME DAVID ORR					DATE FILED WITH LOCAL REGISTRAR JULY 28, 2009				
CAUSE OF DEATH PART I PANC	REATIC ADENOCAR	RCIINOMA				2			
IMMEDIATE CAUSE a. (Final disease or condition Due to (or as consequence of): resulting in death) b.								YE	ARS
resulting in death) D O O O O O O O O O O O O									
Due to (or as a consequence of c.									
3			r as a consequence of):						
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I WAS AN AUTOPSY PERFORMED? NO CARDIOMYOPATHY, ARRYTHMIA									
COMPLE							AUTOPSY FINDINGS USED TO ETE CAUSE OF DEATH? N/A		
DID TOBACCO USE CONTRIBUTE TO DEATH? FEMALE PREGNAN: NO NOT APPLICA						MANNER OF DEATH NATURAL			
DATE OF INJURY TIME OF INJURY		IRY	PLACE OF INJURY			O.c			VORK?
LOCATION OF INJURY									
DESCRIBE HOW INJURY OCCURRED:						IF TRA	ANSPURTA	TION INJURY, S	SPECIFY:
1		WAS MEDICAL E	XAMINER OR TACTED? NO	D	DATE PRONOUNCED			TIME OF DEAT	
							CERTIFIE	RTIFIED	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PHYSIC								LICENSE NUM	BER
CHRISTOPHER ROSE, 9129 WAUKEGAN ROAD, MORTON GROVE, ILLINOIS, 60053 076 061232									



This is to certify that this is a true and correct copy from the official death record filed with Illinois Department of Health.





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STATEMENT BY GRANTOR AND GRANTEE

The grantor or his agent affirms that, to the best of his knowledge, the name of the grantee shown in the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire title to real estate under the laws of the State of Illinois.

Dated: October 6, 2009

Signature:

Grantor or Agent

Subscribed and sworn to before me by he said AGENT this

5th day of October, 2009.

OFFICIAL SEAL KATHLEEN A. ROMZA

Notary Public - State of Illinois

The grantee or his agent affirms and verifies that the name of the grantee shown in the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire title to real estate under the laws of the State of Illinois.

Dated: October 6, 2009

Signature:

Subscribed and sworn to before me by the said AGENT this 5th day of October, 2009.

OFFICIAL SEAL KATHLEEN A. ROMZA Notary Public - State of Illinois

My Commission Expires Dec 03, 2012

NOTE:

Any person who knowingly submits a false statement concerning the identity of a grantee shall be guilty of a Class C misdemeanor for the first offense and of a Class A misdemeanor for subsequent offenses.

(Attach to deed or ABI to be recorded in Cook County, Illinois, if exempt under the provisions of Section 4 of the Illinois Real Estate Transfer Tax Act.)