

UNOFFICIAL COPY

JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)



Doc#: 1012554003 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10
Cook County Recorder of Deeds
Date: 05/05/2010 10:38 AM Pg: 1 of 1

Joyce Bucaro,
hereby referred to as the affiant, states under
oath that the affiant resides at 901 Waterford

In the City of Elk Grove Village,
State of Illinois;
that the affiant was accompanied with Andrew Bucaro,
the decedent; at the time of death, the
decedent was one of the owners of property,
by virtue of a properly recorded joint
tenancy deed, said property located in
Cook County, State of
Illinois, and legally
described as follows:

UNIT 10-048/0123 IN HUNTINGTON CHASE CONDOMINIUM, AS DELINEATED ON THE SURVEY OF CERTAIN LOTS OR PARTS THEREOF IN HUNTINGTON CHASE PHASE ONE AND HUNTINGTON CHASE PHASE TWO SUBDIVISION, BEING SUBDIVISION IN SECTION 31, TOWNSHIP 41 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, WHICH SURVEY IS ATTACHED AS EXHIBIT "D" TO THE DECLARATION OF CONDOMINIUM OWNERSHIP RECORDED NOVEMBER 21, 1995 AS DOCUMENT 95806198 IN COOK COUNTY, ILLINOIS, TOGETHER WITH AN UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS APPURTENANT TO SAID UNIT, AS SET FORTH IN SAID DECLARATION AS AMENDED FROM TIME TO TIME.

Permanent Index Number: 08-31-102-011-1208

The decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

The decedent died on August 16, 2007, leaving ~~no~~ a last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ 150,000.00, and that the value of the above property individually was \$ 100,000.00.

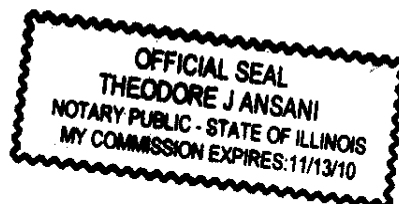
The State and Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from the decedent's estate, has been paid in full;

Joyce Bucaro (Seal)

Subscribed and sworn to before me this

24th day of March 2010
(Month) (Year)

Theodore J. Ansani
(Notary Public)



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JOINT TENANCY AFFIDAVIT

(continued)

Note: A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

This instrument prepared by:

Theodore J. Ansani, Ansani & Ansani, P.C.

Return to:

Theodore J. Ansani, Ansani & Ansani, P.C.

(Name)

1411 W. Peterson Ave., Suite 202

(Name)

1411 W. Peterson Ave., Suite 202

(Address)

Park Ridge, Illinois 60068

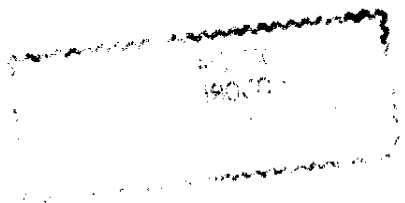
(Address)

Park Ridge, Illinois 60068

(City, State, Zip)

(City, State, Zip)

Property of Cook County Clerk's Office



STATE OF ILLINOIS)

County of Cook)

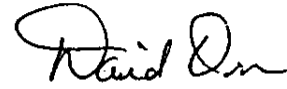
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DAVID ORR County Clerk

AUG 22 2007

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.



COUNTY CLERK

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.0		STATE OF ILLINOIS				STATE FILE NUMBER		
		REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH						
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		DECEASED-NAME FIRST MIDDLE LAST ANDREW BUCARO			SEX 2. MALE		DATE OF DEATH (MONTH, DAY, YEAR) 3. AUGUST 16, 2007			
1.		COUNTY OF DEATH 4. COOK		AGE-LAST BIRTHDAY (YRS) 5a. 79		UNDER 1 YEAR 5b.		UNDER 1 DAY 5c.		
4.		CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. ELK GROVE VILLAGE			HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. ALEXIAN BROTHERS MEDICAL CENTER			DATE OF BIRTH (MONTH, DAY, YEAR) 5d. FEBRUARY 8, 1928		
A		6a.		6b.		6c.		IF HOSP. OR INST. INDICATE D.O.A. OP/EMER/INPATIENT (SPECIFY) INPATIENT		
DECEASED		BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. CHICAGO, IL		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. MARRIED		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. JOYCE M. RIZZO		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. YES		
B		SOCIAL SECURITY NUMBER 10. 360-14-0095		USUAL OCCUPATION 11a. ELECTRICIAN		KIND OF BUSINESS OR INDUSTRY 11b. METRO. SANITARY DIST.		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) 12. 12 College (1-4 or 5+)		
C		RESIDENCE (STREET AND NUMBER) 13a. 901 Waterford Lane		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. ELK GROVE VILLAGE		INSIDE CITY (YES/NO) 13c. YES		COUNTY 13d. COOK		
D		STATE 13e. ILLINOIS		ZIP CODE 13f. 60007		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. WHITE		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. YES SPECIFY:		
E		FATHER-NAME FIRST MIDDLE LAST 15. MICHAEL BUCARO			MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16. AIDA LE BEAU					
PARENTS		INFORMANT'S NAME (TYPE OR PRINT) 17a. JOYCE M. BUCARO			RELATIONSHIP 17b. WIFE		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 901 Waterford Ln. ELK GROVE VILLAGE, IL 60007			
1		18. PART I. 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.							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
2		Immediate Cause (Final disease or condition resulting in death) (a) Sepsis Syndrome								
3		DUETO, OR AS A CONSEQUENCE OF								
CAUSE		CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DUE TO, OR AS A CONSEQUENCE OF								
4		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. Acid psychosis, Chronic Kidney Disease, Coronary Artery Disease							AUTOPSY (YES/NO) 19a. NO	
5		DATE OF OPERATION, IF ANY							WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.	
N		20a.							IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES NO	
P		20b. MAJOR FINDINGS OF OPERATION								
1		(I DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON August 16, 2007)			WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO		HOUR OF DEATH 10:21 A. M.			
2		21a.							DATE SIGNED (MONTH, DAY, YEAR) 22b. 8-17-07	
3		TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.								
CERTIFIER		22a. SIGNATURE Dennis A. Bell			NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) Dennis A. Bell, 800 Bushfield Ave, Elk Grove Village, IL 60007			ILLINOIS LICENSE NUMBER 22d. 036-066694		
4		22c. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)							NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
5		23. BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL		CEMETERY OR CREMATORY-NAME 24b. QUEEN OF HEAVEN CEMETERY		LOCATION CITY OR TOWN STATE 24c. HILLSIDE, ILLINOIS		DATE (MONTH, DAY, YEAR) 24d. AUG. 20, 2007		
DISPOSITION		FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. GROVE MEMORIAL CHAPEL 1199 S. Arlington Heights Road ELK GROVE VILLAGE, ILLINOIS 60007								
1		FUNERAL DIRECTOR'S SIGNATURE 25b. [Signature]					FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-011037			
2		LOCAL REGISTRAR'S SIGNATURE 26a. [Signature]					DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. AUG 22 2007			