

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)
) SS.
County of Cook)

NANCY BALZANTO (hereinafter called "Affiant"), being first duly sworn, states that she resides at 710 Creekside Drive, Unit 204, Mount Prospect, Illinois 60056. That Affiant was acquainted with ANTHONY BALZANTO (hereinafter called "Decedent"), and that Decedent at the time of his death was one of the owners of the land in Cook County, Illinois, commonly referred to as 710 Creekside Drive, Unit 204, Mount Prospect, Illinois 60056, and legally described in Exhibit A attached hereto and incorporated herein by this reference.

That the Decedent died on March 22, 2008, as evidenced by a copy of Decedent's death certificate attached hereto.

That the Decedent, at the time of his death, held his share of the above-mentioned property as a joint tenant and that the Decedent died leaving no last will and testament.

That the total value of the estate of the Decedent, for estate tax purposes, including both real and personal property owned by the Decedent, either individually or in joint tenancy at the time of the Decedent's death, does not exceed the sum of \$600,000.00.

That Affiant makes this Affidavit for the purpose of any individual or corporation who may be harmed by the Affiant's lack of veracity.

Nancy Balzanto

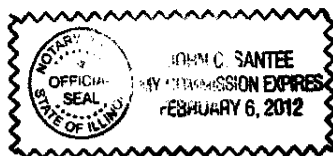
NANCY BALZANTO

Subscribed and sworn to before me, a Notary Public, this 6th day of July, 2010.

John C. Santee

Notary Public

PIN # 03-27-100-092-1014



Doc#: 1021131091 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 07/30/2010 02:38 PM Pg: 1 of 3

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LEGAL DESCRIPTION

Parcel 1: Unit 204A together with its undivided percentage interest in the common elements in Creekside at Old Orchard Condominium, as delineated and defined in the Declaration recorded as document number 96261584, as amended from time to time, in the Northwest Quarter of Section 27 and the East Half of the Northeast Quarter of Section 28, Township 42 North, Range 11, East of the Third Principal Meridian, in Cook County, Illinois.

Parcel 2: The exclusive right to the use of Parking Space P37A and Storage Space S37A, limited common elements as delineated and defined in the aforesaid declaration recorded as document number 96261584.

Parcel 3: Easement for ingress and egress in favor of Parcel 1 created by the aforesaid declaration recorded as document number 96261584.

PIN # 03-27-100-092-1017

EXHIBIT A

UNOFFICIAL COPY

STATE OF ILLINOIS CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.0		STATE FILE NUMBER	
LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEDENT'S LEGAL NAME (include AKAs if any) (First, Middle, Last) ANTHONY BALZANTO		2. SEX MALE	3. DATE OF DEATH (Month/Day/Year) (Spell Month) MARCH 22, 2008
4. COUNTY OF DEATH COOK	5a. AGE AT LAST BIRTHDAY (Years) 83	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____
7a. CITY OR TOWN MT. PROSPECT		7b. HOSPITAL OR OTHER INSTITUTION NAME (if not in either, give street and number) 710 CREEKSIDE	
7c. PLACE OF DEATH (Check only one; see instructions)			
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 type="checkbox"/> Nursing Home/Long-term care facility <input checked="" type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____	
8. BIRTHPLACE (City and State or Foreign Country) Chicago, IL	9. SOCIAL SECURITY NUMBER ██████████-5303	10. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input 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) Nancy LaSala
12. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
13a. RESIDENCE (Street and Number) 710 Creekside Dr.		13b. APT. NO. 204	13c. CITY OR TOWN Mt. Prospect
13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
13e. COUNTY Cook	13f. STATE IL	13g. ZIP CODE 60056	14. FATHER'S NAME (First, Middle, Last) Frank Balzanto
15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Mary Guarino			
16a. INFORMANT'S NAME Nancy Balzanto		16b. RELATIONSHIP Wife	16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 710 Creekside Dr, Mt. Prospect, IL 60056
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) Queen of Heaven	19. LOCATION - CITY, TOWN AND STATE Hillside, IL
20. DATE OF DISPOSITION (Month/Day/Year) March 26, 2008			
21a. FUNERARY HOME NAME O'Connor Funeral Directors		STREET AND NUMBER 205 S. River Rd., DesPlaines, Illinois 60016	
21b. FUNERARY DIRECTOR'S SIGNATURE <i>Michael P. O'Connor</i>		21c. FUNERARY DIRECTOR'S ILLINOIS LICENSE NUMBER 034-12019	
22. LOCAL REGISTRAR'S SIGNATURE <i>David Orr</i>		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) MAR 25 2008	
24. CAUSE OF DEATH (See instructions and examples)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
24. PART I. Enter the <i>chain of events</i> - 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.			
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Lung cancer with Metastasis			
Due to (or as a consequence of): b. Pneumonia			
Due to (or as a consequence of): c. _____			
PART II. Enter other <i>significant conditions contributing to death</i> 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 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 (OID) (DO NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON 3/18/08		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	39. DATE PRONOUNCED (Month/Day/Year) March 22, 2008
40. TIME OF DEATH 2:40X A.M. <input 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 stated. <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 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) Nicholas Papanos, 9000 Waukegan Rd. MORTW GROVE, IL 60053			43. PHYSICIAN'S LICENSE NUMBER 036091974
44. TITLE OF CERTIFIER M.D.	45. DATE CERTIFIED (Month/Day/Year) 3/27/08	46. SIGNATURE OF CERTIFIER <i>David Orr</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 2008

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.

David Orr
COUNTY CLERK

Based on the 2003 U.S. Standard Certificate

Illinois Department of Public Health - Division of Vital Records

VR200 (Rev. 1/08)