

UNOFFICIAL COPY



Doc#: 1035413010 Fee: \$38.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 12/20/2010 09:39 AM Pg: 1 of 2

SURVIVORSHIP AFFIDAVIT

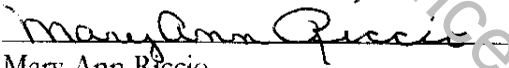
MARY ANN RICCIO, being duly sworn, states as follows:

1. I reside at 2017 Chinkapin Oak Drive, Mt. Prospect, Illinois 60056.
2. I was acquainted with FRANK A. RICCIO, the deceased, who at the time of his death was the owner of the property described below, as joint tenants with MARY ANN RICCIO:

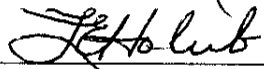
LOT 47 IN TREE FARMS ESTATES, BEING A SUBDIVISION OF PART OF THE SOUTH ½ OF THE NORTHEAST ¼ OF SECTION 25, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED AS DOCUMENT NUMBER 24113330 AND REGISTERED IN THE OFFICE OF THE REGISTRAR OF TITLES OF COOK COUNTY, ILLINOIS AS DOCUMENT NUMBER 2963157, IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index No.: 03-25-201-010-0000
Street Address: 2017 Chinkapin Oak Drive, Mt. Prospect, Illinois 60056

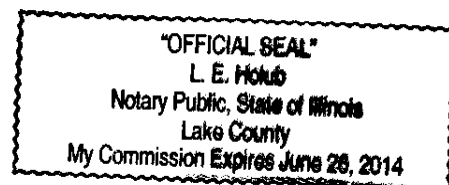
3. The deceased died on July 1, 2003, as is evidenced by the death certificate attached hereto.


Mary Ann Riccio

Subscribed and sworn to before me by the affiant this 17th day of November, 2010.


Notary Public

Mail to: Joel A. Schoenmeyer
Attorney at Law
819 South Ridgeland Ave.
Oak Park, IL 60304



JUL 02 2003

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

UNOFFICIAL COPY

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

REGISTRATION DISTRICT NO. **16.0**

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEASED-NAME: **FRANK** FIRST MIDDLE LAST: **RICCIO** SEX: **male** DATE OF BIRTH: **July 1, 2003**

COUNTY OF DEATH: **Cook** AGE LAST BIRTHDAY (YRS): **5a. 67** UNDER 1 YEAR: **5b. 0** HOURS: **5c. 0** MIN: **5d. 0** DATE OF BIRTH (MONTH, DAY, YEAR): **August 21, 1935**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **Park Ridge** HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **Lutheran General Hospital** IF HOSP OR INST. INPATIENT (SPECIFY): **6c. inpatient**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **Chicago, Illinois** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **8a. married** NAME OF SURVIVING SPOUSE (Maiden Name, if wife): **8b. Mary Ann Manno** WAS DECEASED VERMINUS ARMED FORCES? (YES/NO): **9. Yes**

SOCIAL SECURITY NUMBER: **9296** USUAL OCCUPATION: **11a. Serviceman** KIND OF BUSINESS OR INDUSTRY: **11b. Gas** EDUCATION (SPECIFY HIGHEST GRADE COMPLETED): **12. 12** College (1-4 or 5+): **12. 12**

RESIDENCE (STREET AND NUMBER): **13a. 2017 Chinkapin Drive** CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **13b. Mt. Prospect** OF HISPANIC ORIGIN? (SPECIFY NOR OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): **13c. YES** INSIDE CITY (YES/NO): **13d. YES** COUNTY: **Cook**

STATE: **Illinois** ZIP CODE: **13f. 60056** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): **14a. white** MOTHER-NAME (Maiden): **14b. XXXX** SPECIFY: **14c. YES** MIDDLE: **14d. Louise** LAST: **14e. Dinovi**

FATHER-NAME: **Frank** RICECIO MOTHER-NAME: **Louise**

INFORMANT'S NAME (TYPE OR PRINT): **15. Mary Ann Riccio** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): **17b. wife 17c. 2017 Chinkapin Oak Dr. Mt. Prospect, IL**

18. PART I. Immediate Cause (Final disease or condition resulting in death): **Respiratory Failure** Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. **18a. 18b. 18c. 18d. 18e. 18f. 18g. 18h. 18i. 18j. 18k. 18l. 18m. 18n. 18o. 18p. 18q. 18r. 18s. 18t. 18u. 18v. 18w. 18x. 18y. 18z.**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **(a) PNEUMONIA (b) DUE TO OR AS A CONSEQUENCE OF (c) NON-HEALTHY LEMNTA A YEARS**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

DATE OF OPERATION, IF ANY: **20a. 20b. 20c. 20d. 20e. 20f. 20g. 20h. 20i. 20j. 20k. 20l. 20m. 20n. 20o. 20p. 20q. 20r. 20s. 20t. 20u. 20v. 20w. 20x. 20y. 20z.**

20a. (I) (ID) (DD) (NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: **20a. 20b. 20c. 20d. 20e. 20f. 20g. 20h. 20i. 20j. 20k. 20l. 20m. 20n. 20o. 20p. 20q. 20r. 20s. 20t. 20u. 20v. 20w. 20x. 20y. 20z.**

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. **21a. 21b. 21c. 21d. 21e. 21f. 21g. 21h. 21i. 21j. 21k. 21l. 21m. 21n. 21o. 21p. 21q. 21r. 21s. 21t. 21u. 21v. 21w. 21x. 21y. 21z.**

22a. SIGNATURE: **Leonard Klein MD** NAME AND ADDRESS OF PHYSICIAN: **22a. 22b. 22c. 22d. 22e. 22f. 22g. 22h. 22i. 22j. 22k. 22l. 22m. 22n. 22o. 22p. 22q. 22r. 22s. 22t. 22u. 22v. 22w. 22x. 22y. 22z.**

22c. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): **22c. 22d. 22e. 22f. 22g. 22h. 22i. 22j. 22k. 22l. 22m. 22n. 22o. 22p. 22q. 22r. 22s. 22t. 22u. 22v. 22w. 22x. 22y. 22z.**

23. BURIAL, CREMATION, REMOVAL (SPECIFY): **23a. 23b. 23c. 23d. 23e. 23f. 23g. 23h. 23i. 23j. 23k. 23l. 23m. 23n. 23o. 23p. 23q. 23r. 23s. 23t. 23u. 23v. 23w. 23x. 23y. 23z.**

24a. **burial** CEMETERY OR CREMATORY-NAME: **24a. All Saints** LOCATION: **24c. Des Plaines, Illinois** CITY OR TOWN: **24d. Des Plaines, Illinois** STATE: **24e. Illinois** DATE: **24f. July 7, 2003**

25a. **Sinkins Funeral Home 6251 Dempster St. Morton Grove, Illinois 60053** FUNERAL DIRECTOR'S SIGNATURE: **25a. 25b. 25c. 25d. 25e. 25f. 25g. 25h. 25i. 25j. 25k. 25l. 25m. 25n. 25o. 25p. 25q. 25r. 25s. 25t. 25u. 25v. 25w. 25x. 25y. 25z.**

25b. **William Sinkins** LOCAL REGISTRAR'S SIGNATURE: **25b. 25c. 25d. 25e. 25f. 25g. 25h. 25i. 25j. 25k. 25l. 25m. 25n. 25o. 25p. 25q. 25r. 25s. 25t. 25u. 25v. 25w. 25x. 25y. 25z.**

26a. **David Orr** DATE FILED BY LOCAL REGISTRAR: **26a. 26b. 26c. 26d. 26e. 26f. 26g. 26h. 26i. 26j. 26k. 26l. 26m. 26n. 26o. 26p. 26q. 26r. 26s. 26t. 26u. 26v. 26w. 26x. 26y. 26z.**