



UNOFFICIAL COPY

CHICAGO TITLE INSURANCE COMPANY DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)
County of COOK) ss.

Order No. _____

That SHE ROSALIA FIORENTINO being duly sworn states
that SHE resides at 2600 WATSON AVE
the City of RIVER GROVE, IL in

That SHE was acquainted with PETRO FIORENTINO
deceased who, at the time of HIS death, was one of the owners of the land
in COOK County, Illinois, described as:

See attached legal description.

PIN: 12-26-329-082-0000 AND 12-26-329-083-0000

That the deceased died FEBRUARY 20, 2011, as evidenced
by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven Will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois about _____.

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of _____ dollars.

Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

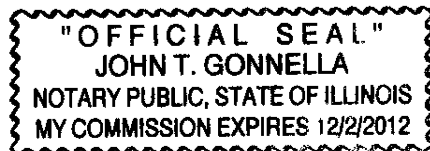
Subscribed and sworn to before me by the said

ROSALIA FIORENTINO

this 30 day of MARCH, A.D. 2011

Notary Public

Rosalia Fiorentino
(affiant's signature)



Doc#: 1108245003 Fee: \$62.00
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 03/23/2011 08:47 AM Pg: 1 of 3

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THE SOUTH 90 FEET OF LOT 42 IN VOLK BROTHERS THIRD ADDITION TO CHICAGO HOME GARDENS, A SUBDIVISION IN THE WEST 1/2 OF THE SOUTHEAST 1/4 AND PART OF THE SOUTHWEST FRACTIONAL 1/4 OF SECTION 26, TOWNSHIP 40 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED APRIL 12, 1921 AS DOCUMENT NO. 7110506, IN COOK COUNTY, ILLINOIS.

Commonly known as: 2600 Thatcher
River Grove IL 60171

P.I.N.: 12-26-329-082, 12-26-329-083

~~Prepared By: Michael J. Simmons
Fannie Mae
International Plaza II
14421 Dallas Parkway, Ste. 1000
Dallas, TX 75254-2916~~

After Recording, Mail to: *Pietro Fiorentino*
2563 Marwood
River Grove IL 60171

EXHIBIT A

UNOFFICIAL COPY

CERTIFICATION OF DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2011 0011192

DATE ISSUED 02/14/2011

DECEDENT'S LEGAL NAME PIETRO FIORENTINO			SEX MALE	DATE OF DEATH FEBRUARY 10, 2011																							
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 82 YEARS	DATE OF BIRTH MARCH 16, 1928																								
CITY OR TOWN RIVER GROVE			HOSPITAL OR OTHER INSTITUTION NAME 2600 N THATCHER																								
PLACE OF DEATH DECEDENT'S HOME																											
BIRTHPLACE ITALY	SOCIAL SECURITY NUMBER [REDACTED]-9247	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME ROSALIA CANALE		EVER IN U.S. ARMED FORCES? NO																						
RESIDENCE 2600 N THATCHER AVENUE		APT. NO.	CITY OR TOWN RIVER GROVE		INSIDE CITY LIMITS? YES																						
COUNTY COOK	STATE IL	ZIP CODE 60171	FATHER'S NAME PIETRO FIORENTINO		MOTHER'S NAME PRIOR TO FIRST MARRIAGE ROSALIA CALO																						
INFORMANT'S NAME ROSALIA LIBRERI		RELATIONSHIP DAUGHTER	MAILING ADDRESS 2563 N MARWOOD STREET, RIVER GROVE, IL 60171																								
METHOD OF DISPOSITION ENTOMBMENT		PLACE OF DISPOSITION SAINT JOSEPH CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE RIVER GROVE, IL	DATE OF DISPOSITION FEBRUARY 16, 2011																							
FUNERAL HOME CUMBERLAND CHAPELS, 8300 W LAWRENCE AVE, NORRIDGE, IL, 60706																											
FUNERAL DIRECTOR'S NAME ANTONIO LETIZIA			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015331																								
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR FEBRUARY 14, 2011																								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">CAUSE OF DEATH</td> <td style="width: 15%;">PART I. PNEUMONIA</td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> <tr> <td>IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small></td> <td>a.</td> <td colspan="2">Due to (or as a consequence of)</td> <td rowspan="3" style="background-color: black; color: white; text-align: center; vertical-align: middle; font-weight: bold;">APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH</td> <td></td> </tr> <tr> <td></td> <td>b.</td> <td colspan="2">Due to (or as a consequence of)</td> <td></td> </tr> <tr> <td></td> <td>c.</td> <td colspan="2">Due to (or as a consequence of)</td> <td></td> </tr> </table>						CAUSE OF DEATH	PART I. PNEUMONIA					IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	a.	Due to (or as a consequence of)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			b.	Due to (or as a consequence of)				c.	Due to (or as a consequence of)		
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	b.	Due to (or as a consequence of)																									
	c.	Due to (or as a consequence of)																									
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I. PANCYTOPENIA				WAS AN AUTOPSY PERFORMED? NO																							
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A																							
DID TOBACCO USE CONTRIBUTE TO DEATH?		FEMALE PREGNANCY STATUS		MANNER OF DEATH																							
		NOT APPLICABLE		NATURAL																							
DATE OF INJURY		TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?																						
LOCATION OF INJURY																											
DESCRIBE HOW INJURY OCCURRED:				IF TRANSPORTATION INJURY, SPECIFY:																							
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE FEBRUARY 10, 2011	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 03:30 AM																							
CERTIFIER PHYSICIAN				DATE CERTIFIED FEBRUARY 10, 2011																							
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR E MORSO, 8488 GRAND AVE, RIVER GROVE, ILLINOIS, 60171				PHYSICIAN'S LICENSE NUMBER 036063847																							

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

David Orr
David Orr
Cook County Clerk

