UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFI

State of Illinois)) SS.
County of Cook) 33.

1119515032 Fee: \$58.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 07/14/2011 10:09 AM Pg: 1 of 2

M.I.S. FILE NO 1160171

Christa L. Petricca, hereinafter called Affiant(s) being duly sworn states that he/she/racy resides at: 1880 Aspen Dr., Hanover Park, IL 60133. That Affiant(s) was Married to Clement A. Petricca, hereinafter referred to as Deceased, and at the time of Decedent's death, was one of the owners of the land in Cook County, Illinois, described as:

Lot 26 in Pasquinelli's Oakwood Landings North being a Subdivision of part of the South Half of the West Half of the Southeast Quarter of Section 36, Township 41 North, Range 9 East of the Third Principal Meridian, in the Village of Hanover Park, Cook, County, Illinois.

PIN: 06-36-408-007-0000

Property Address: 1880 Aspen Dr., Hanover Park, IL 60133

That the Deceased died on October 11, 2001, as evidenced by a copy of Deceased's death certificate attached hereto.

That the Deceased, at the time of his/her death, held his/her share of the abovementioned property as a joint tenant and that the Discassed died leaving no last will & testament.

That the total value of the estate of the Deceased, for estate tax purposes, 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 \$ 221.890.00

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

Subscribed and sworn before me Kaben FEDIM

CHRISTA L. PETRICCA, AFFIANT

OFFICIAL SEAL ROBERT REDING NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:04/08/13

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UNOFFI CHANGE VITAL STREET OF HEALTH Section of VITAL STREET OF DEALTH SECTION OF HEALTH SECTION OF HE

	Local	File Number					Sta	te File Numb	oer		
	1a Name of Deceased	- First	Middle		Last					Suffix	
	CLEMENT		ANTHON	,	PETRICC					JR.	
	1b Alias		2 Social Security 354-38-3740	No.	3 Sex Male			4 Date of Death October 11, 2001			
	5 Date of Birth		6a Age (in years)	Unde 6b months	r 1 Y r. 6c days	Unc 6d hours	er 1 Day 6e migutes	7 Place of	Birth (city and s	tate/foreign country)	
-	April 08, 1946		55	GE IIIOIIIII	00 44,5			Cincago	o, minois		
200	8a Father's Name (first,	middle)	8b Father's Last N	ame	me 9 Mother's Name (fir				den sumame)		
Signature of Sub-Registrar/Date October 11, 2	Clement Anthony	/	Petricca, Sr.	. Marie Hart							
	10 Race		11a Hispanic Orig	in 11b If Yes, Specify Cuban, Mexica			ican, etc.	12 Decedent's Education 12a Primary/Secondary (0-12) 12b College (1-4, 5			
	White		No					12 2			
	13a Marital Status		1 '		e (if wife, specify maiden name)				14 Decedent's Usual Occupation Salesman		
	Married		Christa Miller		Tea State of Decidence						
	15 Kind of Business or	-	16 U.S. Veteran		17a State of Residence				17b County of Residence		
	Liquor Company				Illinois				Cook (zip code)		
	7c City or Township of	f Residence	1880 Aspen	•	cedent (number, street, zip)				60133		
, ,	Hanover	- T	18a City or Towns						18b County of Death		
	1 e Residence in City of City Linhits	or Township	Rochester	inp or Death	ip of Death				Olmsted		
V 1	19a Place of Ceath (spe	acity cost)	Other Place of De	ath	th .				19b If Hospital (specify one)		
ルカ	_X_Hosp^'.H			ou i						_DOAOther	
, 6			ed (if not institution, specify street	t address)							
M.	Saint Marys Hos		- · · · · · · · · · · · · · · · · · · ·	,							
	20a Name of Informant 20b Informant is of the deceased (spouse, child, parent, siblin								arent, sibling, etc.)		
	Christa Petricca				Spouse	е					
	21 Method of Disposition	On (check all and apply	d		5	Specify			22 Date of	Disposition	
V	✓ Burial Crema		Entombment X	Other 🔭 Re	emova	al Fro	m Stat	:e	October	15, 2001	
	23 Name of Cemetery		07	 		City				State	
	Mount Carmel Co	emetery	7	Hillside					Illinois		
	24 If Cremation, Specif	y Name of Cremato	ory .	25 if Cremation, Specify Name of M.E./Coroner Authorizing Cremation							
	26a Name of Funeral E	stablishment	26	b License No 2	7a Signa	ture of Fue	eral Servic	e Licensee	27b License No	28 Date Signed	
	Ranfranz F			0699	1/2				3511	Oct.25,20	
	29a Name of Person C	• -	Death (please type)	// ₁ 2		check one	「 er/ΜΕ□	1	License No. of	Certifier	
	Paul G. Belau, N							29f S		29g Zip Code	
,	29d Address of Certifie 2300 Governmen	r (street & number) nt.Center, 151	Fourth St SE		ઽેલ City Ruches	ter			nesota	55904	
	30 Signature of M. D/M	//E./Coroner/D.O.	31 Date	Signed	rat	ure of Reg	アフ	h) Nea	33 Date Filed 4 10/26/	
24 DAD	10mg X	Enter the disposes	injuries, or complications that ca		ot enter the	I cen	ر ہے رہے ng. such as o	cardiac or resu		Interval between	
	TE cause of death (final r condition resulting in	shock or heart failu	re. List only one cause per line.			9,	3 ,		•	onset and dea	
death).	ulty list conditions, if any,	Congestive	heart failure.							<u>. i</u> !	
leading to UNDERLY	immediate cause. Enter YING cause last, (disease	b	heart disease.					<u>.</u>			
or injury tr resulting i	nat initiated events n death)	с								38 Time of Deat	
35 I attend	ded the deceased from	to	DAY SEAR and last saw him/her	on MO DAY YE	- I vie	ewed the bo	ody after de	eath		1108	
			DAY YEAR and last saw ninvier heart valve surgeries; se	MO DAT TO	AR		<u> </u>				
conditions	T II Other significant s contributing to death sulting in the underlying						·		N	1- 11:::::	
	en in Part I.	37 Was Female Pr	<u> </u>	Yes No _		,,,,	In Last 12 I		Yes!	No Unknown 43 Diagnosis Defe	
	INER OF DEATH		40 M.E./Coroner Notified 41 _X_YesNo	4(7 dispa)							
39 MAN	X_Na		44a Place of Injury (street &				Cause OI O	- Court			
39 MAN		cident									
MUS	J	micide I									
	€'Ho	micide iicide									
MUS BE REFER		icide ending inves.	44b Describe How Injury Oc	curred					• •		
MU: BE REFER	RREDHo	nicide ending inves. annot be det.	44b Describe How Injury Oc		1.44	d Date of I	njury	44e Time o	of Injury	44f Injury at Wo	

STATE OF MINNESOTA
COUNTY OF OLMSTED
Icertify this to be true copy of the original record in my custody.
Dated
Daniel J. Hall
Property Becords/Licensing
By
Deputy