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JOINT TENANCY AFFIDAVIT

Doc#: 1121049060 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 07/29/2011 02:38 PM Pg: 1 of 3

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

Joseph A. Cozzone,
hereby referred to as the affiant, states under
oath that the affiant resides at _____
5004 N. Denal

In the City of Norridge,
State of Illinois;
that the affiant was acquainted with _____
Michele Cozzone,
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 2201 AND PARKING SPACES 142 AND 143, A LIMITED COMMON ELEMENT, IN THE KINGSBURY ON THE PARK CONDOMINIUM AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE: ALL THAT PART OF LOTS 4 AND 5 IN THE NORTH 1/2 BLOCK 1 IN THE ASSESSOR'S DIVISION OF THAT PART SOUTH OF ERIED STREET AND EAST OF THE CHICAGO RIVER OF THE EAST 1/2 OF THE NORTHWEST 1/4 OF SECTION 9, TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN WHICH SURVEY IS ATTACHED AS EXHIBIT "C" TO THE Declaration OF CONDOMINIUM RECORDED AS DOCUMENT NUMBER 0318227049, AND AS AMENDED FROM TIME TO TIME TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, ALL IN COOK COUNTY, ILLINOIS

Permanent Index Number: 17-09-127-045-1101
Street Address: 653 N. Kingsbury Street, Unit 2201, Chicago, Illinois

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 November 16, 2008, leaving no last will and testament;

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

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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;

Marc A. Ansani _____

(Seal)

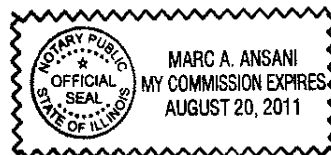
Subscribed and sworn to before me this

15 day of February _____ 2011

(Month) (Year)

Marc A. Ansani _____

(Notary Public)



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

This instrument prepared by:
Daniel R. Ansani, Ansani & Ansani, P.C.

(Name)
1411 W. Peterson Ave., Suite 202

(Address)
Park Ridge, Illinois 60068

(City, State, Zip)

Return to:
Daniel R. Ansani, Ansani & Ansani, P.C.

(Name)
1411 W. Peterson Ave., Suite 202

(Address)
Park Ridge, Illinois 60068

(City, State, Zip)

Property of Cook County Clerk's Office

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REGISTRATION DISTRICT NO. 16.0		STATE OF ILLINOIS CERTIFICATE OF DEATH		STATE FILE NUMBER	
LOCAL FILE NUMBER		1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last) MICHELE COZZONE		2. SEX MALE	
3. DATE OF DEATH (Month/Day/Year) (Spell Month) NOVEMBER 16, 2008		4. COUNTY OF DEATH COOK		5a. AGE AT LAST BIRTHDAY (Years) 70	
5b. UNDER 1 YEAR Months: _____ Days: _____		5c. UNDER 1 DAY Hours: _____ Minutes: _____		6. DATE OF BIRTH (Month/Day/Year) JUNE 24, 1938	
7a. CITY OR TOWN NORRIDGE		7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) 8580 W. FOSTER			
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) ITALY		9. SOCIAL SECURITY NUMBER 348-34-4992		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) CLOTILDE CENTRACCHIO		12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
13a. RESIDENCE (Street and Number) 8580 W. FOSTER		13b. APT. NO. 710		13c. CITY OR TOWN NORRIDGE	
13e. COUNTY COOK		13f. STATE IL.		13g. ZIP CODE 60706	
14. FATHER'S NAME (First, Middle, Last) GIUSEPPE COZZONE		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) MARIAFEDELE Di IORIO			
16a. INFORMANT'S NAME CLOTILDE COZZONE		16b. RELATIONSHIP WIFE		16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 8580 W. FOSTER NORRIDGE, ILLINOIS 60706	
17. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____		18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) ALL SAINTS MAUSOLEUM		19. LOCATION - CITY, TOWN AND STATE DES PLAINES IL.	
20. DATE OF DISPOSITION (Month/Day/Year) NOV. 21, 2008		21a. FUNERAL HOME NAME STREET AND NUMBER CITY OR TOWN STATE ZIP CUMBERLAND CHAPEL 8300 W. LAWRENCE AVE. NORRIDGE ILLINOIS 60706			
21b. FUNERAL DIRECTOR'S SIGNATURE <i>Anthony J. Lupe</i> ANTHONY J. LUPO		21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031-007657			
22. LOCAL REGISTRAR'S SIGNATURE <i>David Orr</i>		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) NOV 18 2008			
CAUSE OF DEATH (See instructions and examples) 24. PART I. Enter the chain of events - 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. BILIARY TRACT CANCER Due to (or as a consequence of): _____ Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. _____ Due to (or as a consequence of): _____ c. _____ Due to (or as a consequence of): _____ PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input 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 past 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 (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON 11/15/08		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. DATE PRONOUNCED (Month/Day/Year) NOV. 16, 2008	
40. TIME OF DEATH 1:45 <input type="checkbox"/> A.M. <input checked="" 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) DR. JAMIE VON ROENN M.D. 675 N. ST. CLAIR, CHICAGO, IL. 60611				43. PHYSICIAN'S LICENSE NUMBER 036-63985	
44. TITLE OF CERTIFIER M.D.		45. DATE CERTIFIED (Month/Day/Year) NOVEMBER 17, 2008		46. SIGNATURE OF CERTIFIER <i>Jamie Von Roenn</i>	

(Based on the 2003 U.S. Standard Certificate)

Illinois Department of Public Health - Division of Vital Records

VR2000 (Rev. 1/08)

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

NOV 18 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