

# UNOFFICIAL COPY



## CHICAGO TITLE INSURANCE COMPANY

### DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois )  
County of ) ss.  
)

Order No. \_\_\_\_\_

\_\_\_\_\_ Mary Ann Spyrison \_\_\_\_\_ being duly sworn states that  
\_\_\_\_\_ resides at 523 Emerald \_\_\_\_\_ in the City of  
Chicago Heights \_\_\_\_\_.

That she was acquainted with Nick Spyrison \_\_\_\_\_  
deceased who, at the time of his death, was one of the owners of the land in Cook \_\_\_\_\_  
County, Illinois, described as:

*See Exhibit A attached hereto and made a part hereof*

That the deceased died August 19, 2008 \_\_\_\_\_, 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 \_\_\_\_\_.



Doc#: 1121647027 Fee: \$62.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 08/04/2011 11:19 AM Pg: 1 of 3

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 \$ 50,000.00 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.

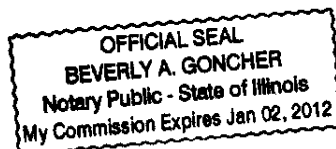
Subscribed and sworn to before me by the said

MARY ANN SPYRISON \_\_\_\_\_

this 29th day of JULY, A.D. 2011

*Beverly A. Goncher*  
\_\_\_\_\_  
Notary Public

*Mary Ann Spyrison*  
\_\_\_\_\_  
(affiant's signature)



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## EXHIBIT A

LOT 19 (EXCEPT THE NORTH 10 FEET THEREOF) AND LOT 10 (EXCEPT THE SOUTH 10 FEET THEREOF) ALL IN BLOCK 51 IN PERCY WILSON'S KEYSTONE ADDITION TO ARTERIAL HILLS, BEING A SUBDIVISION IN SECTION 16, TOWNSHIP 35 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN# 32-16-128-039

Property of Cook County Clerk's Office

# UNOFFICIAL COPY

## STATE OF ILLINOIS CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. <u>16.31</u>		STATE FILE NUMBER	
LOCAL FILE NUMBER <u>295</u>			
1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last) <b>Nicholas Spyrison</b>		2. SEX <b>Male</b>	3. DATE OF DEATH (Month/Day/Year) (Spell Month) <b>August 19, 2008</b>
4. COUNTY OF DEATH <b>Cook</b>	5a. AGE AT LAST BIRTHDAY (Years) <b>69</b>	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____
7a. CITY OR TOWN <b>Blue Island</b>		7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) <b>Metro South Medical Center</b>	
7c. PLACE OF DEATH (Check only one; see instructions) IF DEATH OCCURRED IN A HOSPITAL <input checked="" 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 type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____			
8. BIRTHPLACE (City and State or Foreign Country) <b>Chicago, Illinois</b>	9. SOCIAL SECURITY NUMBER <b>██████-6120</b>	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) <b>Mary Ann Damiani</b>
12. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
13a. RESIDENCE (Street and Number) <b>523 Emerald Avenue</b>		13b. APT. NO.	13c. CITY OR TOWN <b>Chicago Heights</b>
13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
13e. COUNTY <b>Cook</b>	13i. STATE <b>IL</b>	13g. ZIP CODE <b>60411</b>	14. FATHER'S NAME (First, Middle, Last) <b>Nicholas Spyrison</b>
		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>Sadie Milewski</b>	
16a. INFORMANT'S NAME <b>Mary Ann Spyrison</b>		16b. RELATIONSHIP <b>Wife</b>	16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) <b>523 Emerald Ave, Chicago Heights, IL 60411</b>
17. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input checked="" 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) <b>Regional Cremation</b>	
		19. LOCATION - CITY, TOWN AND STATE <b>Munster, Indiana</b>	20. DATE OF DISPOSITION (Month/Day/Year)
21a. FUNERAL HOME NAME <b>Panozzo Bros. Funeral Home</b>		STREET AND NUMBER <b>530 W 14th St</b>	
		CITY OR TOWN <b>Chicago Heights, Illinois</b>	
		STATE <b>Illinois</b>	
		ZIP <b>60411</b>	
21b. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034-014612</b>	
22. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) <b>Aug. 21, 2008</b>	
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. <b>Acute Renal Failure</b> 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): _____			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. <b>Atherosclerotic Heart Disease</b>			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 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)	
34. LOCATION OF INJURY Street and Number Apartment Number City or Town State ZIP Code		33. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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. (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON <b>8/19/08</b>		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	39. DATE PRONOUNCED (Month/Day/Year) <b>August 19, 2008</b>
		40. TIME OF DEATH <b>8:55</b> <input checked="" type="checkbox"/> 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) <b>Dr. Bruce Malm MD 17148 S. Harlem Ave, Tinley Park, IL 60477</b>			43. PHYSICIAN'S LICENSE NUMBER <b>036-069675</b>
44. TITLE OF CERTIFIER <b>Medical Doctor</b>		45. DATE CERTIFIED (Month/Day/Year) <b>August 19, 2008</b>	46. SIGNATURE OF CERTIFIER <i>[Signature]</i>

Illinois Department of Public Health - Division of Vital Records (Based on the 2003 U.S. Standard Certificate) 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.

**AUG 21 2008**

*[Signature]*