

UNOFFICIAL COPY



CHICAGO TITLE INSURANCE COMPANY
DECEASED JOINT TENANCY AFFIDAVIT



Doc#: 1200416045 Fee: \$38.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 01/04/2012 12:18 PM Pg: 1 of 2

Property of Cook County Clerk's Office

State of Illinois)
County of) ss.

Order No. _____

Mary Ann Marino being duly sworn states that she resides at 16815 S Oak Park Avenue in the City of Tinley Park. That she was acquainted with Jacob F. Marino deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

LOT 21 IN BLOCK 2 IN PARKSIDE BEING A SUBDIVISION OF THE NORTH EAST QUARTER (EXCEPT THE SOUTH 330 FEET OF THE WEST 330 FEET THEREOF) OF SECTION 30, TOWNSHIP 36 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

That the deceased died September 2008, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

28-30-203-004
16815 S. Oak Pk, Tinley Park IL
60477

- 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 100,000.00 dollars.

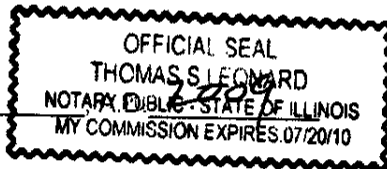
Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

Mary Ann Marino

this 4 day of SEP

Thomas S. Leonard
Notary Public



Thomas S. Leonard

Mary Ann Marino
(affiant's signature)

UNOFFICIAL COPY

STATE OF ILLINOIS CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.0		STATE FILE NUMBER	
LOCAL FILE NUMBER			
1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last) Jacob F Marino		2. SEX Male	3. DATE OF DEATH (Month/Day/Year) (Spell Month) September 20, 2008
4. COUNTY OF DEATH Cook	5a. AGE AT LAST BIRTHDAY (Years) 58	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____
7a. CITY OR TOWN Hazel Crest		7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) South Suburban Hospital	
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) Chicago, IL	9. SOCIAL SECURITY NUMBER ██████████	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) Mary Ann Bachar
12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
13a. RESIDENCE (Street and Number) 16815 S. Oak Park Ave		13b. APT. NO. _____	13c. CITY OR TOWN Tinley Park
		13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
13e. COUNTY Cook	13f. STATE IL	13g. ZIP CODE 60477	14. FATHER'S NAME (First, Middle, Last) Peter Marino
15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Marian Seriani			
16a. INFORMANT'S NAME Mary Ann Marino		16b. RELATIONSHIP Wife	16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 16815 S. Oak Park Ave Tinley Park Illinois 60477
17. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input 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) Tinley Park Memorial	
19. LOCATION - CITY, TOWN AND STATE Tinley Park, IL		20. DATE OF DISPOSITION (Month/Day/Year) 09/24/2008	
21a. FUNERAL HOME NAME Vandenberg Funeral Home		STREET AND NUMBER 17248 South Harlem Ave	
		CITY OR TOWN Tinley Park	
		STATE IL	
		ZIP 60477	
21b. FUNERAL DIRECTOR'S SIGNATURE Jacob C Vandenberg		21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-016327	
22. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) SEP 24 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.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH months
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Lung Cancer with metastasis Sequentially list conditions, if any, leading to the cause listed on line a. b. _____ Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST c. _____ Due to (or as a consequence of): _____ 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.			
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input 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 _____
35. DESCRIBE HOW INJURY OCCURRED: _____		36. 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 (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON 09/20/2008		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	39. DATE PRONOUNCED (Month/Day/Year) 09/20/2008
		40. TIME OF DEATH 11:10 <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) Paul Chemello 20325 S. Graceland Ln Frankfort IL 60423			43. PHYSICIAN'S LICENSE NUMBER 036080191
44. TITLE OF CERTIFIER D.O.		45. DATE CERTIFIED (Month/Day/Year) 09-23-2008	46. SIGNATURE OF CERTIFIER P Chemello

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

SEP 24 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.

[Signature]
COUNTY CLERK