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Prepared by: Lavelle Law, Ltd. 501 W. Colfax Palatine, Illinois 60067

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Robert P. Iverson Lavelle Law, Ltd. 501 W. Colfax Palatine, Illinois 60067



Doc#: 1202608360 Fee: \$68.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds

Date: 01/26/2012 03:30 PM Pg: 1 of 4

## RECORDING COVER

Deceased Joint Tenancy Affidavit dated December 13, 2011

909 Kenilworin, Unit 419

Palatine, IL 69074

PIN: 02-24-105-024-1090

Y

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### DECEASED JOINT TENANCY AFFIDAVIT

| State of Illinois   | )<br>) SS   |   |   |   |
|---|---|---|---|---|
| County of Cook  | )   |   |   |   |
| Trene H. Mazzanti (herein at: 909 Kenilworth, Unit J. Mazzanti, hereinafter rustee of a must that was described as:  See  | 419, Palatine, Illino eferred to as "Deced  | ois 60074, that<br>dent", and at the<br>of the real prope | Affiant was acquaing time of Decedent erty in Cook Count      | nted with Timothy<br>'s death was the                           |
| That the Decedent died o  | MAY I   |   | , 20 11 as evidence   | by a certified  |
| copy of death certificate   | of the Decedent atta  | ched hereto.  |   |   |
| ☐ Leaving a original of the unproven Court of Court of Leaving a the Probate Division of to 20  | the Decear at died: to Last Will & Testan Last Will & Testan will should be filed ounty, Illinois. Last Will & Testan he Circuit Court of | ment. nent, a copy of with the Clerk nent, which wa       | which is attached hof the Probate Divings filed in the Unpro- | nereto. The<br>ision of the Circuit<br>oven Will Box of<br>bout |
| That the total value of the owned by the Decedent observed by the Decedent observed by the Decedent, does not exceed the content of the total value of the owner. | either individually o   | r in joint tenan  | cy at the time of the   | onal property<br>e death of the                                 |
| Affiant makes this Affid harmed by the Affiant's  | avit for the purpose  |   |   | v <sup>1</sup> io may be  |
| Subscribed and sworn to   | before me this  |   |   | 6   |
| 3 day of Deco   | 2mber, 2011   |   | _   |   |
| Notary Public   |   | Affian  | ne A Man<br>t's Signature                                     | zant  |

"OFFICIAL SEAL"
Heather N Slipkevych
Notary Public, State of Illinois
My Commission Expires 11/16/2015

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### **UNOFFICIAL COPY**

LEGAL DESCRIPTION
909 KENILWORTH
UNIT #419
PALATINE, ILLINOIS 60074
PIN # 02-24-105-024-1090

UNIT 419 AS DELINEATED ON THE PLAT OF SURVEY OF THE FOLLOWING DESCRIBED PARCEL OF LAND:

LOT 5 (EXCEPTING THEREFROM THAT PART THEREOF DESCRIBED AS FOLLOWS: BEGINNING AT THE NORTHWEST CORNER OF SAID LOT 5; THENCE SOUTHEASTERLY ALONG THE NORTH LINE OF LOT 5 FOR A DISTANCE OF 10%. FEET TO A CORNER IN THE NORTH LINE OF LOT 5; THENCE BAST ALONG THE NORTH LINE OF LOT 5 FOR A DISTANCE OF 63.93 FEET: THENCE SOUTHWESTERLY ALONG A LINE THAT FORMS AN ANGLE OF 100 DEGREES 30 MINUTYLS 24 SECONDS TO THE RIGHT WITH A PROLONGATION OF THE LAST DESCRIBED COURSE FOR A DISTANLE OF 156.25 FEET TO A POINT IN THE SOUTHERLY LINE OF LOT 5 THAT IS 20.04 FEET SOUTHEASTERLY OF A CORNER IN THE SOUTHERLY LINE OF LOT 5 (AS MEASURED ALONG THE SOUTHERLY LINE OF LOT 5); THENCE NORTH VESTERLY ALONG THE SOUTHERLY LINE OF LOT 5 FOR A DISTANCE OF 20.04 FEET TO A CORNER IN THE SOUTHERLY LINE OF LOT 5, THENCE WEST ALONG THE SOUTH LINE OF LOT 5 FOR A DISTANCE OF 122 FEET TO A POINT IN THE WEST LINE OF LOT 5; THENCE NORTH ALONG THE WEST LINE OF LOT 5 FOR A DISTANCE OF 165.25 FEET TO THE PLACE OF BEGINNING AND EXCEPTING THEREFROM THAT PART THEREOF DESCRIBED AS FOLLOWS: BEG'NNING AT THE MOST SOUTHERLY CORNER OF SAID LOT 5: THENCE NORTH 35 DEGREES 34 MINUTES 24 SECONDS WEST ALONG THE WESTERLY LINE OF LOT 5 FOR A DISTANCE OF 172.45 FEET; THENCE NORTHEASTERLY FOR A DISTANCE OF 286.77 FEET TO A POINT IN THE EASTERLY LINE OF LOT 5 THAT IS 30 FEET NORTHWESTERLY OF THE MOST EASTERLY CORNER OF LOT 5, AS MEASURED ALONG THE EASTERLY LINE OF SAID LOT 5; THENCE SOUTHEASTERLY ALONG THE EASTERLY LINE OF LOT 5 FOR A DISTANCE OF 30 FEET TO THE MOST EASTERLY CORNER OF LOT 5; THENCE SOUTHWESTERLY ALONG THE EASTERLY LINE OF LOT 5 FOR A DISTANCE OF 285.94 FEE ( TO THE POINT OF BEGINNING; AND EXCEPTING ALSO THAT PART THEREOF LYING WITHIN THE INGRESS AND EGRESS EASEMENT SHOWN ON THE PLAT OF WILLOW CREEK APARTMENT ADDITION, HEREINAFTER DESCRIBED), ALL IN WILLOW CREEK APARTMENT ADDITION. BEING A RESUBDIVISION OF PART OF WILLOW CREEK, A SUBDIVISION OF PART OF SECTION 24 TOWNSHIP 42 NORTH RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, ACCORDING TO THE PLAT THEREOF RECORDED OF SAID WILLOW CREEK APARTMENT ADDITION REGISTERED IN THE OFFICE OF THE REGISTRAR OF TITLES OF COOK COUNTY, ILLINOIS ON DECEMBER 28, 1970 AS DOCUMENT LR 2536651, AS DELINEATED ON SURVEY OF PART OF LOT 5 HERETOFORE DESCRIBED: WHICH SURVEY IS ATTACHED TO DECLARATION MADE BY THE 111 E. CHESTNUT CORPORATION AND

WHICH SURVEY IS ATTACHED TO DECLARATION MADE BY THE 111 E. CHESTNUT CORPORATION AND REGISTERED ON AUGUST 29, 1972 AS DOCUMENT LR2644918 AS AMENDED FROM THAE TO TIME, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS.

NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH

NANCY L JONES MD, 2121 W HARRISON ST, CHICAGO, IL, 60612

#### MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

| TATE FILE NUMBER 2011 00  | 33247                 | MEDICAL EXAMINE                        | ER'S CASE NUMBI                                | ER 009 MAY2          | 2011                                   | D/                          | ATE ISSUED                               | 05/04/201       |
|---|-----------------------|--|--|----------------------|--|-----------------------------|--|-----------------|
| DECEDENT'S LEGAL NAME TIMOTHY JAMES MAZZA                       | ANTI                  |  |  |                      | SEX<br>MALE                            | DATE OF DEA<br>MAY 01, 2    |  |                 |
| COOK  |                       | AGE AT LAST BIRTHDAY<br>50 YEARS       |  |                      | BER 27, 1960                           |                             | di d |                 |
| CITY OR TOWN PALATINE   |                       |  | HOSPITAL OR OTH<br>263 S CLUBH                 |                      |  |                             |  |                 |
| PLACE OF DEATH<br>DECEDENT'S HOME                               |                       |  |  |                      |  |                             |  |                 |
| BIRTHPLACE<br>FORT LEONARD WOOD, MC                             | SOCIAL SECURITY       |  | TUS AT TIME OF DEA ${\sf D}$                   | TH SURVIVING         | G SPOUSE'S NAME                        |                             | EVER IN U.S<br>FORCES?                   |                 |
| RESIDENCE<br>263 S CLUBHOUSF C'RI                               | /E                    | APT.                                   | · · · · · · · · · · · · · · · · · · ·          | Y OR TOWN<br>ALATINE |  |                             | INSIDE CITY I<br>YES                     | IMITS?          |
| COOK I  | ATE ZIP CODE 60074    | FATHER'S NAME JAMES MAZZ               | ZANTI  |                      | MOTHERS NA<br>IRENE H                  | ME PRIOR TO FIF<br>TADER    | AST MARRIAGE                             |                 |
| INFORMANT'S NAME JAMES MAZZANTI                                 | 700                   | RELATIONSHIP<br>FATHER                 |  |                      | (LWORTH, PA                            |                             |  |                 |
| METHOD OF DISPOSITION BURIAL                                    |                       | OF DISPOSITION<br>INT OLIVET CEMET     | ERY  | ELKHORN.             | Y OR FOWN AND<br>WI                    |                             | OF DISPOSITION<br>Y 05, 2011             |                 |
| FUNERAL HOME<br>SMITH-CORCORAN FUN                              | IERAL HOME - P        | A ATINE, 185 E NO                      | RTHWEST HWY                                    | PALATINE,            | IL, 60067                              |                             |  |                 |
| FUNERAL DIRECTOR'S NAME<br>ROBERT JAY SMITH JR                  |                       |  |  |                      | FUNERAL DIRE<br>03401203               | and the second second       | LICENSE NUMBE                            | Я               |
| LOCAL REGISTRAR'S NAME<br>DAVID ORR                             |                       | 0                                      |  |                      | DATE FILED WI<br>MAY 3, 20             | TH LOCAL REGIS<br>)† 1      | STRAŘ                                    |                 |
| CAUSE OF DEATH PART   | í.                    |  | 4  |                      |  | E EEN                       | JNKNOWN L                                | INKNOW          |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) | а.<br>b.              | Due to the                             | or as a consequence of:                        |                      | · · · · · · · · · · · · · · · · · · ·  | APPHOXIMATE NTERVAL BETWEEN |  |                 |
|   | c.                    |  | or as a consequence of or as a consequence of) | 2                    | · · · · · · · · · · · · · · · · · · ·  | NO NO                       |  |                 |
| PART II. Enter other significant cor                            | iditions contributing |  | the second second                              | given in PART1       | . WA                                   | S AN AUTOPSY                | РЕЯ <b>ГОЯМЕ</b> D? : N                  | 10              |
|   |                       |  |  |                      |  |                             | NDINGS USED TO<br>OF DEATH? N/A          |                 |
| DID TOBACCO USE CONTRIBUTE                                      |                       | EMALE PREGNANCY STAT<br>NOT APPLICABLE | บร   |                      |  | NNER OF DEATH<br>ATURAL     |  |                 |
| DATE OF INJURY  | T                     | ME OF INJURY                           | PLACE OF INJURY                                |                      |  | 0,                          | INJURY A                                 | T WOHK?         |
| LOCATION OF INJURY  |                       |  |  |                      |  |                             |  | 11.12년<br>학교 전설 |
| DESCRIBE HOW INJURY OCCURF                                      | RED:                  |  |  |                      |  | IE THA, ICDI                | CATATION NUUR                            | Y SPECIFY       |
| ATTEND THE DECEASED?  | DATE LAST SEEN ALI    | VE WAS MEDICAL<br>CORONER CO           | EXAMINER OR NTACTED?                           |                      | PRONOUNCED .<br>AY 01, 2011            |                             | TIME OF DE<br>02:49 F                    | erje – tolki    |
| CERTIFIER   |                       |  |  | <del></del>          | ······································ | DATE CER                    | TIFIED<br>02 2011                        |                 |

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 Cook County Clerk PHYSICIAN'S LICENSE NUMBER

