

Dan Balanoff  
10100 S. Ewing  
Chicago, IL 60617

UNOFFICIAL COPY



Doc#: 1219834041 Fee: \$46.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 07/16/2012 09:54 AM Pg: 1 of 5

TQ001698 1/4

STATE OF ILLINOIS )  
COUNTY OF Cook ) SS

Estate of Sally Massucci **JOINT TENANCY AFFIDAVIT**

Mary Litchfield, hereinafter referred to as the affiant, states under oath that the affiant resides at 10713 S. Avenue D in the City of Chicago, Illinois; that the affiant was acquainted with Frank Massucci, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of properly recorded joint tenancy warranty deed, said property located in Cook County, Illinois, and legally described as follows:

That 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;

That the decedent died on 11-24-91, leaving no/a last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ 60,000; and

That the value of the above property individually was \$ 60,000.

That the affiant makes this affidavit to induce ATTORNEYS' TITLE INSURANCE FUND, INC. to issue its policy of title insurance on the above described property.

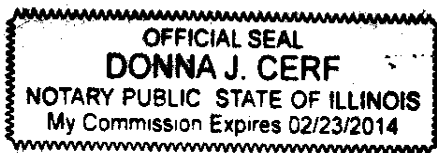
the affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATTORNEYS' TITLE INSURANCE FUND, INC. harmless and to reimburse the Fund for all loss, costs, damages, suits, attorney's fees and expenses and every kind and nature which which the Fund may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of Frank Massucci, the decedent;
2. Illinois State Inheritance Tax and Federal Tax which may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights to contribution.

Mary A. Litchfield, Esq. (Seal)  
Independent Administrator of  
Estate of Sally Massucci (Seal)

Subscribed and Sworn to before me

this 19th day of June, 2012.  
Janice Kudro  
Notary Public



Note: If the decedent left a will, it will be necessary that the original or a certified copy thereof be presented to us for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

**UNOFFICIAL COPY**

**COOK COUNTY CLERK VITAL RECORDS  
CHICAGO, ILLINOIS  
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2012 0021562

DATE ISSUED 03/23/2012

DECEASED'S LEGAL NAME SALLY MASSUCCI		SEX FEMALE	DATE OF DEATH MARCH 17, 2012	
CITY OF DEATH COOK		AGE AT LAST BIRTHDAY 94 YEARS	DATE OF BIRTH DECEMBER 01 1917	
CITY OR TOWN SOUTH HOLLAND		HOSPITAL OR OTHER INSTITUTION NAME MANORCARE AT SOUTH HOLLAND		
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MARRIAGE NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 2713 SOUTH AVENUE D		APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60617	FATHER'S/PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION TODOR KRGA	MOTHER'S/PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION BIKA KRGA
DECEASED'S NAME MARY LITCHFIELD		RELATIONSHIP NIECE	MAILING ADDRESS 1703 SWEETBRIAR DRIVE BLOOMINGTON, IL 61701	
METHOD OF DISPOSITION NORMAL		PLACE OF DISPOSITION OAKLAND MEMORY LANES	LOCATION - CITY OR TOWN AND STATE DOLTON IL	DATE OF DISPOSITION MARCH 21, 2012
FUNERAL HOME ELMWOOD CHAPEL, 11200 S. EWING AVE., CHICAGO, IL, 60617				
FUNERAL DIRECTOR'S NAME JAMES F BETKOWSKI			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012040	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR MARCH 21, 2012	
<b>CAUSE OF DEATH</b> (PART I) CHRONIC OBSTRUCTIVE PULMONARY DISEASE				
IMMEDIATE CAUSE				
Due to (or as a result of)				
Due to (or as a consequence of)				
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			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY BY (or)			MANNER OF DEATH	
NOT APPLICABLE			NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED			IF TRANSPORTATION INJURY, SPECIFY	
ATTENDS THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 10:37 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED MARCH 20, 2012	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR. NIDAL HASAN, 1747 EAST 87TH STREET, CHICAGO, ILLINOIS, 60617			PHYSICIAN'S LICENSE NUMBER 036-021658	

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*  
David Orr  
Cook County Clerk



**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**

# UNOFFICIAL COPY

## INDIANA STATE BOARD OF HEALTH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Local No. **956**

### CERTIFICATE OF DEATH

Date Issued **Nov 26, 1991** *Argalben, D.E. Remond, M.D.*  
Hammond Health Commissioner

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

1 DECEASED—NAME (First, Middle, Last) <b>Frank Massucci</b>		2 SEX <b>Male</b>	3a TIME OF DEATH <b>3:20 a.m.</b>	3b DATE OF DEATH (Month, Day, Year) <b>November 24, 1991</b>	
4 SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	5a AGE—Last Birthday (Years) <b>75</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) <b>Feb. 22, 1916</b>	
7 BIRTHPLACE (City and State or Foreign Country) <b>Chicago, IL</b>	8a WAS DECEDENT A U.S. VETERAN? <b>Yes</b>	8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1945</b>	8c PLACE OF DEATH (Check only one. See instructions.) <input checked="" type="checkbox"/> HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9a FACILITY NAME (If not institution, give street and number) <b>S. Margaret Hospital</b>		9b CITY, TOWN, OR LOCATION OF DEATH <b>Hammond</b>	9c COUNTY OF DEATH <b>Lake</b>		
10 MARITAL STATUS (Specify) <b>Married</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>Sally Krga</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Laborer</b>		12b KIND OF BUSINESS/INDUSTRY <b>City of Chicago</b>	
13a RESIDENT—STATE <b>IL</b>	13b COUNTY <b>Cook</b>	13c CITY, TOWN OR LOCATION <b>Chicago</b>	13d STREET AND NUMBER <b>10713 Avenue D</b>		
15a ZIP CODE <b>60617</b>	15b INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	16 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) <b>White</b>	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) <b>10</b>		17 Cottage (1-4 or 5+)			
18 FATHER'S NAME (First, Middle, Last) <b>Jack Massucci</b>		19 MOTHER'S NAME (First, Middle, Maiden Surname) <b>Julia Mazzocco</b>			
20a INFORMANT'S NAME (Type/Print) <b>Sally Massucci</b>	20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>10713 Ave. D Chicago, IL 60617</b>		20c Relationship <b>Wife</b>		
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)	21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>November 26, 1991 Oakland Memory Lane</b>		21c LOCATION—City or Town, State <b>Dolton, IL</b>	
22a EMBALMER'S NAME <b>James Porras</b>	22b EMBALMER'S LICENSE NO. <b>1045964</b>	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>James Porras</i>		24b LICENSE NUMBER (of D. state) <b>1045964</b>	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Burns-Kish F.H.#3002819 5840 Hohman HAMMOND, IN (For Elmwood Chicago, IL)</b>		
26 PART I Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. <b>Renal Failure</b>		Approximate Interval Between Onset and Death	
b. <b>Consecutive Heart Failure</b>		c. <b>Sepsis</b>			
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		d.			
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I.					
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>		28a WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>N/A</b>		
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER 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) as stated. <input type="checkbox"/> 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) as stated.	29b SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		29c MEDICAL LICENSE NO. <b>33282</b>	29d DATE SIGNED (Month, Day, Year) <b>November 25, 1991</b>	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>K. Trivedi, M.D. 656 Wentworth Avenue, Calumet, City, Illinois 60409</b>					
31 HEALTH OFFICER'S SIGNATURE <i>Argalben, D.E. Remond, M.D.</i>			32 DATE FILED (Month, Day, Year) <b>November 26, 1991</b>		
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
34a PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34b LOCATION (Street and Number or Rural Route Number, City or Town, State)			
35g DATE PRONOUNCED DEAD (Month, Day, Year)		35h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			

**UNOFFICIAL COPY**  
IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS  
COUNTY DEPARTMENT, PROBATE DIVISION

Estate of  
SALLY MASSUCCI

Deceased



No. 2012 P 001748

Docket

Page

LETTERS OF OFFICE - DECEDENT'S ESTATE

MARY JO LITCHFIELD

has been appointed

Independent

Administrator with the Will Annexed

of the estate of

SALLY MASSUCCI

, deceased,

who died Saturday, March 17, 2012

, and is authorized to to take possession of and collect the  
estate of the decedent and to do all acts required by law.

WITNESS, May 01, 2012



**Dorothy Brown**  
Clerk of the Circuit Court

CERTIFICATE

I certify that this is a copy of the letters of office now in force in this estate.

WITNESS, May 01, 2012

DLB

*Dorothy Brown*  
Clerk of Court

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

# UNOFFICIAL COPY

## ALTA COMMITMENT 2006

File No. TQ2450084  
Associated File No: TQ001698

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### EXHIBIT A

LOT 36 IN BLOCK 6 IN STATE LINE PARK SUBDIVISION, BEING PETER FOOTES  
SUBDIVISION IN THE NORTHEAST FRACTIONAL 1/4 OF SECTION 17, TOWNSHIP 37  
NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY,  
ILLINOIS

ADDRESS : 10713 S. AVENUE D  
CHICAGO, IL 60617

PIN : 26-17-207-005