DECEASED JOINT TENANCY AFFIDAVIT

UNOFFICIAL



Doc#: 1230034016 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds
Date: 10/26/2012 08:59 AM Pg: 1 of 2

State of ILLINOIS)) SS.	SS.
County of COOK)	

ANTHONY ROMANO hereinafter called Affiant(s) being duly sworn states that he/she/they resides at: 3232 N. Ottawa, Chicago, Illinois. That Affiant(s) was acquainted with CARMINE M. ROMANO, hereinafter referred to as Deceased and at the time of Decedent's death, was one of the owners of the land in Cook County, Illinois, described as:

Lot 17 in Block 8 in Gauntlett, Feuerborn and Klode's Belmont Heights addition, being a subdivision of the East 1/2 of the East 1/2 of the Southwest fractional 1/4 of fractional Section 24, South of Indian Boundary line, Township 40 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Index Number: 12-24-330-020-0000

Property Address: 3232 North Ottawa, Chicago, Illinois 60634

That the Deceased died on February 14, 2012, as evidenced by a copy of Deceased's death certificate attached hereto.

That the Deceased, at the time of his/her death, held his/her share of the above-mentioned property as a joint tenant and that the Deceased died leaving no last will & testament

That the total value of the estate of the Deceased, for estate tax purposes, 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 \$_____.

Affiant makes this affidavit for the purpose of any individual or corporation who may be harmed by the Affiant's lack of veracity.

Subscribed and sworn before me this Aday of October, 2012

Notary Public

ANTHONYROMANO, Affiant

Prepared by: Dennis J. DaPrato 7507 West Belmont Avenue Chicago, IL 60634 773-637-6067 Mail to:

OFFICIAL MY COMMISSION EXPIRES
AUGUST 25, 2014

JENNIS JAPRATU 7507 W. BELMUNT Officalo 1660634

CERTIFICATION OF DEATH RECORD

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

STATE FILE NUMBER 2012 0011602		DATE ISSUED 02/16/20
DECEDENT'S LEGAL NAME CARMINE M ROMANO		SEX DATE OF DEATH MALE FEBRUARY 14, 2012
COOK	AGE AT LAST BIRTHDAY 91 YEARS	DATE OF BIRTH MAY 06, 1920
CITY OR TOWN CHICAGO		THER INSTITUTION NAME H OTTAWA AVENUE
PLACE OF DEATH DECEDENT'S HOME		
ITALY	MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNERS MAIDEN NAME
RESIDENCE 3232 NORTH OTTAVA A VENUE		TY OR TOWN INSIDE CITY LIMITS? CHICAGO YES
COOK STATE ZIP CODE IL 30634	FATHERICO PARENT'S NAME PRIOR TO FIRST MARRIA MARIANO ROMANO	AGE/CIVIL UNION MOTHER/CO PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION PETRONILLA PETRILLO
INFORMANT'S NAME ANTHONY ROMANO	RELATIONSHIP MAILING ADDRESS SON 23W279 SAINT JAMES COURT, GLEN ELLYN, IL, 60197	
I i grandi santania	C: OF DISPOSITION LIVE WOOD CEMETERY	LOCATION - CITY OR TOWN AND STATE DATE OF DISPOSITION RIVER GROVE, IL FEBRUARY 17, 2012
FUNERAL HOME BELMONT FUNERAL HOME, 7120 WES	ST BULNONT AVENUE, CHICAGO, IL.	
FUNERAL DIRECTOR'S NAME JOHN G BASSI		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014204
LOCAL REGISTRAR'S NAME DAVID ORR	0	DATE FILED WITH LOCAL REGISTRAR FEBRUARY 15, 2012
CAUSE OF DEATH PART I. ISCHEMIC CA IMMEDIATE CAUSE (Final disease or condition	Due to (or as a consequence of):	ATE TWEEN DEATH
resulting in death) b. PULMONARY	EDEMA	APPROXIMATE INTERVAL BETWEE ONSET AND DEATH
c. CONGESTIVE	Due to (or as a consequence of): HEART FAILURE	

PART II. Enter other significant conditions	contributing to death but not resulting in the underlying cause given in PART	WAS AN AUTOPSY PERFORMED? NO
		WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A
FEMALE PREGNANCY STATUS NOT APPLICABLE		MANNER OF DEATH
DATE OF INJURY	TIME OF INJURY PLACE OF INJURY	INJURY AT WORK?

LOCATION OF INJURY

DESCRIBE HOW INJURY OCCURRED: IF TRANSPO (INVION INJURY, SPECIFY:

ATTEND THE DECEASED? DATE LAST SEEN ALIVE WAS MEDICAL EXAMINER OR DATE PRONOUNCED TIME OF DEATH YES JANUARY 17, 2012 CORONER CONTACTED? 10:40 AM CERTIFIER DATE CERTIFIED PHYSICIAN FEBRUARY 14, 2012

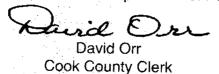
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH

DOCTOR PETER CALABRESE, 7400 WEST ADDISON STREET, CHICAGO, ILLINOIS, 60634

PHYSICIAN'S LICENSE NUMBER

036075915

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.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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