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1300455130

Deceased Joint Tenancy Affidavit

Doc#: 1300455130 Fee: \$42.00
Karen A. Yarbrough RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 01/04/2013 01:51 PM Pg: 1 of 3

Acquest Title Services, LLC
File No. _____

State of Illinois)

County of Cook)

2/2/12

ROBERT PIENTA (Affiant) being first duly sworn, states that HE
(he/she) resides at 8711 W. BRYN MAWR AVE in the City of CHICAGO.
That HE (he/she) was acquainted with KATHERINE A. PIENTA
Deceased, who at the time of his/her 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 12/12/04, as evidenced by a certified copy of the death
certificate of the deceased attached hereto.

That the deceased died:

Leaving no Last Will and Testament

Leaving a Last Will and Testament

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 death of the
deceased, does not exceed the sum of \$ 0. (Enter the value of the estate.)

Affiant makes this affidavit for the purpose of inducing Acquest Title Services
LLC/Lawyers Title Insurance Company to issue its policy describing the above mentioned
property.

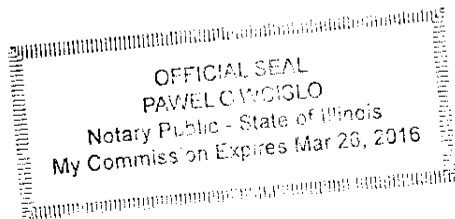
X Robert Pienta

Subscribed and sworn before me this 17 day of DEC, 2011.

[Signature]
Notary Public

Prepared by:

Mail to:



3x

2012 100218

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11/07/2012 8:16:02 AM -0500 CDT

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER

017725

STATE OF ILLINOIS

COUNTY OF COOK

CITY OF CHICAGO

DEC 14 2004

JOHN L. WILHELM M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN OBTAINANCE OF SAID LAW AND ORDINANCES.

REGISTRATION DISTRICT NUMBER 10

1 REGISTERED NUMBER KATHERINE A. PIENIA
2 SEX FEMALE
3 DATE OF BIRTH (MONTH, DAY, YEAR) DECEMBER 12, 2004

4 UNIFORM OF DEATH CODE A. PIENIA
5 HOSPITAL OR OTHER INSTITUTION (NAME, ADDRESS AND CITY) WEST BRYN MAWR # 207
6 CHICAGO, ILLINOIS

7 PLACE OF BIRTH (CITY, STATE AND COUNTY) CHICAGO, ILLINOIS
8 MARITAL STATUS (MARRIED, SINGLE, SEPARATED, DIVORCED, WIDOWED) MARRIED
9 USUAL OCCUPATION 11a. MANAGER
10 KIND OF BUSINESS OR INDUSTRY 11b. MARKETING
11 EDUCATION (SPECIAL ABILITY OR DISABILITY) 12. GRADUATE OF COLLEGE

13a. 8711 W. BRYN MAWR # 207
14a. ZIP CODE 151. 60631
14b. RACE (WHITE, BLACK, AMERICAN INDIAN, ASIAN, HAWAIIAN) WHITE
14c. OF HISPANIC ORIGINITY (SPECIFY) YES
14d. M/M/O DYES SPECIFY: YES
15a. CITY CHICAGO
15b. COUNTY COOK

16a. JOHN JOHN
16b. MOTHER-NAME FIRST MIDDLE LAST LOMBARDO
17a. ROBERT PIENIA
17b. HUSBAND
17c. 8711 W. BRYN MAWR # 207, CHICAGO

18. PART I. Enter the disease, or conditions that caused the death, or describe the mode of death, such as cardiac arrest, or stroke, or heart failure. List only one cause for each part.
19. Immediate Cause (Final cause of death) (a) Heart Failure
(b) Best Source
(c) Due to OR AS A CONSEQUENCE OF

20. PART II. Enter conditions that contributed to the death, such as diabetes mellitus, hypertension, or atherosclerosis.
21. DATE OF OPERATION, IF ANY
22. MAJOR FINDINGS OF OPERATION
23. ICD-10 CODE (INTERNATIONAL CLASSIFICATION OF DISEASES, TENTH REVISION) (MORTALITY YEAR) I10 I12.90
24. UNDERLYING CAUSE (ICD-10 CODE) (MORTALITY YEAR) I10 I12.90

25. SIGNATURE (TYPE OR PRINT) DR. IEBON DRAGON
26. DR. IEBON DRAGON 767 PARK AVENUE WEST, HIGHLAND PARK, IL.
27. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)
28. JAMES OF ATENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)

29. FUNERAL HOME (NAME) QUEEN OF HEAVEN
30. STREET AND NUMBER (OR R.F.D.) HILLSIDE, ILLINOIS
31. CITY OR TOWN HILLSIDE, ILLINOIS
32. STATE ILLINOIS
33. DATE (MONTH, DAY, YEAR) DECEMBER 15, 2004

34. FUNERAL DIRECTOR'S SIGNATURE (TYPE OR PRINT) John A. Wilhelmsen MD
35. LOCAL REGISTRAR'S SIGNATURE (TYPE OR PRINT) John L. Wilhelm MD
36. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) DEC 14 2004

37. ILLINOIS LICENSE NUMBER 031-007657
38. ILLINOIS LICENSE NUMBER 12613104
39. ILLINOIS LICENSE NUMBER 036048264

40. NOTE: IF AN INQUIRY WAS MADE CONCERNING THIS DEATH, THE INFORMATION CONTAINED HEREON MUST BE FURNISHED TO THE LOCAL REGISTRAR.

41. THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

42. DEPARTMENT OF PUBLIC HEALTH, DIVISION OF VITAL RECORDS

43. CITY OF CHICAGO, DEPARTMENT OF PUBLIC HEALTH

44. LOCAL REGISTRAR'S SIGNATURE

45. DATE FILED BY LOCAL REGISTRAR



CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH

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ACQUEST TITLE SERVICES, LLC

2800 West Higgins Road, Suite 180, Hoffman Estates, IL 60169

AS AGENT FOR

Fidelity National Title Insurance Company

Commitment Number: 2012100218

SCHEDULE C PROPERTY DESCRIPTION

The land referred to in this Commitment is described as follows:

Parcel 1: Unit 207, together with its undivided percentage interest in the common elements in 8711 W. Bryn Mawr Condominium, as delineated and defined in the Declaration recorded May 30, 2002 as document number 0020610405, in the North 1/2 of the Northwest 1/4 of Section 11, Township 40 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

Parcel 2: The exclusive right to the use of Parking Spaces B-13 and B-25 and Storage Space B-13, limited common elements, as delineated on the survey attached to the Declaration recorded as Document Number 0020610405, aforesaid.

PIN: 12-11-104-032-1007

FOR INFORMATION PURPOSES ONLY:
THE SUBJECT LAND IS COMMONLY KNOWN AS:

8711 West Bryn Mawr Avenue, Unit 207F
Chicago, IL 60631