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DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS } ss.
County of Cook }
Carol A Lopez

Order Number: _____

_____ being duly sworn, states that she
resides at 6007 S Rutherford in the city of Chicago
That Carol A. Lopez was acquainted with Anthony J. Gagliardo deceased
who, at the time of Anthony J. Gagliardo's death, was one of the owners of the land
in Cook County, Illinois, described as:
6007 S Rutherford Chicago, IL 60638



Doc#: 1302244060 Fee: \$64.00
Karen A. Yarbrough RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 01/22/2013 12:26 PM Pg: 1 of 3

That the deceased died December 8, 2012, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died:

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 \$78,130.00.

Affiant makes this affidavit for that purpose of inducing the Greater Illinois Title Company to issue it's Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said CAROL A. LOPEZ.

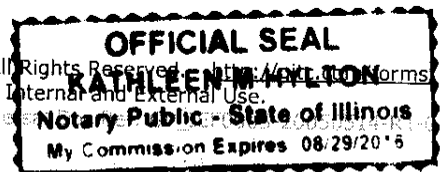
This 22nd day of January, 2012.

(Affiant Signature)

(Notary Public)



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

STATE FILE NUMBER 2012 0091920

DATE ISSUED 12/21/2012

DECEDENT'S LEGAL NAME ANTHONY JOSEPH GAGLIARDO		SEX MALE	DATE OF DEATH DECEMBER 08, 2012	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 69 YEARS	DATE OF BIRTH JANUARY 21, 1943		
CITY OR TOWN LYONS TWP		HOSPITAL OR OTHER INSTITUTION NAME RML SPECIALTY HOSPITAL		
PLACE OF DEATH INPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 350-34-8982	STATUS AT TIME OF DEATH DIVORCED FROM MARRIAGE	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 6007 SOUTH RUTHERFORD		APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? NO
COUNTY COOK	STATE IL	ZIP CODE 60638	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOSEPH GAGLIARDO	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ANNA GRACE COSTA
INFORMANT'S NAME CHERYL LYNN KRAMER		RELATIONSHIP DAUGHTER	MAILING ADDRESS 1667 CANDLEWICK DRIVE SW, POPLAR GROVE, IL, 61066	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION CARE CREMATION CENTER	LOCATION - CITY OR TOWN AND STATE ROMEOVILLE, IL	DATE OF DISPOSITION DECEMBER 11, 2012	
FUNERAL HOME CARE MEMORIAL, 8230 S HARLEM AVE, BRIDGEVIEW, IL., 60455				
FUNERAL DIRECTOR'S NAME JOHN F HANN			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015038	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR DECEMBER 11, 2012	
CAUSE OF DEATH PART I. ESOPHAGEAL CANCER				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	MONTHS	
		b.		
		c.		
		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 <i>significant conditions contributing to death</i> 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 STATUS NOT APPLICABLE			MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:			IF TRANS ORATION INJURY, SPECIFY:	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE DECEMBER 08, 2012	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 10:34 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED DECEMBER 10, 2012	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH JOHN BROFMAN, 5601 S COUNTY LINE RD, HINSDALE, ILLINOIS, 60521			PHYSICIAN'S LICENSE NUMBER 036072874	

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

NOTE: FACILE SECURITY HOLOGRAPHIC FOLDS AT BOTTOM

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Office of the Cook County Clerk

Map Department Legal Description Records

P.I.N. Number: 19184070030000

The legal description card(s) below is prepared in a format used for official county record-keeping, and can be used by the Cook County Recorder's Office to access their tract books.

If you need assistance interpreting this description, please obtain a copy of our instruction sheet "How to Read a Legal Description Card" available from the counter clerk or at our website www.cookctyclerk.com

Please verify the Property Identification Number or P.I.N. (also known as the "Permanent Real Estate Index Number"). If this is not the item you requested, please notify the counter clerk.

19	18	40	7003	7201	4430265															
AREA	SUB-AREA	BLOCK	PARCEL	CODE	WARRANT	ITEM	ALP	FIRST SUPPL	SECOND SUPPL	THIRD SUPPL										

OFFICE OF THE CLERK OF COOK COUNTY, ILLINOIS
 PERMANENT REAL ESTATE INDEX NUMBER AND LEGAL DESCRIPTION

VOLUME **397**

AREA SUB-AREA BLOCK PARCEL TAX CODE

19-18-407-3

SEC. 18 TOWN 38 RANGE 13

CIRCUIT CT PARTN W½ SE¼

F H BARTLETTS 63RD ST

INDUSTRIAL DIST SUB 1 TO

46 11 6

2014

AREA	SUB-AREA	BLOCK	PARCEL	CODE	WAR-RANT	ITEM	ALP	FIRST SUFFIX	SECOND SUFFIX	THIRD SUFFIX	CLERK
0	0	0	0	0	0	0	0	0	0	0	0
46	47	48	49	50	51	52	53	54	55	56	57
58	59	60	61	62	63	64	65	66	67	68	69
70	71	72	73	74	75	76	77	78	79	80	
1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9
48	47	46	49	50	51	52	53	54	55	56	57
58	59	60	61	62	63	64	65	66	67	68	69
70	71	72	73	74	75	76	77	78	79	80	

26507