

120250302370



ATTORNEYS' TITLE GUARANTY FUND, INC.



Doc#: 1303526131 Fee: \$42.00 Karen A. Yarbrough RHSP Fee: \$10.00 Cook County Recorder of Deeds Date: 02/04/2013 01:09 PM Pg: 1 of 3

JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS ) COUNTY OF COOK ) SS

Michael Siciliano, hereby referred to as the affiant, states under oath that the affiant resides at 280 Westgate Road, Mount Prospect, IL 60056; that the affiant was acquainted with Susan C. Siciliano; at the time of the decedent's death, the decedent was one of the owners of a parcel of property by virtue of a properly recorded joint tenancy or tenancy by the entirety deed, said property located in COOK County, Illinois, and legally described as follows:

PARCEL 1: UNIT 2-302 IN THE RESIDENCES AT VILLAGE CENTRE, A CONDOMINIUM, AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED PROPERTY: PART OF LOT 1 IN PROSPECT PIACE, A SUBDIVISION IN THE WEST 1/2 OF THE NORTHWEST 1/4 OF SECTION 12, TOWNSHIP 41 NORTH, RANGE 11 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, WHICH SURVEY IS ATTACHED AS EXHIBIT B TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT NUMBER 0010278724, AS AMENDED FROM TIME TO TIME, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS.

PARCEL 2: THE EXCLUSIVE RIGHT TO THE USE OF PARKING SPACE NUMBER 2P-79 AND STORAGE SPACE NUMBER 2S-79, AS LIMITED COMMON ELEMENTS, AS SET FORTH IN THE DECLARATION OF CONDOMINIUM AND SURVEY ATTACHED THERETO AND RECORDED AS DOCUMENT NUMBER 0010278724.

Permanent Index Number(s): 08-12-102-063-1093 Property Address: 5 W. Central, Unit 302, Mount Prospect, IL 60056

The decedent died on JULY 21, 2012 leaving no last will and testament;

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;

The total value of decedent's estate, including the taxable interest in the above property, is , and that the value of the above property individually is 150,000.00;

The State Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from the decedent's estate, has been paid in full;

The affiant makes this affidavit to induce Attorneys' Title Guaranty Fund, Inc. (ATG) to issue its policy of title insurance on the above described property.

The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATG harmless and to reimburse ATG for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature that ATG 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 Susan C. Siciliano, deceased, the decedent; 2. State Estate/Inheritance Tax and Federal Estate Tax that may be charged against the estate of said decedent;

Handwritten signature/initials: INT SC P S R W K

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## JOINT TENANCY AFFIDAVIT

(continued)

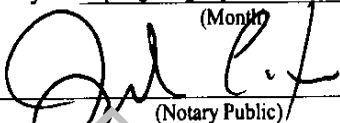
- 3. Legacies, if any, created by the will of said decedent;
- 4. Rights of contribution.



Michael A. Siciliano

Subscribed and sworn to before me this

29 day of NOVEMBER, 2012  
(Month) (Year)

  
(Notary Public)

My commission expires: \_\_\_\_\_

**Note:** If the decedent left a will, a certified copy thereof must be presented to ATG for inspection, along with a certified copy of the death certificate and evidence of payment of death taxes, if any.

This instrument prepared by:  
Joseph La Zara, 7246 West Touhy, Chicago, IL 60631

Return to:  
Joseph La Zara, 7246 West Touhy, Chicago, IL 60631

Property of Cook County Clerk's Office

# UNOFFICIAL COPY

## SKOKIE HEALTH DEPARTMENT SKOKIE, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2012-0054080

DATE ISSUED 7/26/2012

DECEDENT'S LEGAL NAME <b>SUSAN C SICILIANO</b>		SEX <b>FEMALE</b>	DATE OF DEATH <b>JULY 21, 2012</b>	
COUNTY OF DEATH <b>COOK</b>	AGE AT LAST BIRTHDAY <b>87 YEARS</b>	DATE OF BIRTH <b>FEBRUARY 01, 1925</b>		
CITY OR TOWN <b>SKOKIE</b>		HOSPITAL OR OTHER INSTITUTION NAME <b>MIDWEST PALLIATIVE &amp; HOSPICE CARECENTER</b>		
PLACE OF DEATH <b>HOSPICE FACILITY</b>				
BIRTHPLACE <b>CHICAGO, IL</b>	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH <b>WIDOWED</b>	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? <b>NO</b>
RESIDENCE <b>5 WEST CENTRAL ROAD</b>	APT. NO. <b>362</b>	CITY OR TOWN <b>MT PROSPECT</b>		INSIDE CITY LIMITS? <b>YES</b>
COUNTY <b>COOK</b>	STATE <b>IL</b>	ZIP CODE <b>60066</b>	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION <b>SALAVATORE VALLONE</b>	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION <b>ROSE GRECCO</b>
INFORMANT'S NAME <b>MICHAEL SICILIANO</b>		RELATIONSHIP <b>SON</b>	MAILING ADDRESS <b>200 N WESTGATE ROAD, MT PROSPECT, IL, 60066</b>	
METHOD OF DISPOSITION <b>BURIAL</b>	PLACE OF DISPOSITION <b>QUEEN OF HEAVEN CATHOLIC CEMETERY</b>	LOCATION - CITY OR TOWN AND STATE <b>HILLSIDE, IL</b>	DATE OF DISPOSITION <b>JULY 25, 2012</b>	
FUNERAL HOME <b>FRIEDRICHS FUNERAL HOME INC., 320 W CENTRAL ROAD, MT PROSPECT, IL, 60066</b>				
FUNERAL DIRECTOR'S NAME <b>THOMAS J NOLAN</b>			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034011952</b>	
LOCAL REGISTRAR'S NAME <b>CATHERINE COUNARD</b>			DATE FILED WITH LOCAL REGISTRAR <b>JULY 24, 2012</b>	
CAUSE OF DEATH PART I: <b>MULTIPLE MYELOMA</b>				
IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>		a. _____ <small>Due to (or as a consequence of)</small>		UNKNOWN UNKNOWN
		b. _____ <small>Due to (or as a consequence of)</small>		
		c. _____ <small>Due to (or as a consequence of)</small>		
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			WAS AN AUTOPSY PERFORMED? <b>NO</b>	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <b>N/A</b>	
FEMALE PREGNANCY STATUS <b>NOT APPLICABLE</b>			NUMBER OF DEATH <b>NATURAL</b>	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED			IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? <b>NO</b>	DATE LAST SEEN ALIVE <b>UNKNOWN</b>	WAS MEDICAL EXAMINER OR CORONER CONTACTED? <b>NO</b>	DATE PRONOUNCED	TIME OF DEATH <b>04:35 AM</b>
CERTIFIER <b>PHYSICIAN</b>			DATE CERTIFIED <b>JULY 24, 2012</b>	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH <b>KATTEN, LYNN, 2050 CLARE COURT, GLENVIEW, ILLINOIS, 60025</b>			PHYSICIAN'S LICENSE NUMBER <b>036-100993</b>	

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.

*Catherine A. Counard, MD, MPH*

Catherine A. Counard, M.D., M.P.H.  
Local Registrar/Director of Health  
Skokie, Illinois

