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dollars.



Doc#: 1304649007 Fee: \$42.00 Karen A. Yarbrough RHSP Fee: \$10.00 Cook County Recorder of Deeds
Date: 02/15/2013 09:04 AM Pg: 1 of 3

State of Illin County of ^C				Sì.							Order N	lo		
	COSIMO	CAS	ronov	70	0)					<u> </u>	oeing d	uly swor	n states
that he the City of E	resides at Imwood Pa			&TH	Cour	+)							in
That he An	was acquain Igela Cas	ted with	5											
deceased in Cook	who, at	the	time Co	of ounty,	her Illinois,	death,		one	of	the	owner	s of	the	land
						ed heret	o and ma	ide a	park	herec	of			
That the dec	eased died	OCTO:	BER 1	18,	2012		h o == 4 o			(5		, as e	videnced
That the dec	d copy of death	і сепітіса	ate of tr	ie dec	easeo a	attached	nereto.				Q	17/0		
X	Leaving no La	ast Will 8	& Testa	ment.								C	Q	
	Leaving a Las should be file	st Will & ed with th	ne Clerk	nent a c of the ois.	a copy o e Proba	f which is te Divisio	s attached on of the	d here Circui	eto. t Coi	The or urt of _	iginal of	the un	oroven V	Vill ounty,
	Leaving a Las Circuit Court	st Will & of	Testan	nent w	vhich wa	as filed in Cou	the Unpi nty, Illino	roven is abo	Will out	Box o	f the Pro	bate D	ivision o	f the
That the total	al value of the or in joint tenai	estate of	f the de e time (cease	ed, inclu death o	ding both	n real and eased, de	l pers oes no	onal ot ex	prope ceed t	rty owne	d by th of _\$1	e decea 50,00	sed either

Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance

1304649007 Page: 2 of 3

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this 12 th day of February

, A.D.<u>201</u>3

Notary Public

OFFICIAL SEAL
SALVATORE R SPACCAFERRO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 11/07/4

(affiant's signature)

LEGAL DESCRIPTION:

LOT 22 IN BLOCK 3 IN WESTWOOD, BEING MILLSAND SONS SUBDIVISION IN THE WFST 1/2 OF SECTION 25, TOWNSHIP 40 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N.: 12-23-105-022

COMMONLY KNOWN A5: 3109 77TH Court, Elmwood Park, IL 60707

THIS DOCUMENT WAS PREPARED BY:
Salvatore R. Spaccaferro
Attorney at Law
1701 E. Wood Field Road, Swite 1701
Schaumburg, IL 60173



VILLAGE OF MELROSE PARK MELROSE PARK, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE	FILE	NUMBER	2012	0077876

DATE ISSUED

10/23/2012

DECEDENTS LEGAL NAME ANGELA CASTRONOVO	······································			SEX FEMALE	DATE OF DEAT			
COUNTY OF DEATH	AGE AT LAST BIRTH	AGE AT LAST BIRTHDAY 65 YEARS			DATE OF BIRTH JANUARY 01, 1947			
CITY OR TOWN MELROSE PARK		1 "	OTHER INSTITUTION					
PLACE OF DEATH								
INPATIENT BIRTHPLACE SOCIAL SECI	RITY NUMBER STATUS	AT TIME OF DEATH	SURVIVING SPOL	RECIVIL UNION PAR	TNER'S MAIDEN NAME			
ITALY	MARR	IED	COSIMO	CASTRONOV	FORCES? NO			
RESIDENCE 3109 NORTH 77TH CO'JRT		APT NO CITY				INSIDE CITY LIMITS? YES		
COUNTY STATE 73P COOR IL (60707	FATHER CO-PARENTS N ANTONIO RUV	AME PRIOR TO FIRST MA	RRIAGE/CIVIL UNION		NT'S NAME PRIOR TO JNAVAILABLE	FIRST MARRIAGE/CIVIL UNION		
PAPORMANTS NAME COSIMO CASTRONOVO	RELATIONSHIP HUSBAN		MAILING ADDR		≱NIII PARK	4.11.12		
METHOD OF DISPOSITION ENTOMBMENT	LAVIE OF DISPOSITION SAINT JOSEPH CATHO	LIC CEMETERY	LOCATION - CI RIVER GRO		OF DISPOSITION FOBER 22, 2012			
FUNERAL HOME BELMONT FUNERAL HOME, 7120 V	VEST BELMONT AVE	NUE, CHICAGO,	IL, 60634					
FUNERAL DIRECTOR'S NAME SCOTT A JOHNSON		\		FUNERAL DIRE 03401592		OR'S ILLINOIS LICENSE NUMBER		
						LOCAL REGISTRAR 9, 2012		
	RY ARTERY DISEASE	7						
IMMEDIATE CAUSE		<u> </u>				3 MONTHS		
(First deaths or condition	ABETES MELLITUS	Sue to (or as a come quen a	of)					
		Ç	6		_ []	3 YEARS		
c MORBID (Que to (or as a consequence				3 YEARS		
······································		Due to (or as a consequence	(sr).					
PART II Enter other significant conditions contril	uting to death but not resu	lling in the underlying o	suse given in PART	Q w	AS AN AUTOPSY P	ERFORMED? NO		
HYPERTENSION				10.00	ERE AUTOPSY FIN XMPLETE CAUSE (
FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YE.	AR .			3.13	WHER OF DEATH 10 TURAL			
DATE OF INJURY	TIME OF INJURY	TIME OF INJURY PLACE OF INJURY			V _{Sc} .			
LOCATION OF INJURY	<u>,</u>	<u></u>		······································	(0)			
DESCRIBE HOW INJURY OCCURRED					IF TRANS	TATION INJURY, SPECIFY		
ATTEND THE DECEASED? DATE LAST SE YES OCTOBE		DICAL EXAMINER OR ER CONTACTED?		PRONOUNCED	1	TIME OF DEATH 07:28 AM		
CERTIFIER PHYSICIAN					DATE CERT	RIFIED BER 18, 2012		
NAME ADDRESS AND ZIP CODE OF PERSON CO	OMPLETING CAUSE OF DE)	IAN'S LICENSE NUMBER		

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.

Mary Ann Paolantonio Salemi

Melrose Park Village Clerk and Local Registrar