



# UNOFFICIAL COPY

## JOINT TENANCY AFFIDAVIT

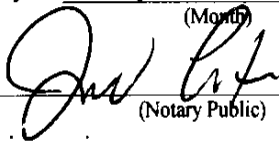
(continued)

Subscribed and sworn to before me this

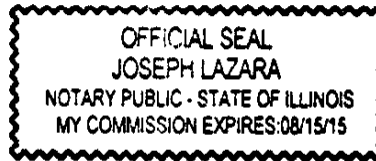
30 day of May, 2013

(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

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

STATE FILE NUMBER 2012 0099230

DATE ISSUED 1/9/2013

DECEDENT'S LEGAL NAME ANTONIETTA M ALBANESE			SEX FEMALE	DATE OF DEATH DECEMBER 29, 2012
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 70 YEARS	DATE OF BIRTH MAY 29, 1942		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME UNIVERSITY OF CHICAGO MEDICAL CENTER		
PLACE OF DEATH INPATIENT				
BIRTHPLACE ITALY	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME DONATO ALBANESE	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 5418 S NEENAH	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60638	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ROCCO LA VALLE	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARIA CARMELA SARLI
INFORMANT'S NAME DONATO ALBANESE		RELATIONSHIP HUSBAND	MAILING ADDRESS 5418 S NEENAH, CHICAGO, IL, 60638	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION RESURRECTION CATHOLIC GEMETERY	LOCATION - CITY OR TOWN AND STATE JUSTICE, IL	DATE OF DISPOSITION JANUARY 04, 2013	
FUNERAL HOME RIDGE FUNERAL HOME, 6620 W. ARCHER AVE., CHICAGO, IL, 60638				
FUNERAL DIRECTOR'S NAME CRAIG J OPERZEDEK			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015046	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JANUARY 7, 2013	
<b>CAUSE OF DEATH</b> PART I. CARDIAC ARREST / INFLUENZA IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small> a. _____ <small>Due to (or as a consequence of):</small> b. RIGHT VENTRICULAR FAILURE _____ <small>Due to (or as a consequence of):</small> c. HEREDITARY PULMONARY HYPERTENSION _____ <small>Due to (or as a consequence of):</small>				
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 PREGNANT WITHIN LAST YEAR			MANNER OF DEATH NATURAL	
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? YES	DATE LAST SEEN ALIVE DECEMBER 29, 2012	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 03:37 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED DECEMBER 29, 2012	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH THOMAS, ISAC, 5841 S MARYLAND, CHICAGO, ILLINOIS, 60638			PHYSICIAN'S LICENSE NUMBER 125057607	

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

