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Doc#: 1319118044 Fee: \$40.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 07/10/2013 11:02 AM Pg: 1 of 2

(This Space for Recorder's Use Only)

JOINT TENANCY AFFIDAVIT PIN: 19-09-227-013-0000

Date: 5/23/2013
Decedent: DOMINICK A. DONILE

BERNICE DONILE, hereinafter referred to as the Affiant, deposes and states that the Affiant resides at 5041 S. Lawler Avenue, Chicago, IL 60638.

That the Decedent at the time of his death was one of the owner of the property known as 5041 S. Lawler Avenue, Chicago, Cook County, Illinois, legally described as follows:

LOT 24 IN BLOCK 57 OF FREDERICK H. BARTLETT'S CENTRAL CHICAGO, BEING A SUBDIVISION OF THE SOUTHEAST QUARTER (SE1/4) OF SECTION FOUR (4) AND IN THE NORTHEAST QUARTER (NE1/4) AND SOUTHEAST QUARTER (SE1/4) OF SECTION NINE (9), ALL IN TOWNSHIP THIRTY-EIGHT (38) NORTH, RANGE THIRTEEN (13), EAST OF THE THIRD PRINCIPAL MERIDIAN.

That said Decedent died on March 7, 2013 leaving a last will and testament.

That the total value of the Estate of said Decedent, including his taxable interest in the above real estate is \$5,000.00.

That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the Decedent's Estate, has been paid in full.

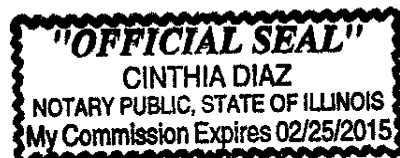
That if the Decedent had a will it was not a joint and mutual will, nor was the survivor of the joint tenant allowed under said will to elect to take any property in lieu of the joint tenancy property.

That the Affiant makes this Affidavit to induce Title Company to issue a policy of title insurance on the above described property.

Subscribed and sworn to before me this 23 day of May, 2013.

Cynthia Diaz
Notary Public

Bernice Donile
BERNICE DONILE



S yes
P 2
S /
M No
SC yes
E yes
INT 2

Prepared by and return to:
Kim A. Lewis, Lewis & Levinson
2631 E. Lakeshore Drive
Twin Lakes, Wisconsin 53181
Ph: 262/877-2616

UNOFFICIAL DEATH RECORD

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

STATE FILE NUMBER 2013 0019760

DATE ISSUED 3/11/2013

DECEDENT'S LEGAL NAME DOMINICK A DONILE		SEX MALE	DATE OF DEATH MARCH 07, 2013	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 94 YEARS	DATE OF BIRTH JANUARY 09, 1919		
CITY OR TOWN CHICAGO	HOSPITAL OR OTHER INSTITUTION NAME SEASONS HOSPICE AT HOLY CROSS HOSPITAL			
PLACE OF DEATH HOSPICE FACILITY				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME BERNICE TROMBATORE	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 5041 SOUTH LAWLER	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 JOSEPH DONILE	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ANGELA TURANO
INFORMANT'S NAME BERNICE DONILE	RELATIONSHIP WIFE	MAILING ADDRESS 5041 S LAWLER, CHICAGO, IL, 60638		
METHOD OF DISPOSITION ENTOMBMENT	PLACE OF DISPOSITION SAINT JOSEPH CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE RIVER GROVE, IL	DATE OF DISPOSITION MARCH 11, 2013	
FUNERAL HOME RICHARD-MIDWAY FUNERAL HOME, 5749 ARCHER AV., CHICAGO, IL, 60638				
FUNERAL DIRECTOR'S NAME JEFFREY A ANDERZUNAS			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014335	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR MARCH 11, 2013	
CAUSE OF DEATH PART I. EMPHYSEMA				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	YEARS UNKNOWN
Due to (or as a consequence of):		b.		
Due to (or as a consequence of):		c.		
Due to (or as a consequence of):				
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. HEART FAILURE, RENAL FAILURE			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 TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE MARCH 06, 2013	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 12:00 NOON
CERTIFIER PHYSICIAN			DATE CERTIFIED MARCH 07, 2013	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ROBERT ANDINA MD, 6250 S ARCHER AVENUE, CHICAGO, ILLINOIS, 60638			PHYSICIAN'S LICENSE NUMBER 036059350	



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: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM