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Doc#: 1329717011 Fee: \$66.25
RHSP Fee:\$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 10/24/2013 10:01 AM Pg: 1 of 3

Rec 20+
→ 9049947

When Recorded Return To:
Indecomm Global Services
2925 Country Drive
St. Paul, MN 55117

RECORDING REQUESTED BY:

① 58012696-2146357

Above Space for Recorder's Use Only

AFFIDAVIT OF DEATH OF JOINT TENANT

Title Order No 58012696

Loan No. 3313300538

STATE OF ILLINOIS
COUNTY OF COOK

Patricia Sansone, of legal age, being duly sworn, deposes and says:

That Earnest Sansone, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Earnest Sansone named as one of the parties in that certain Joint Tenancy Deed dated February 13, 1984, executed by Deed from Krss Development Corp to Patricia A. Sansone and Earnest Sansone and Mary V. Sansone, as joint tenants recorded as Instrument/Case No. 26976164, on February 21, 1984, of Official Records of County, Yuma County Arizona covering the following described property.

Tax Id Number(s): 07-35-400-049-1132

Land Situated in the County of Cook in the State of IL

PARCEL 1:

UNIT 12-AA-2 AS DELINEATED ON THE SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE (HEREINAFTER REFERRED TO AS "PARCEL"); THAT PART OF LOT 3 IN CROSS CREEK, BEING A SUBDIVISION OF THE NORTHWEST 1/4 OF SOUTHEAST 1/4 OF SECTION 35, TOWNSHIP 41 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED FEBRUARY 7, 1979 AS DOCUMENT NO.24835738 BOUNDED BY A LINE DESCRIBED AS FOLLOWS: BEGINNING AT A POINT 299.66 FEET EAST AS MEASURED ALONG THE NORTH LINE THEREOF, AND 206.00 FEET SOUTH, AS MEASURED AT RIGHT ANGLES TO SAID NORTH LINE, OF THE NORTHWEST CORNER OF SAID LOT 3; THENCE NORTH 86 DEGREES 30 MINUTES 38 SECONDS EAST, PARALLEL WITH THE NORTH LINE OF SAID LOT, 152.42 FEET; THENCE SOUTH 3 DEGREES 29 MINUTES 22 SECONDS EAST, 70.33 FEET; THENCE SOUTH 86 DEGREES 30 MINUTES 38 SECONDS WEST, 152.42 FEET; THENCE NORTH 3 DEGREES 29 MINUTES 22 SECONDS WEST 70.33 FEET TO THE PLACE OF BEGINNING, COOK COUNTY, ILLINOIS, WHICH SURVEY IS ATTACHED AS EXHIBIT "B" TO THE DECLARATION OF CONDOMINIUM OWNERSHIP AND OF EASEMENTS, RESTRICTIONS AND COVENANTS FOR CROSS CREEK CONDOMINIUM BUILDING NO. MADE BY FIRST BANK OF OAK PARK AS TRUSTEE UNDER TRUST AGREEMENT DATED OCTOBER 2, 1980 AND KNOWN AS TRUST NO. 12058, AND RECORDED IN THE OFFICE OF THE COOK COUNTY RECORDER OF DEEDS AS DOCUMENT NO. 26945542. TOGETHER WITH AN UNDIVIDED 13.62

S N
P 3
S N
M N
SC ✓
E ✓
INT ✓

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PERCENT INTEREST IN SAID PARCEL (EXCEPTING FROM SAID PARCEL ALL THE UNITS THEREOF AS DEFINED AND SET FORTH IN SAID DECLARATION OF CONDOMINIUM OWNERSHIP AND SURVEY).

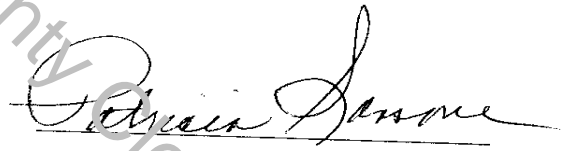
PARCEL 2:

GRANTOR ALSO HEREBY GRANTS TO THE GRANTEE, THEIR SUCCESSORS AND ASSIGNS, AS RIGHTS AND EASEMENTS APPURTENANT TO THE ABOVE-DESCRIBED REAL ESTATE, THE RIGHTS AND EASEMENTS FOR THE BENEFIT OF SAID PROPERTY SET FORTH IN THE DECLARATION OF COVENANTS, CONDITIONS, RESTRICTIONS AND EASEMENTS FOR THE CROSS CREEK HOMEOWNERS' ASSOCIATION DATED SEPTEMBER 1, 1979, AND RECORDED IN THE OFFICE OF THE RECORDER OF DEEDS INCORPORATED HEREIN BY REFERENCES THERETO. GRANTOR RESERVES TO ITSELF, ITS SUCCESSORS AND ASSIGNS, AS EASEMENTS APPURTENANT TO THE REMAINING PROPERTY DESCRIBED IN SAID DECLARATION, THE EASEMENTS THEREBY CREATED FOR THE BENEFIT OF SAID REMAINING PROPERTY AND THIS CONVEYANCE IS SUBJECT TO THE SAID EASEMENTS AND THE RIGHTS OF THE GRANTOR TO GRANT SAID EASEMENTS IN THE CONVEYANCE AND MORTGAGES OF SAID REMAINING PROPERTY OR ANY OF THEM.

Commonly known as: 877 Cross Creek Drive N # A2, Roseme, IL 60172

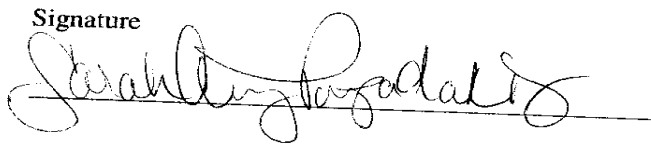
Dated: 7/15/13

STATE OF IL
COUNTY OF COOK



Patricia Sansone

Subscribed and sworn to (or affirmed) before me on this 15th day of July, 2013 by _____ Patricia Sansone proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature


(This area for official notarial seal)



+U04304625*
1371 9/20/2013 79048947/1

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

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DATE: AUGUST 30, 1994

SIGNED: Mary Ann Rizzo

at Cook County Department of Public Health

Official Title, Chief Deputy Registrar

REGISTRATION DISTRICT NO. 16.0
REGISTERED NUMBER

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

1. COUNTY OF DEATH COOK		FIRST MIDDLE LAST ERNEST G. SANSONE		SEX MALE	DATE OF DEATH (MONTH, DAY, YEAR) AUGUST 28, 1994
4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER ELK GROVE VILLAGE		AGE LAST BIRTHDAY (YRS.) 5a. 80 5b. 80		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) ALEXIAN BROTHERS HOSPICE HOUSE	
6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) ZNEW HAVEN, CT		8b. ALEXIAN BROTHERS HOSPICE HOUSE		6c. HOSPICE INPT	
7. SOCIAL SECURITY NUMBER 1720		8a. WIDOWED		8b. NONE	
RESIDENCE (STREET AND NUMBER) 877 CROSS CREEK DRIVE		11a. MAINTENANCE		8c. NONE	
13a. ILLINOIS		13b. ROSELLE		11b. UTILITY	
12. FATHER - NAME VINCENZO SANSONE		14b. X NO YES SPECIFY: ROSA		12. EDUCATION (CITY OR TOWN STATE ZIP) 800 BIESTERFIELD ROAD	
17. NINA M. CABOTE		14c. X NO YES SPECIFY: ROSA		13c. YES	
18. PART I Immediate Cause (Final disease or condition resulting in death) Carcinoma of the Colon with Liver Metastases		17b. RECORDS 800 BIESTERFIELD ROAD		13d. COOK	
18. PART II Enter the diseases, or complications that caused the death. Do not enter the mode of dying. Such as cardiac or respiratory arrest. (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF		17c. ILLINOIS 69907		13e. COOK	
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION		19a. AUTOPSY (YES/NO)	
20a. 8-26-94		20b. NO		19a. NO	
21a. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		19b. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? NO	
22a. SIGNATURE AND ADDRESS OF CERTIFIER (TYPE OR PRINT) Dr. Michael Cash		21c. HOUR OF DEATH 8:15 P.M.		20c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Elk Grove Village 11 60007		22b. DATE SIGNED (MONTH, DAY, YEAR) 8-29-94		22d. ILLINOIS LICENSE NUMBER 36 47666	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		24b. CEMETERY OR CREMATORY - NAME Queen of Heaven		24c. LOCATION Hillside, Illinois	
25a. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Michaels 800 S. Roselle Rd. Schaumburg, Illinois 60193		24d. CITY OR TOWN ILLINOIS		24e. STATE ILLINOIS	
25b. LOCAL REGISTRAR'S SIGNATURE KAREN L. SCOTT, M.D.		25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 9895		25d. DATE FILED (MONTH, DAY, YEAR) August 30, 1994	

Illinois Department of Public Health - Division of Vital Records

BASED ON 1989 U.S. STANDARD