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Doc#: 1329717012 Fee: \$70.25
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 10/24/2013 10:09 AM Pg: 1 of 4

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

RECORDING REQUESTED BY:

② 58012696 - 246758

Above Space for Recorder's Use Only

AFFIDAVIT OF DEATH OF JOINT TENANT

Title Order No. 53012696

Loan No. 3313300538

STATE OF ILLINOIS
COUNTY OF COOK

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

That Mary V Sansone, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Mary V 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

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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: 3/14/13
#5

STATE OF IL
COUNTY OF COOK

Patricia Sansone
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
Sarah Amy Papadakis

(This area for official notarial seal)



+U04304626+

1371 9/20/2013 79048947/2

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER
04666

REGISTRATION DISTRICT NO. **160**
REGISTERED NUMBER

DECEASED—NAME
FIRST MARY V MIDDLE SANSONE LAST
SEX FEMALE DATE OF DEATH 3. JUNE 17, 1986 COUNTY OF DEATH COOK

1. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) ITALIAN
2. AGE (IN YEARS) 67
3. DATE OF BIRTH (MO., DAY, YEAR) SEPT 7, 1918
4. CITY, TOWN, TWP., OR ROAD DISTRICT NUMBER ELK GROVE VILLAGE
5. HOSPITAL OR OTHER INSTITUTION (IF NOT IN EITHER, GIVE NAME, COUNTY, CITY, STREET AND NUMBER) ALEXIAN BROTHERS MEDICAL CENTER
6. ILLINOIS CITIZENSHIP (U.S.A. OR OTHER) U S A
7. SOCIAL SECURITY NUMBER # 351-10-4550
8. USUAL OCCUPATION HOUSEWIFE
9. MARRIAGE STATUS (MARRIED, NEVER MARRIED, WIDOWED, DIVORCED) (SPECIFY) 10. MARRIED
11. ERNEST G SANSONE
12. RESIDENCE STREET AND NUMBER 877 CROSS CREEK DR. CITY, TOWN, TWP. OR ROAD DISTRICT NO. ROSSELLE INSIDE CITY (YES/NO) YES
13. COUNTY COOK
14. MOTHER—MAIDEN NAME COOK
15. FATHER—NAME FRANK EWING
16. RELATIONSHIP RECORDS MAILING ADDRESS 800 W. BIESTERFELD RD. ELK GROVE VILLAGE, ILL. 60120

17. DEATH WAS CAUSED BY: (I) UREMIA (II) ENOSTASE RENAL FAILURE
18. IMMEDIATE CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))
19. AUTOPSY (YES/NO) NO
20. DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION 6-12-86 Sargene Right-leg.
21. (a) DID NOT ATTEND THE DECEASED AND LASTS WITH/MOTHER ALIVE ON 6-17-86
22. SIGNATURE (TYPE OR PRINT) *Sonnen R Koshy*
23. NAME AND ADDRESS OF CERTIFIER
24. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) COMMENAKOSHY M.D. 302 West Green St Bensenville
25. ILLINOIS LICENSE NUMBER 6-12-86
26. DATE SIGNED (MO., DAY, YR.) 6-12-86
27. HOUR OF DEATH 10:50 PM

28. CEMETERY OR CREMATORY—NAME
29. FUNERAL HOME NAME
30. FUNERAL DIRECTOR'S SIGNATURE
31. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
32. DATE (MONTH, DAY, YEAR) 24 June 20, 1986
33. CITY OR TOWN Hillside ILLINOIS
34. STREET AND NUMBER (R.F.D.)
35. BURIAL HOME
36. FUNERAL HOME
37. FUNERAL DIRECTOR'S SIGNATURE
38. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
39. DATE SIGNED BY LOCAL REGISTRAR (MONTH, DAY, YR.)

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.

NOT VALID WITHOUT THE EMBOSSED SEAL OF THE DEPARTMENT OF PUBLIC HEALTH
DATE JUN 19 1986
SIGNED *Mahine McCurry*
At Cook County Department of Public Health Official Title Chief Deputy Registrar
1500 S. Maywood Rd. Maywood, Illinois 60153

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At Cook County Department of Public Health, Office of the Health Officer, 530 North Dearborn Street, Chicago, Illinois 60610

DATE: JUN 19 1986

NOT VALID WITHOUT THE EMBOSSED SEAL OF THE DEPARTMENT OF PUBLIC HEALTH

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.

REGISTRATION DISTRICT NO.	16.0	STATE OF ILLINOIS	04666	STATE FILE NUMBER
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH		
DECEASED—NAME	MARY V SANSONE	SEX	FEMALE	DATE OF BIRTH (MO., DAY, YEAR)
				2. JUNE 17, 1986

1. RACE (WHITE, BLACK, AMERICAN INDIAN, ET CETERA) (SPECIFY)	4. WHITE	8. ILLINOIS	10. MARRIED	12. ERNEST G SANSONE
2. BIRTHPLACE (IF NOT IN U.S.A.)	ITALIAN	9. U S A	11. ERNEST G SANSONE	
3. BIRTH DATE (MO., DAY, YEAR)	67	10. MARRIED		
5. SOCIAL SECURITY NUMBER	4550	11. ERNEST G SANSONE		
6. RESIDENCE STREET AND NUMBER	877 CROSS CREEK DR.	12. ERNEST G SANSONE		
7. FATHER—NAME	FRANK EWING	13. NONE		
14. FATHER—NAME	FRANK EWING	14. COOK		
15. INFORMANT NAME (TYPE OR PRINT)	FRANK EWING	15. FRANCES SERENO		
16. DEATH WAS CAUSED BY:	URLEMIA	16. FRANCES SERENO		
17. JOAN HOBERG		17. FRANCES SERENO		
18. PART I		18. FRANCES SERENO		

19. DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION	6.12.86	20. GANGRENE Right leg.
21. L.D. (DO NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON)	6.17.86	21. HOUR OF DEATH
22. SIGNATURE	James A Koshy	22. DATE SIGNED (MO., DAY, YR.)
23. NAME AND ADDRESS OF CERTIFIER	James A Koshy	23. ILLINOIS LICENSE NUMBER
24. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		24. ST. 44970

25. FUNERAL HOME	Queen of Heaven	26. HILLSIDE
27. FUNERAL DIRECTOR'S SIGNATURE	Bruno Faneal	28. BURDICK BUCKLEY
29. LOCAL REGISTRAR'S SIGNATURE	Rachel Scott	30. JUN 19 1986

31. LOCAL REGISTRAR'S SIGNATURE	Rachel Scott	32. JUN 19 1986
33. LOCAL REGISTRAR'S SIGNATURE	Rachel Scott	34. JUN 19 1986

Illinois Department of Public Health - Office of Vital Records

BASED ON 1978 U.S. STANDARD CERTIFICATE OF DEATH