UNOFFICIAL COPY

1320429781

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)
) SS.
County of Cook)

Joseph M. Andriacchi, hereinafter called Affiant, being duly sworn, states that he resides at 1149 Franklin, River Forest IL. That Affiant was acquainted with Silvana Andriacchi, hereinafter referred to as Deceased, and at the time of Decedent's death, was one of the owners of the land in Cook County, Illinois, described as:

PARCEL 2: NORTH HALF (1/2) OF THE SOUTH TWO THIRDS (2/3RDS) OF LOT TWENTY FOUR (24) IN ELMWOOD PARK GARDENS, BEING A SUBDIVISION OF THE SOUTH HALF (1/2) OF THE SOUTH WEST QUARTER (1/4) OF THE NORTHEAST QUARTER (1/4) OF SECTION 25, TOWNSHIP 40 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Common Address: 2804 North 75th Avenue, Elmwood Park, IL 60707
PIN: 12-25-225-034-0000

That the Deceased died on November 9, 2008, as evidenced by a copy of Deceased's death certificate attached hereto.

That the Deceased, at the time of her death, held his share of the above-mentioned property as a joint tenant and that the Deceased died leaving no last will & testament.

Affiant makes this affidavit for the purpose of any individual or corporation who may be harmed by the Affiant's lack of veracity.

Joseph M. Andriacchi
Joseph M. Andriacchi, Affiant

Subscribed and sworn to before me this 6th day of Nov, 2013.

Ann M Stuart
Notary Public

OFFICIAL SEAL
ANN M STUART
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:04/09/14

1332545043

Doc#: 1332545043 Fee: $60.00
RHSP Fee:$9.00 RPRF Fee: $1.00
Karen A.Yarbrough
Cook County Recorder of Deeds
Date: 11/21/2013 11:39 AM Pg: 1 of 2

PLEASE RETURN TO:
BARRISTER TITLE
15000 SO. CICERO AVE.
OAK FOREST, IL 60452

Property of Cook County Clerk's Office

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1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last): SILVANA ANDRIACCHI
2. SEX: Female
3. DATE OF DEATH (Month/Day/Year) (Spell Month): 11/9/08 NOVEMBER
4. COUNTY OF DEATH: COOK
5a. AGE AT LAST BIRTHDAY (Years): 65
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month/Day/Year): 04/21/1943
7a. CITY OR TOWN: CHICAGO IL
7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number): RUSH UNIVERSITY
7c. PLACE OF DEATH (Check only one; see instructions)
IF DEATH OCCURRED IN A HOSPITAL: [X] Inpatient ☐ Emergency Room/Outpatient ☐ Dead on Arrival
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing Home/Long-term care facility ☐ Decedent's home ☐ Other (Specify):
8. BIRTHPLACE (City and State or Foreign Country): Italy
9. SOCIAL SECURITY NUMBER:
10. MARITAL STATUS AT TIME OF DEATH: [X] Married ☐ Married but separated ☐ Widowed ☐ Divorced ☐ Never Married ☐ Unknown
11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage): Joseph Andriacchi
12. EVER IN U.S. ARMED FORCES: ☐ Yes [X] No
13a. RESIDENCE (Street and Number): 1142 Franklin
13b. APT. NO.: --
13c. CITY OR TOWN: River Forest
13d. INSIDE CITY LIMITS? [X] Yes ☐ No
13e. COUNTY: Cook
13f. STATE: Il.
13g. ZIP CODE: 60305
14. FATHER'S NAME (First, Middle, Last): Antonio Venditti
15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Assunta DiPalma
16a. INFORMANT'S NAME: Joseph Andriacchi
16b. RELATIONSHIP: Husband
16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code): 1142 Franklin, River Forest, Il. 60305
17. METHOD OF DISPOSITION: ☐ Burial [X] Cremation ☐ Donation ☐ Entombment ☐ Other (Specify):
18. PLACE OF DISPOSITION (Name of cemetery, crematory, other): The Lakes Crematory
19. LOCATION - CITY, TOWN AND STATE: Lake Villa, Illinois
20. DATE OF DISPOSITION (Month/Day/Year): Nov. 11, 2008
21a. FUNERAL HOME — NAME: John Rago Sons — STREET AND NUMBER: 721 N. Western Ave., — CITY OR TOWN: Chicago, — STATE: Illinois — ZIP: 60612
21b. FUNERAL DIRECTOR'S SIGNATURE: Joseph Rago, Jr.
21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 034-011009
22. LOCAL REGISTRAR'S SIGNATURE: Terry Mason MD
23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year): NOV 10 2008

CAUSE OF DEATH (See Instructions and examples)

24. PART I. Enter the *chain of events* - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. ENTEROCOCCUS BACTEREMIA	
	Due to (or as a consequence of):	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b. METASTATIC BREAST CANCER	
	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.

25. WAS AN AUTOPSY PERFORMED? ☐ Yes [X] No
26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? ☐ Yes [X] No
27. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably [X] No ☐ Unknown
28. IF FEMALE: [X] Not pregnant within past 12 months ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Pregnant within one year of death but time unknown ☐ Unknown if pregnant within the past 12 months
29. MANNER OF DEATH: [X] Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Could not be determined ☐ Pending Investigation
30. DATE OF INJURY (Month/Day/Year):
31. TIME OF INJURY: ☐ A.M. ☐ P.M.
32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant, wooded area):
33. INJURY AT WORK? ☐ Yes ☐ No
34. LOCATION OF INJURY — Street and Number / Apartment Number / City or Town / State / ZIP Code:
35. DESCRIBE HOW INJURY OCCURRED:
36. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)
37. I (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON: 11/9/08
38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? ☐ Yes [X] No
39. DATE PRONOUNCED (Month/Day/Year): 11/9/08
40. TIME OF DEATH: 9:40 ☐ A.M. [X] P.M.
41. CERTIFIER (Check only one):
☐ Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated.
[X] Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.
☐ Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24): WALTER LAMPA 6016 S. ARCHER AVE. 3N CHICAGO IL 60638
43. PHYSICIAN'S LICENSE NUMBER: 125054481
44. TITLE OF CERTIFIER: MD
45. DATE CERTIFIED (Month/Day/Year): 11/9/08
46. SIGNATURE OF CERTIFIER: Walter Lampa MD

This is to certify that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health.

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I, TERRY MASON, REGISTRAR, CERTIFY THE REC... AND DEA... BY VIRTU... OF ILLINO... THE CITY ... ACCOMP... SHEET IS ... KEPT BY ... LAWS AN...

NOV

THIS CERTIF... EMBOSSED ... REGISTRAR'...

CIT... DEPARTM...

Property of Cook County Clerk's Office

(Based on the 2003 U.S. Standard Certificate)

Illinois Department of Public Health - Division of Vital Records

VR200 (Rev. 1/08)