DECEASED JOINT TENANCY AFFIDAVIT

Property Address: 9207 N Maryland Street Niles, Illinois 60714 Permanent Index Number:



Doc#: 1334334007 Fee: \$42.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 12/09/2013 08:43 AM Pg: 1 of 3

09-14-209-033-0000

RECORDER'S STAMP

address below. That (be) or (she) was acquainted with DARLENE PAPAVERO , deceased, who, at the tinher) death, was one of the owners of the land described as:	
SEE ATTACHED LEGAL DESCRIPTION.	
That the deceased died <u>fune 18</u> as evidenced by a certified copy of the death ce deceased attached hereto.	rtificate of the
That the Deceased, at the time of his/her death beld his/her share of the above-mentioned property as a join	t tenant.
Affiant makes this affidavit for the purpose of any radividual or corporation who may be harmed by the Affiveracity and agrees to indemnify said company or its essigns against any false statement(s) willfully made have	iant's lack of erein.
Subscribed and sworn to before mc by the said GERLIND PAPAVERO name printed), residing at 907 N Maryland Street Niles 21 (20714	(affiant
Niles 21 60714	
(affiant's signature) (Scal)	
this 16 day of Novemen , 2013.	
(Notary Public)	3

OFFICIAL SEAL **ASHLEY JACOBSON** NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES 04.11/17

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

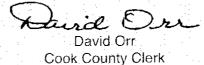
DECEDENT'S LEGAL NAME			<u> </u>	· <u> </u>	SEX D	ATE OF DEATH
DARLENE JEANET	TE PAPAVERO				FEMALE	JUNE 18, 2013
COUNTY OF DEATH COOK		AGE AT LAST BIRTH 57 YEARS	DAY	DATE OF SEPT	BIRTH EMBER 30, 1955	
CITY OR TOWN NILES			HOSPITAL OR OTH REGENCY H	and the second second	NAME REHAB CTRE	
PLACE OF DEATH NURSING HOME /	LONG TERM CARE	FACILITY				
OAK PARK, IL			and the second second	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME GERLANDO ANTONINO PAPAVERO FORCES? NO		
RESIDENCE 9207 N MARYLAND	STREET			TY OR TOWN		INSIDE CITY LIMITS?
COUNTY COOK	STATE ZIP CODE	FATHÉR/CO-PARENT'S N. ARTHUR VICTO	AME PRIOR TO FIRST MARRIA	GE/CIVIL UNION		IAME PRIOR TO FIRST MARRIAGE/CIVIL UN RRIET GABRIEL
INFORMANT'S NAME GIUSEPPE ROBER	TO PAPAVEI(C	RELATIONSHIP SON		MAILING ADDR 1910 IVY V	ess VAY, GLENVIEW,	IL, 60026
METHOD OF DISPOSITION CREMATION		LE OF DISPOSITION E'C'LITS CREMATO	PRY		TY OR TOWN AND STATE DATE OF DISPOSITION HEIGHTS, IL JUNE 24, 2013	
FUNERAL HOME PLANET GREEN C	REMATIONS, 230 E	11TH ST CHICAG	O HEIGHTS, IL, 604	11		
FUNERAL DIRECTOR'S NAME BRETT R MORELAND FUNERAL DIRECTOR 034014588					'S ILLINOIS LICENSE NUMBER	
				DATE FILED WITH LO JUNE 24, 2013		
IMMEDIATE CAUSE (Final disease or condition resulting in death)	b HEPATIC ENC	CEPHALOPATHY	ue to (or as a co. sequence of): ue to (or as a consequence of):	77		APPROXIMATE INTERVAL BETWEE ONSET AND DEATH
	garan - i	Du	e to (or as a consequence of):			
PART II. Enter other significa	ant conditions contributin	g to death but not resulti	ng in the underlying cause (given in PART i	WERE AL	AUTOPSY PERFORMED? NO UTOPSY FINDINGS USED TO TE CAUSE OF DEATH? N/A
FEMALE PREGNANCY STA- NOT PREGNANT V					M^NNER NATUI	OF DEATH RAL
DATE OF INJURY		TIME OF INJURY	PLACE OF INJURY		7 87 47 (INJURY AT WORK
LOCATION OF INJURY						10
DESCRIBE HOW INJURY OF	CCURRED:					F TRANSPO(1, 4) ION INJURY, SPEC
		and the second second	the state of the s		· · · · · · · · · · · · · · · · · · ·	and the second s



NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH

DR EHAB SHAMS, 7447 W TALCOTT, CHICAGO, ILLINOIS, 60631

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.





PHYSICIAN'S LICENSE NUMBER

036094256

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UNOFFICIAL COPY

LOT 1 IN CALLARO AND CATINO'S GOLF VIEW GARDENS, BEING A SUBDIVISION IN THE NORTHEAST 1/4 OF SECTION 14, TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 09-14-209-033-0000

9207 N Maryland St Niles, IL 60714

Alliance Title Corporation
5523 N. Cumberland A.S. Ste. 1241
Chicago, IL Scuiza
(773) 550 2222