



# UNOFFICIAL COPY

The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATG harmless and to reimburse ATG for all loss, costs, damages, suits, attorney's fees, and expenses of every kind and nature that ATG may suffer, expend, or incur by reason of the issuance of said policy, free and clear of the following objections:

1. Claims against the estate of Colleen Pienta, the decedent;
2. State Estate/Inheritance Tax and Federal Estate Tax that may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

*Peter J. Pienta*

(Seal)

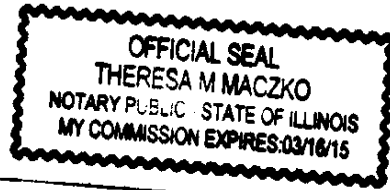
(Seal)

Subscribed and sworn to before me this

21 day of May, 2014  
Day Month Year

*Theresa M. Maczko*

Notary Public



**Note:** If the decedent left a will, it will be necessary that the original or certified copy thereof be presented to ATG for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

This instrument prepared by:

Mary Niego-McNamara  
Name

10653 S. Kostner Avenue  
Address

Oak Lawn, IL 60453  
City, State, Zip

Return to:

Mary Niego-McNamara  
Name

10653 S. Kostner Avenue  
Address

Oak Lawn, IL 60453  
City, State, Zip

**UNOFFICIAL COPY**  
ATTORNEYS' TITLE GUARANTY FUND, INC.

**LEGAL DESCRIPTION**

**Permanent Index Number:**

Property ID: 17-29-307-064-0000

**Property Address:**

2518 S. Throop  
Chicago, IL 60608

**Legal Description:**

THE SOUTH 1/2 OF LOT 4 IN MANIERRE AND AIKEN'S SUBDIVISION OF LOTS 6 AND 7 IN BLOCKS 5 AND 6 IN THE CANAL TRUSTEES' SUBDIVISION OF THE SOUTH FRACTIONAL 1/2 OF SECTION 29, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office

**UNOFFICIAL COPY**

**CITY OF CHICAGO OFFICE OF VITAL RECORDS  
CHICAGO, ILLINOIS  
MEDICAL CERTIFICATE OF DEATH**

31177

STATE FILE NUMBER 2009 0057098

DATE ISSUED 08/12/2009

DECEDENT'S LEGAL NAME COLLEEN PIENTA		SEX FEMALE	DATE OF DEATH AUGUST 08, 2009	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 45 YEARS	DATE OF BIRTH AUGUST 19, 1963		
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	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME PETER PIENTA	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 2519 SOUTH ELEANOR STREET	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60608	FATHER'S NAME JAMES J REGOVIC	MOTHER'S NAME PRIOR TO FIRST MARRIAGE ANN M BURNS
INFORMANT'S NAME PETER PIENTA	RELATIONSHIP HUSBAND	MAILING ADDRESS 2519 SOUTH ELEANOR STREET, CHICAGO, IL, 60608		
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION TRISONS CREMATORY	LOCATION - CITY OR TOWN AND STATE LOMBARD, IL	DATE OF DISPOSITION AUGUST 11, 2009	
FUNERAL HOME DALCAMO FUNERAL HOME, 470 WEST 20TH STREET, CHICAGO, IL, 60616				
FUNERAL DIRECTOR'S NAME BERNARD M DALCAMO			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034010588	
LOCAL REGISTRAR'S NAME TERRY MASON MD			DATE FILED WITH LOCAL REGISTRAR AUGUST 11, 2009	
<b>CAUSE OF DEATH</b> PART I METASTATIC, ADENOCARCINOMA, PRIMARY UNKNOWN				
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
a _____ Due to (or as a consequence of) _____				
b _____ Due to (or as a consequence of) _____				
c _____ Due to (or as a consequence of) _____				
Due to (or as a consequence of) _____				
PART II: Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN	FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR		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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 03:00 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED AUGUST 10, 2009	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PREM RUPANI, 2701 WEST 68TH STREET, CHICAGO, ILLINOIS, 60629			PHYSICIAN'S LICENSE NUMBER 036061662	

This is to certify that this is a true and correct abstract from the original available in the Cook County Department of Public Health.



*Terry Mason*  
Terry Mason, MD  
Local Registrar

