## **UNOFFICIAL COPY**

AFTER RECORDING, MAIL TO:

SATURN TITLE, LLC 1030 W. HIGGINS RD. SUITE 365 PARK RIDGE, IL 60088

1413509 1063



Doc#: 1501356076 Fee: \$42.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds

Date: 01/13/2015 03:25 PM Pg: 1 of 3

### DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS COUNTY OF COOK	) ) SS.	File Number: 1413509
		at 2019 Newton Ave. Park Ridge, IL. 60068.
That she was acquainted with County, Illinois, commonly k	n Michael J. Palm (decea Gown as:	ased) who, at the time of his death, was one of the owners of the land in Cook
2019 Newton Ave. Park Ridg	ge, I.C. 50068 Pin 12-01-	-306-009-0000 and legally described in the attached legal description.
That the deceased died on attached hereto.	Flower (8 10,13	, as evidenced by a certified copy of a death certificate of the deceased
CHECK ONE:	C	
(x)That the deceased died: Lea	iving no Last Will & To	estament
♦ Leaving a Last Will & Te	estament a copy of which	is attached hereor. The original of the unproven will should be filed with the
Clerk of the Probate Divis		
Coun	nty, Illinois on or about	in the Unproven Will Box of the Probate Division of the Circuit Court of
		ding both real and personal property owned by the deceased either individually,
in joint tenancy or tenancy by t	the entirety at the time of	f the death of the deceased, does not exceed the sum of \$50,000.
Affiant makes this affidavit for	the purpose of inducing	Saturn Title Company to issue its Title Insurance Policy, describing the
above mentioned property.		
Subscribed and sworn to before    Justin   H   Ju  (Affiant's Signature)	me this 972 day	of January , 20 15.  Opli Jalland  Notary Public
prepared By John Mury 6122 A. Nie Chicago FL	1. play 6063,	OFFICIAL SEAL JOHN J MURPHY NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES: 10/22/17

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# COOK COUNTY CLERK VITAL

					**************************************	1974	LINOIS	HECON	DS
				MEDIC	AL CEI	RTIFIC	ATE OF	DEATH	
STATE FIL	E NUMBER	2013 0096635		: - 경화 					

	3.0096635		DATE ISSUED 12/26/20				
DECEDENT'S LEGAL NAME MICHAEL J PALM		SEX MALE	DATE OF DEATH DECEMBER 18, 2013				
COUNTY OF DEATH	AGE AT LAST BIRTHDAY 65 YEARS	DATE OF BIRTH					
CITY OR TOWN PARK RIDGE	HOSPITAL	NOVEMBER 14, 194 OR OTHER INSTITUTION NAME	<b>B</b>				
PLACE OF DEATH HOSPICE FACILITY	DAING	BOW HOSPICE ARK					
BIRTHPLACE	SOCIAL SECURITY NUMBER STATUS AT TIME OF DEATH	4 Superfunts Assessed					
CHICAGO, IL	MARRIED		SURAN DWYER FORCES? NO				
RESIDENCE 2019 S NEWTON	APT, NO.	CITYOR TOWN PARK RIDGE	INSIDE CITY LIMITS?				
COOK IL	ATE ZIP CODE FATHER/CO PARENT'S NAME PRIOR TO FIRST	MARRIAGE/CIVIL UNION MOTHER/CO-PAREN	YES TS NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION				
INFORMANT'S NAME	RELATIONSHIP	ANNE JANS MAILING ADDRESS	=N				
SUSAN PALM METHOD OF DISPOSITION	SPOUSE	2019 \$ NEWTON, PARK I	31DGE IL, 60068				
CREMATION	PLACE OF DISPOSITION A JA CIA PARK CEMETERY	EDCATION - CITY OR TOWN AND S CHICAGO, IL	LOCATION - CITY OR TOWN AND STATE   DATE OF DISPOSITION				
FUNERAL HOME  NELSON ELIMEDIAL HO	MES INC DOCTAL OF		DECEMBER 23, 2013				
FUNERAL DIRECTOR'S NAME	DMES INC, 820 TALCOTT ROAD, PARK RIDGE, IL	L, 60068					
EUGENE W CHA		FUNERAL DIRECT 034015429	OR'S ILLINOIS LICENSE NUMBER				
DAVID ORR		DATE FILED WITH DECEMBER	(LOCAL REGISTRAR				
CAUSE OF DEATH PAR IMMEDIATE CAUSE	TI. LUNG GANCER a	2-50,000	ű =				
(Final disease or condition resulting in death)	Due to (or as a co sequen	ce of)	8 MONTHS				
			AL BRI				
	Dué to (or as a consequent		APP INTERW ONSET				
	с.	3e DII.	žδ				
PART II Enter other significant co	Due to (or as a consequence and trions contributing to death but not resulting in the undedying of	se of):					
(1) 2년 전 - 기술 1 7 - 학급 (2) 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	durator resulting in the underlying of	cause given in PART:	NAUTOPSY PERFORMED? NO				
		WERE	AUTOPSY FINDINGS USED TO				
FEMALE PREGNANCY STATUS NOT APPLICABLE		W VE	ETE CAUSE OF DEATH? N/A				
DATE OF INJURY	TIME OF INJURY PLACE OF IN		UPIAL INJURY AT WORK?				
LOCATION OF INJURY			A TORRAL				
DESCRIBE HOW INJURY OCCURE							
SEED, IDE IIION INDUNY OCCUR.	(ELD)		IF THANSPORTAL ON INJURY, SPECIFY				
ATTEND THE DECEASED?	DATE LAST SEEN ALIVE WAS MEDICAL EXAMINER OR						
YES Erther	NOVEMBER 27, 2013 CORONER CONTACTED? N	DATE PRONOUNCED	TIME OF DEATH 02:57 PM				
PHYSICIAN			DATE CERTIFIED DECEMBER 20, 2013				
DR. JOHN EVAN 205 C	F PERSON COMPLETING CAUSE OF DEATH		PHYSICIAN'S LICENSE NUMBER				
	NORTHWEST HWY, PARK RIDGE, ILLINOIS, 600	68	036-108128				



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.





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# **UNOFFICIAL COPY**

## **Legal Description**

File #:

1413509

Borrower Name:

Leonore R. Pietropinto and Gianmarco Pietropinto, wife and

husband

Address

2019 Newton Ave.

Park Ridge, IL 60068

Pin #: 12-01-306 009-0000

Legal Description:

LOT 25 TOGETHER WITH THE WEST FALF OF THE VACATED ALLEY LYING EAST OF AND ADJOINING SAID LOT 25, IN BLOCK 4 1% KINSEY'S PARK RIDGE SUBDIVISION OF PART OF SECTIONS 1 AND 2, TOWNSHIP 40 NORTH, RANGE 12, EAST OF THE OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, LLINOIS.