UNOFFICIAL COPY

703780 /3



CITYWIDE TITLE CORPORATION

Doc#: 1509218022 Fee: \$64.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds
Date: 04/02/2015 10:02 AM Pg: 1 of 3

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS) COUNTY OF COOK) SS.	FileNumber: 703780
Actus Becusa	
being duly sworn states that	resides at 2713 S. O. in the City of
Bondy	Park Are, Bowyn, FL
That he was acquainted with Joyce	Bec111a deceased who, at the time of death, was one of the
owners of the land in Cook County, Illinois, describes as:	*
See Attached Exhibit A	
That the deceased died	, as evidenced by a certified copy of death certificate of the deceased
Probate Division of the Circuit Court ofCounty Leaving a Last Will & Testament which was filed in the Unpro- Illinois about	oven Will Dox of the Probate Division of the Circuit Court of Cook County, I and personal property owned by the deceased either individually or in joint
·	itle Corporation to issue its 7 ttle Insurance Policy., describing the above
Subscribed and sworn to before me by the said	O/T/
this 27 day of March, A.D. 20 15. Notary Public	Affiant's Signature)
OFFICIAL SEAL ERIK MILES Nowy Public - State of Illinois	

CCRD REVIEWER

UNOFFICIAL COPY

Mar 09 15 04:58p

karen kolodziej poletti

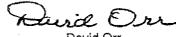
19108024317

p.1

RESIDENCE RESIDE		CERTI	FICATIO	N OF DE	ATH E	ECORD			
DECEMENTS LEGIL NAME JOYCE A SECCERTA AGE AT LAST BRITHDAY GO YEAR COOK BERNYN BERWYN BERWY			CHIC	AGO, ILLING	DIS				ĝ.
JOYCE A BECERRA COUNTY OF DEATH BERRYNN BERRYN BERRYNN BERRYN	4 5 03)83503				l esv	- 4	4 (45):	11/6
COOK G8 YEARS HOSPITAL OR OTHER RISTRUTION NAME BERWYN PLACE OF DEATH MAC NEAL MEMORIAL HOSPITAL BIRTHPLACE STOCIAL SECURITY NUMBER STATUS AT TIME OF DEATH CHICAGO, IL RESIDENCY 2713 S OAK PARK AVE, UF GOUNTY STATE ZI, CODE I'A THEROO PARENTS NAME PROTECTION NAME PROTECTION NOT PROST MEMPROCECUS LINKS ANTHONY RICCIO ANTHUR BECERRA APT. NO. BERWYN BERWYN RESIDE CITYL YES COUNTY STATE ZI, CODE I'A THEROO PARENTS NAME PROTECTION NOT PROST MEMPROCECUS LINKS ANTHONY RICCIO ANTHUR BECERRA ANTHUR BECERRA ANTHUR BECERRA RESIDE CITYL YES COUNTY STATE ZI, CODE I'A THEROO PARENTS NAME PROTECTION NOT PROST MEMPROCECUS LINKS ANTHUR RECEPTAN ANTHUR BECERRA ANTHUR BECERRA ANTHUR BECERRA ANTHUR BECERRA RESIDE CITYL YES COUNTY STATE ZI, CODE I'A THEROO PARENTS NAME PROTECTION NOT PROST MEMPROCECUS LINKS ANTHUR BECERRA ANTHUR BECERRA ANTHUR BECERRA ANTHUR BECERRA ANTHUR BECERRA ANSELLE TO TO TOWN AND MEMPROCECUS LINKS AND PROFESSION NOT PROST MEMPROCECUS LINKS AND PROFESSION NOT PROST MEMPROCECUS LINKS NOVEMBER 03, 22 FUNESAL DISECTIONS NAME I COLOR RESISTANTS NAME I COLOR RESISTANT WITH LOCAR RESISTANT I MARK ADDRESS AND ZIP COLOR OF PERSON COMPILETING CAUSE OF DEATH I MARK ADDRESS AND ZIP COLOR OF PERSON COMPILETING CAUSE OF DEATH INVERTIGATE I MARK ADDRESS AND ZIP COLOR OF PERSON COMPILETING CAUSE OF DEATH INVERTIGATE I MARK ADDRESS AND ZIP COLOR OF PERSON COMPILETING CAUSE OF DEA	JOYCE A BECERRA				1	FEMALE			
BERNYN PLACE OF BOATH FUNCE OF BOATH EMERICADO, IL SCOULS SECURITY NUMBER STATUS AT TIME OF DEATH MARRIED ARTHUR BECERRA BERWYN ARTHUR BECERRA ARTHUR BE	5.5.5 TO 1.5.5 TO 1.5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YEARS		FEBR	UARY 01, 1946	3	400	
EMERGENCY F JODIT/ OUTPATIENT SITTIFFACE CHICAGO, IL SCAL SECURITY NUMBER STATUS AT TIME OF DEATH SUMMYING SPOUSECHIL URICIN PARTINE'S WACCH NAME EVER IN US. FORCES? IN ARTHUR BECCERRA ARTHUR BECCERRA APT. NO. CITY OR TOWN SERVY COOK STATE Zin 200 ANTENDY PREVIOUS BANK PRIOR TO PREST MARRIAGE CONTINUENT NUMBER COOK COOK STATE Zin 200 ANTENDY PRICCIO NOW PRICCIO NOW PRICCIO COOK STATE Zin 200 ANTHONY PRICCIO COOK STATE Zin 200 ANTHONY PRICCIO COOK STATE Zin 200 ANTHONY PRICCIO COOK MANTHONY PRICCIO	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			541 800 8		·····································	F. 1		
BRITHPLACE CHICAGO, IL COATRO, CITYON TOWNAND STATE CHICAGO, IL C	and the second of the second o	TRANSPORT C		ar ar		ja P			
RESIDENCE 2713 S OAK PARK AVENUE 3715 S OAK PARK AVENUE 3715 S OAK PARK AVENUE, BERWYN, IL, 60402 ANTHUN PICCIO ANTH	BIRTHPLACE		1	OF DEATH S			NEFI'S MAIDEN NAME		
COUNTY COOK IL COUNTY COOK IL COUNTY COOK IL COUNTY COOK IL COOK IL COUNTY COOK IL COOK IL COOK ANTHONY RICCIO ANTHONY RICCIO ANTHONY RICCIO ANTHONY RICCIO ANGELINE PERILLO ANGELINE ANGELINE COLOR PERISTRAN AND STATE ANG OGNOTION ANGELINE ANGELINE JOSEPH G SALERNO ANGELINE ANGELINE JOSEPH G SALERNO DATE FILED WITH LOCAL REGISTRAR NOVEMBER S, 2014 CAUSE OF DEATH INDUSTRAL CAUSE WAS AN AUTOPSY PERFORMED. DATE FILED WITH LOCAL REGISTRAR NOVEMBER S, 2014 CHRONIC OBSTRUCTIVE PULLMONARY DISEASE; DIABETES TYPE 2 THE OF INJURY TIME OF INJURY PLACE OF INJURY PLACE OF INJURY PLACE OF INJURY TIME OF INJURY TIME OF INJURY PLACE OF INJURY PLACE OF INJURY ANTEND THE DECEASED? DATE CAST SEEN ALVE OCTOBER 24, 2014 NOVEMBER 04,	RESIDENCE		1 200	and the second s	OR TOWN	DECENNA	1304. - 1304. 1404.	INSIDE CITY LIMI	
RECORN IL 50/02 ANTHONY RICCIO RECORNATISMAE BELATIONSHIP MALLING ADDRESS MAL			O PARENT'S NAME PRIC		<u> </u>	MOTHER/CO PAREN	IT'S NAME PRIOR TO	20 T 1 A 1 C 1 C 1	IL UN
METHOR BECERRA METHOR DEPOSITION CREMATION PLACE OF ISPOSITION CREMATION PLACE OF ISPOSITION CREMATORY PLOREAL HOME SALERNO'S GALEWOOD CHAPELS, 1857 N HARLEM AVENUE, CHICAGO, IL, 60707 PUMERAL DIRECTOR'S ILLINOIS LICENSE NUMBER SALERNO'S GALEWOOD CHAPELS, 1857 N HARLEM AVENUE, CHICAGO, IL, 60707 PUMERAL DIRECTOR'S ILLINOIS LICENSE NUMBER JOSEPH G. SALERNO LOCAL REGISTRA'S NAME FLIZABETH A PECHOUS CAUSE OF DEATH PART I, UNCONTROLLED ASTHMA EXACERSATIOLS MANEDIATE CAUSE PRINCIPAL SALERNO Due to (or as a consequence off read deeps or condition reading in cleany) Due to (or as a consequence off reading in cleany) Due to (or as a consequence off reading in cleany) PART II Enter other significant conditions contributing to death, but not resulting in the underlying cause given in PART I. CHRONIC DESTRICTIVE PULMONARY DISEASE, DIABETES TYPE 2 PART II Enter other significant conditions contributing to death, but not resulting in the underlying cause given in PART I. CHRONIC DESTRICTIVE PULMONARY DISEASE, DIABETES TYPE 2 PART II Enter other significant conditions contributing to death, but not resulting in the underlying cause given in PART I. CHRONIC DESTRICTIVE PULMONARY DISEASE, DIABETES TYPE 2 PART II Enter other significant conditions contributing to death, but not resulting in the underlying cause given in PART I. CHRONIC DESTRICTIVE PULMONARY DISEASE, DIABETES TYPE 2 PART II Enter other significant conditions contributing to death, but not resulting in the underlying cause given in PART I. WAS AN AUTOPSY PERFORMEDY. NOT DISEASE, DIABETES TYPE 2 PART II Enter other significant conditions contributing to the contributing	COOK IL	60/J2 ANTH			AAK ING AMPO		PERILLO :		
CREMATION HEIGHT'S CREMATORY CHICAGO HEIGHTS, IL NOVEMBER 03, 22 FUNERAL DIRECTOR'S NAME JOSEPH G SALERNO CICAL REGISTRA'S NAME LICABLETH A PECHOUS CAUSE OF DEATH PART IL UNCONTROLLED ASTHMA EXACERBATIONS Due to (or as a consequence off: CHRONIC DESTRUCTIVE PULLMONARY DISEASE; DIABETES TYPE 2 PART II. Enter other significant conditions contributing to disem, but not requiring in the underlying cause given in PART I. CHRONIC DESTRUCTIVE PULLMONARY DISEASE; DIABETES TYPE 2 PRATE II. Enter other significant conditions contributing to disem, but not requiring in the underlying cause given in PART I. CHRONIC DESTRUCTIVE PULLMONARY DISEASE; DIABETES TYPE 2 PRATE II. Enter other significant conditions contributing to disem, but not requiring in the underlying cause given in PART I. CHRONIC DESTRUCTIVE PULLMONARY DISEASE; DIABETES TYPE 2 PRATE II. Enter other significant conditions contributing to disem, but not requiring in the underlying cause given in PART I. CHRONIC DESTRUCTIVE PULLMONARY DISEASE; DIABETES TYPE 2 PRATE II. Enter other significant conditions contributing to disem, but not requiring in the underlying cause given in PART I. WAS AN AUTOPSY PERFORMED* NOT PERFORMED* NOT PREGNANT WITHIN LAST YEAR NOT PREGNANT WITHIN LAST YEAR NOT PREGNANT WITHIN LAST YEAR DATE OF INJURY TIME OF INJURY PLACE OF INJURY PLACE OF INJURY PLACE OF INJURY IF TRANSPOR ATKANIMURY. ATTEND THE DECEASED? OCTOBER 24, 2014 CORONER CONTROLTED? YES DATE EAST SEEN ALIVE OCTOBER 24, 2014 DATE PRONOUNCED TIME OF DEA ONCE MEETING DATE CERTIFIED TO ANT CERTIFIED ONCE MEETING DATE CERTIFIED TO ANT CERTIFIED ONCE MEETING DATE CERTIFIED TO ANT CERTIFIED T	ARTHUR BECERRA		HUSBAND	"Sec"	2713 5 OAK	PARK AVENUE.			
SALERNO'S GALEWOOD CHAPELS, 1857 N HARLEM AVENUE, CHICAGO, IL, 60707 FUNERAL DIRECTORS NAME JOSEPH G SALERNO LOCAL REGISTRARS NAWE ELIZABETH A PECHOUS CAUSE OF DEATH INMEDIATE CAUSE ("Find Ideass of condition reading in drast) Due to (or as a consequence of): Due to (or as a consequence of): CHRONIC DBSTRUCTIVE PULMONARY DISEASE, DIABETES TYPE 2 PART II. Enter other significant conditions contributing for destity NOT PRIEGNANT WITHIN LAST YEAR PERMALE PREGNANCY STATUS NOT PRIEGNANT WITHIN LAST YEAR DATE OF INJURY TIME OF INJURY PLACE OF INJURY PLACE OF INJURY ATTEND THE DECEASED? OCTOBER 24, 2014 WAS MEDICAL EXAMINER OR OCTOBER 24, 2014 NAME ADDRESS AND 2P CODE OF PERSON COMPLETING CAUSE OF DEATH NOVEMBER 04, 2014 PHYSICIANS LICENSE NUMBER 3034010202 DATE FILED WITH LOCAL REGISTRAR NOVEMBER 04, 2014 PHYSICIANS LICENSE NUMBER 3034010202 DATE FILED WITH LOCAL REGISTRAR NOVEMBER 04, 2014 PHYSICIANS LICENSE NUMBER 304010202 DATE CERTIFIED NOVEMBER 04, 2014 PHYSICIANS LICENSE NUMBER 304010202 DATE PICK DWITH LOCAL REGISTRAR NOVEMBER 04, 2014 PHYSICIANS LICENSE NUMBER 304010202 DATE PICK DWITH LOCAL REGISTRAR NOVEMBER 04, 2014 PHYSICIANS LICENSE NUMBER 304010202 DATE PICK DWITH LOCAL REGISTRAR NOVEMBER 04, 2014 PHYSICIANS LICENSE NUMBER 304010202 DATE PICK DWITH LOCAL REGISTRAR NOVEMBER 04, 2014									4
FUNERAL DIRECTOR'S NAME JOSEPH G SALERNO LOCAL REGISTRAR'S NAME ELIZABETH A PECHOUS CAUSE OF DEATH IMMEDIATE CAUSE Pred disease or condition Final disease		D CHAPELS, 1857 N H	A RLEM AVENUE	CHICAGO II	60707				
LOCAL REGISTRARS NAME ELIZABETH A PECHOUS CAUSE OF DEATH IMMEDIATE CAUSE OF OBATH OF CHOUSE OUR TO (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): CHRONIC DESTRUCTIVE PULMONARY DISEASE DIABETES TYPE 2 PART II. Enter other significant conditions contributing to death, but not resulting in the underlying cause given in PART I. CHRONIC DESTRUCTIVE PULMONARY DISEASE DIABETES TYPE 2 PEMALE PRECININGY STATUS NOT PRECINANT WITHIN LAST YEAR DATE OF INJURY TIME OF INJURY PLACE OF INJURY DESCRIBE HOW INJURY OCCUPRED: IF TRANSPOR ATKAN NURY. ATTEND THE DECEASED? YES OCTOBER 24, 2014 NOW MEMBER 3, 2014 DATE PRONOUNCED TIME OF DEATH NOVEMBER 5, 2014 DATE PRONOUNCED TIME OF DEATH NOVEMBER 5, 2014 DATE PRONOUNCED TIME OF DEATH NOVEMBER 5, 2014 DATE CERTIFIER PHYSICIAN DATE CERTIFIED TO DATE CER	FUNERAL DIRECTOR'S NAME						1.40	CENSE NUMBER	
IMMEDIATE CAUSE Of real disease or condition 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. CHRONID DESTRUCTIVE PULMONARY DISEASE, DIABETES TYPE 2 PERALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR NATURAL DATE OF INJURY TIME OF INJURY PLACE OF INJURY DESCRIBE HOW INJURY OCCURRED: IF TRANSPOR ATION NUMBER ATTEND THE DECEASED? DATE LAST SEEN ALIVE OCTOBER 24, 2014 CORONER CONTRICTORY PHYSICIAN DATE CERTIFIED NOVEMBER 04, 2014 NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PHYSICIANS LICENSE NUMBER 04, 2014 PHYSICIANS LICENSE NUMBER 04, 2014	LOCAL REGISTRAR'S NAME	1 1 T	7			1		PAR	
PART II. Enter other significant conditions contributing to death, but not resulting in the underlying cause given in PART I. CHRONIC OBSTRUCTIVE PULMONARY DISEASE, DIABETES TYPE 2 VIERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A PEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR DATE OF INJURY TIME OF INJURY PLACE OF INJURY PLACE OF INJURY DESCRIBE HOW INJURY OCCURRED: IF TRANSPOR ATION INJURY. ATTEND THE DECEASED? OCTOBER 24, 2014 CORONER CONTACTED? YES DATE CERTIFIED NOVEMBER 04, 2014 NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PHYSICIAN'S LICENSE NUI	IMMEDIATE CAUSE (Final disease of condition	UNCONTROLLED ASTI	Due to (or a	is a conseque of) _{//} _		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	1 HO	URS
PEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR DATE OF INJURY TIME OF INJURY PLACE OF INJURY PLACE OF INJURY INJURY AT INJURY AT INJURY AT INJURY OCCURRED: IF TRANSPOR ATICN INJURY. ATTEND THE DECEASED? YES OCTOBER 24, 2014 CORONER CONTACTED? YES DATE PRONOUNCED TIME OF DEATH NOVEMBER 04, 2014 NOVEMBER 04, 2014 NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PHYSICIAN'S LICENSE NUI	PART II. Enter other significant con	nditions contributing to death			en in PART I.	d o was	S AN AUTOPSY PEI		
NOT PREGNANT WITHIN LAST YEAR DATE OF INJURY TIME OF INJURY PLACE OF INJURY PLACE OF INJURY INJURY AT	CHRONIC OBSTRUCTIVE F	YULMONARY DISEASE, DI	ABETES TYPE 2) cev	PLETE CAUSE OF		_
LOCATION OF INJURY DESCRIBE HOW INJURY OCCURRED: ATTEND THE DECEASED? YES OCTOBER 24, 2014 CORONER CONTACTED? DATE LAST SEEN ALIVE CORONER CONTACTED? OCTOBER 24, 2014 CORONER CONTACTED? DATE CERTIFIED NOVEMBER 04, 2014 NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PHYSICIAN'S LICENSE NUI	September 1980 of	N LAST YEAR	Teophy Te		nerijari				
DESCRIBE HOW INJURY OCCURRED: ATTEND THE DECEASED? DATE LAST SEEN ALIVE OCTOBER 24, 2014 CORONER CONTACTED? YES CERTIFIER PHYSICIAN NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PHYSICIAN'S LICENSE NUI	DATE OF INJURY	TIME OF I	NJURY F	PLACE OF INJURY	şik.			INJURY AT W	DAK
ATTEND THE DECEASED? YES OCTOBER 24, 2014 CORONER CONTACTED? OATE PRONOUNCED TIME OF DEA O7:21 AM CERTIFIER PHYSICIAN NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DATE PRONOUNCED TIME OF DEA O7:21 AM PHYSICIANS LICENSE NUI	LOCATION OF INJURY			e de la companya de l					i e
YES OCTOBER 24, 2014 CORONER CONTACTED? YES 07:21 AM CERTIFIER PHYSICIAN NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PHYSICIANS LICENSE NUI		ED:	# 1 × ·				IF TRANSPOR	ATION INJURY, S	²EC
CERTIFIER PHYSICIAN NOVEMBER 04, 2014 NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PHYSICIAN'S LICENSE NUI					DATEP	RONOUNCED		TIME OF DEATH	i
	CERTIFIER PHYSICIAN	, 4 5 7 1 4 8 7 1 5 7			1		NOVEME	ED BER 04, 2014	
ROBERT VACEK, 7222 W CERMAK ROAD, NORTH RIVERSIDE ILLINOIS, 60546 036-061168	NAME, ADDRESS AND ZIP CODE O			1.7	46 a d			·性 · 特别 (1995)	ER



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.



David Orr Cook County Clerk



1509218022 Page: 3 of 3

UNOFFICIAL COP

EXHIBIT "A"

ater G. McIntosh:
20 acres) of the West.
of the Third Principal Me.

0 - 400 - 005 - 000.
3-713 Dak Park Au.

Briwyn, 12 400402. Lot 35, in Block 8, in Walter G. McIntosh's Oak Park Avenue Addition, being a subdivision of the North Three-Fourth (3/4), (except the South 20 acres) of the West Half (1/2) of the Southeast Quarter (1/4) of Section 30, Township 39 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

PIN: 16.30-406-005-0000

ADDRESS: 2713 Dak Park Avenue