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1517756001

STATE OF ILLINOIS)
)
COUNTY OF COOK) SS.

Doc#: 1517756001 Fee: \$42.00
HHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 06/26/2015 08:43 AM Pg: 1 of 3

JOINT TENANCY
AFFIDAVIT

ZLATA GRANDINETTI a/k/a ZLATA GRANDENETTI, hereby referred to as the affiant(s), state(s) under oath, that the affiant(s) resides at 2275 Eastview in the City of Des Plaines, State of Illinois, that the affiant(s) was/were acquainted with Mike Grandenetti a/k/a Michele Grandinetti, the decedent; that at the time of death, the decedent was one of the owner(s) of the property, by virtue of a properly recorded joint tenancy warranty deed, said property, located in Cook County, Illinois, and legally described as follows:

THE SOUTHERLY 50.00 FEET OF THE NORTHERLY 600.00 FEET OF THE EASTERLY 220.0 FEET OF THE SOUTH WEST 1/4 OF THE SOUTH WEST 1/4 OF SECTION 29 TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN THE WESTERLY 33 FEET SUBJECT TO USE AS A ROADWAY, ALL OF THE AFORESAID MEASUREMENTS BEING DRAWN ON LOTS PARALLEL TO THE NORTHERLY AND EASTERLY LINES OF SECTION 29, IN COOK COUNTY, IL

and commonly known as 2275 Eastview, Des Plaines, IL 60016

PERMANENT INDEX NO. 09-29-302-112

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, not created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect or enjoyment after death;

That the decedent died on May 15, 2015, leaving no last will and testament;

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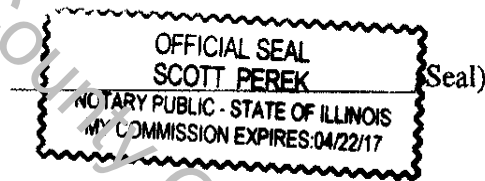
That the total value of decedent's estate, including the taxable interest in the above property was \$ - 0 -, and that the value of the above property individually was \$ 295,950.00.

That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

That the affiant makes this affidavit to induce any title company to insurance its policy of title insurance on the above described property.

The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold harmless any title company, harmless and to reimburse The Fund for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature which The Fund 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 Mike Grandenetti a/k/a Michele Grandinetti, the decedent;
2. Illinois State Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Right of contribution.



Subscribed to and sworn to before me this 22 day of JUNE, 2015.

Scott Perek

Notary Public

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

This instrument prepared by:
Rick J. Erickson, Ltd.
716 Lee Street
Des Plaines, IL 60016
(847) 390-0100

Return to:
Zlata Grandinetti
2275 Eastview
Des Plaines, IL 60016

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**DUPAGE COUNTY HEALTH DEPARTMENT
WHEATON, ILLINOIS
MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH**

STATE FILE NUMBER 2015 0039710

MEDICAL EXAMINER'S CASE NUMBER 051815PH2

DATE ISSUED 5/19/2015

DECEDENT'S LEGAL NAME MICHELE V GRANDINETTI		SEX MALE	DATE OF DEATH MAY 15, 2015	
COUNTY OF DEATH DU PAGE	AGE AT LAST BIRTHDAY 85 YEARS	DATE OF BIRTH MAY 09, 1930		
CITY OR TOWN WHEATON	HOSPITAL OR OTHER INSTITUTION NAME 2161 LANGFORD			
PLACE OF DEATH RESIDENCE				
BIRTHPLACE ITALY	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME ZLATA SIMEL	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 2275 EASTVIEW DR	APT. NO.	CITY OR TOWN DES PLAINES	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60018	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION FRANK GRANDINETTI	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LUISA CESARIO
INFORMANT'S NAME ZLATA GRANDINETTI	RELATIONSHIP WIFE	MAILING ADDRESS 2275 EASTVIEW DR, DES PLAINES, IL, 60018		
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION W/O DLAWN CREMATORY	LOCATION - CITY OR TOWN AND STATE FOREST PARK, IL	DATE OF DISPOSITION MAY 19, 2015	
FUNERAL HOME OEHLER FUNERAL HOME, 2099 MINER STREET, DES PLAINES, IL, 60016				
FUNERAL DIRECTOR'S NAME TODD A LOVCIK		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014419		
LOCAL REGISTRAR'S NAME KAREN J AYALA		DATE FILED WITH LOCAL REGISTRAR MAY 18, 2015		
CAUSE OF DEATH	PART I. PARKINSON'S DISEASE			
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	[REDACTED]		YEARS
	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 significant conditions contributing to death but not resulting in the underlying cause given in PART I ATRIAL FIBRILLATION, CONGESTIVE HEART FAILURE		WAS AN AUTOPSY PERFORMED? NO		
		WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A		
FEMALE PREGNANCY STATUS NOT APPLICABLE		MANNER OF DEATH NATURAL		
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:				IF TRANS PORTATION INJURY, SPECIFY:
ATTEND THE DECEASED?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED MAY 15, 2015	TIME OF DEATH 02:13 AM
CERTIFIER MEDICAL EXAMINER/CORONER			DATE CERTIFIED MAY 18, 2015	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH RICHARD A JORGENSEN MD, 414 N. COUNTY FARM ROAD, WHEATON, IL, 60187				PHYSICIAN'S LICENSE NUMBER



Karen J. Ayala
Karen J. Ayala
Local Registrar

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.

Not valid without the embossed seal of the DuPage County Health Department.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE