

# UNOFFICIAL COPY



Doc#: 1520313052 Fee: \$40.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 07/22/2015 01:31 PM Pg: 1 of 2

**DECEASED JOINT  
TENANCY AFFIDAVIT**

STATE OF ILLINOIS ]  
COUNTY OF ]

COOK VINCENTINE CLARKE being duly

sworn states that She resides at 910 W. NEWPORT AVE  
Chicago Ill 60657 in the City of COOK  
County Illinois

That She was acquainted ... Daughter

FAY F. ARCURTI deceased who, at the time of her  
death, was one of the owners of the land in COOK  
County, Illinois, described as:

Lot 31 IN Feinberg's Sheridan Drive Addition IN Southeast  
Quarter of Section 20. Township 40 NORTH Range 14, East of the Third  
Principal meridian, IN COOK COUNTY, ILLINOIS.

P.I.N. 14-20-410-025-0000

That the deceased died x NOV. 20, 2003  
as evidenced by a certified copy of death certificate of the  
deceased attached hereto.



Subscribed and sworn to before me by the said

x VINCENTINE CLARKE

this 21 day of July, A.D. 19 2015

[Signature]  
Notary Public

CCRD REVIEWER [Signature]  
(affiant signature)

STATE OF ILLINOIS )  
 County of Cook ) DAVID ORR, County Clerk

NOV 24 2003

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

*David Orr*  
 COUNTY CLERK

|   |  |  |   |  |   |  |
|---|--|--|---|--|---|--|
| DECEDENT'S BIRTH NO.  |  | REGISTRATION DISTRICT NO. <b>16.0</b>              | STATE OF ILLINOIS   |  | STATE FILE NUMBER   |  |
| REGISTERED NUMBER   |  | <b>MEDICAL CERTIFICATE OF DEATH</b>                |   |  |   |  |
| Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS   | DECEASED—NAME FIRST MIDDLE LAST                |  | SEX   | DATE OF DEATH (MONTH, DAY, YEAR)   |   |  |
|   | 1. <b>FAY F. ARCURI</b>                        |  | 2. <b>FEMALE</b>  | 3. <b>NOVEMBER 20, 2003</b>  |   |  |
|   | COUNTY OF DEATH                                |  | AGE—LAST BIRTHDAY (YRS)   | UNDER 1 YEAR MOS. DAYS   | UNDER 1 DAY HOURS MIN.  | DATE OF BIRTH (MONTH, DAY, YEAR)                 |
|   | 4. <b>COOK</b>                                 |  | 5a. <b>91</b>   | 5b.  | 5c.   | 5d. <b>DECEMBER 24, 1911</b>                     |
|   | CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER       |  | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) |  | IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)                              |  |
|   | 6a. <b>PARK RIDGE</b>                          |  | 6b. <b>LUTHERAN GENERAL HOSPITAL</b>  |  | 6c. <b>INPATIENT</b>  |  |
|   | BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) |  | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)                           | NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)  |   | WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) |
|   | 7. <b>Chicago, IL</b>                          |  | 7a. <b>Widowed</b>  | 8b. <b>None</b>  |   | 9. <b>No</b>                                     |
|   | SOCIAL SECURITY NUMBER                         |  | USUAL OCCUPATION  | KIND OF BUSINESS OR INDUSTRY   | EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)  |  |
|   | 10. <b>0852</b>                                |  | 11a. <b>Homemaker</b>   | 11b. <b>At Home</b>  | 12. <b>12</b>   | College (1-4 or 5+)                              |
| RESIDENCE (STREET AND NUMBER)   |  | CITY, TOWN, TWP. OR ROAD DISTRICT NO.              |   | INSIDE CITY (YES/NO)   | COUNTY  |  |
| 13a. <b>800 S. River Road</b>   |  | 13b. <b>Des Plaines</b>                            |   | 13c. <b>Yes</b>  | 13d. <b>Cook</b>  |  |
| STATE   |  | ZIP CODE   | RACE (WHITE, BLACK, AMERICAN INDIAN, NATIVE HAWAIIAN, OTHER)                  | OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) |   |  |
| 13e. <b>Illinois</b>  |  | 13f. <b>60016</b>                                  | 14a. <b>White</b>   | 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:          |   |  |
| FATHER—NAME FIRST MIDDLE LAST   |  |  | MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST  |  |   |  |
| 15. <b>Joseph Alesi</b>   |  |  | 16. <b>Angeline Scimeca</b>   |  |   |  |
| INFORMANT'S NAME (TYPE OR PRINT)  |  | RELATIONSHIP                                       | MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)          |  |   |  |
| 17a. <b>Dechon Richardson Registrar</b>   |  | 17b. <b>Hosp Rec</b>                               | 17c. <b>1775 Dempster, Park Ridge, IL 60068</b>                               |  |   |  |
| 18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. |  |  |   |  | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  |  |
| Immediate Cause (Final disease or condition resulting in death) → (a) <b>Progeria</b><br>DUE TO, OR AS A CONSEQUENCE OF   |  |  |   |  |   |  |
| CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b)<br>DUE TO, OR AS A CONSEQUENCE OF  |  |  |   |  |   |  |
| (c)<br>DUE TO, OR AS A CONSEQUENCE OF   |  |  |   |  |   |  |
| PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I   |  |  |   |  |   |  |
| 19a. <b>congestive heart failure, osteoporosis</b>  |  |  |   |  | 19b. <b>No</b>  |  |
| DATE OF OPERATION, IF ANY   |  | MAJOR FINDINGS OF OPERATION                        |   | IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?                                     |   |  |
| 20a.  |  | 20b.   |   | 20c. <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>     |   |  |
| (DID/DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)  |  | WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) |   | HOUR OF DEATH  |   |  |
| 21a. <b>11/20/03</b>  |  | 21b. <b>NO</b>                                     |   | 21c. <b>10:19 P.M.</b>   |   |  |
| TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.   |  |  |   |  | DATE SIGNED (MONTH, DAY, YEAR)  |  |
| 22a. SIGNATURE <b>[Signature]</b>   |  |  |   |  | 22b. <b>11/21/03</b>  |  |
| NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)   |  |  |   |  | ILLINOIS LICENSE NUMBER   |  |
| 22c. <b>1775 Ballard Park Ridge, IL Dr. Robert Moss</b>   |  |  |   |  | 22d. <b>036059402</b>   |  |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)   |  |  |   |  | NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED. |  |
| 23.   |  |  |   |  |   |  |
| BURIAL, CREMATION, REMOVAL (SPECIFY)  | CEMETERY OR CREMATORY—NAME                     |  | LOCATION CITY OR TOWN STATE   | DATE (MONTH, DAY, YEAR)  |   |  |
| 24a. <b>Burial</b>  | 24b. <b>St. Joseph</b>                         |  | 24c. <b>River Grove, IL</b>   | 24d. <b>11/24/03</b>   |   |  |
| FUNERAL HOME NAME   |  | STREET AND NUMBER OR R.F.D.                        |   | CITY OR TOWN   | STATE ZIP   |  |
| 25a. <b>Belmont Funeral Home 7120 W. Belmont Ave. Chicago, IL 60634</b>   |  |  |   |  |   |  |
| FUNERAL DIRECTOR'S SIGNATURE  |  |  |   | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER   |   |  |
| 25b. <b>[Signature]</b>   |  |  |   | 25c. <b>034-015925</b>   |   |  |
| LOCAL REGISTRAR'S SIGNATURE   |  |  |   | DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)   |   |  |
| 26a. <b>[Signature]</b>   |  |  |   | 26b. <b>NOV 24 2003</b>  |   |  |