



Doc#: 1522428000 Fee: \$42.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00 Karen A. Yarbrough Cook County Recorder of Deeds Date: 08/12/2015 01:09 PM Pg: 1 of 3

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois) County of Cook) st.

Christopher L. Montanari being first duly sworn states that

resides at 1849 N. Albany Ave

in the City of Chicago

That Christopher L. Montanari was acquainted with Edward James Gott Deceased who, at the time of 10/10/07 death, was one of the owners, of the land in Cook

County, Illinois, described as: PIN # 13363100060000 1849 N. Albany Ave Chicago 177-60647

That the deceased died 3:25 am on October 10, 2007, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- X Leaving no Last Will & Testament
Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven Will should be filed with the Clerk of the Probate Division of the Circuit Court of County, Illinois.
Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of County, Illinois about

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy of the time of the death of the deceased, does not exceed the sum of 160,000 dollars.

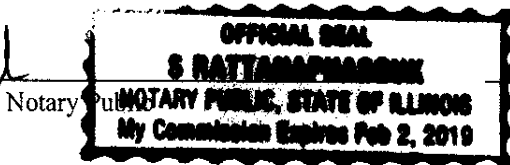
Affiant makes this affidavit for that purpose of inducing the Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

CHRISTOPHER L. MONTANARI

this 12 day of August, A.D. 2015

[Notary Signature]



Christopher L. Montanari (affiant's signature) 8/12/15

UNOFFICIAL COPY

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

August 12, 2015

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 the 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

PERMANENT CERTIFICATE	REGISTRATION DISTRICT NO. 16-19	AMENDED	STATE OF ILLINOIS	STATE FIVE NUMBER	MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH	
TEMPORARY CERTIFICATE	REGISTERED NUMBER	CASE #:	613636		138 OCT 2007	
1. IN FILL IN ALL SPACES UNLESS OTHERWISE SPECIFIED. PRINT OR TYPE IN ALL SPACES UNLESS OTHERWISE SPECIFIED. SIGNATURES MUST BE IN INK.	DECEASED - NAME		SEX	DATE OF DEATH		
	1. EDWARD JAMES WITT		2. MALE	3. OCT 10, 2007		
	CITY OF DEATH		AGE - LAST BIRTHDAY	ORDER YEAR	ORDER DAY	DATE OF BIRTH
	4. COOK		5a. 44	5b.	5c.	6. DEC 16, 1962
	CITY, TOWN, VILL, OR ROAD DISTRICT NO.		HOSPITAL OR OTHER INSTITUTION - NAME OF HOSPITAL OR OTHER INSTITUTION AND ADDRESS		7. DOA	
	8a. CHICAGO		8b. SCENE 1849 N ALBANY		8c. DOA	
	BIRTHPLACE - CITY OR STATE OF BIRTH		MARRIED, YES OR NO		9. NO	
	7. KANSAS CITY, MO		8a. NEVER MARRIED		9. NO	
	SOCIAL SECURITY NUMBER		MEDICAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY	
	10. 514-70-0280		11a. Installer		11b. Phone & Computer	
RESIDENCE STREET AND NUMBER		CITY, TOWN, OR ROAD DISTRICT NO.		INSIDE CITY	COUNTY	
12a. 1849 N ALBANY		12b. CHICAGO		12c. YES	12d. COOK	
STATE	ZIP CODE	RACE - WHITE, BLACK, OTHER	13. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY			
13a. ILLINOIS	13b. 60647	13c. WHITE				
FATHER - NAME		MOTHER - NAME		MOTHER - MAIDEN NAME		
14. JAMES E ALTERGOTT		15. ANDREA K ORGAN		16. ANDREA K ORGAN		
INFORMANT'S NAME		RELATIONSHIP		CITY OR TOWN, STATE ZIP		
17a. ERICA V CRENSHAW		17b. MED REC		17c. CHICAGO, IL 60612		
PART I. State the disease, injury, or intoxication that caused the death. Do not enter the cause of death, such as accident or homicide, until you are certain. List immediate cause first. Cause or condition resulting in death.						
(a) EMACIATION DUE TO, OR AS A CONSEQUENCE OF (b) ACQUIRED IMMUNE DEFICIENCY SYNDROME DUE TO, OR AS A CONSEQUENCE OF (c)						
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE OR STATE THE UNDERLYING CAUSE LAST.						
PART II. State abnormal conditions contributing to death but not resulting in the underlying cause given in PART I.						
MANNER OF DEATH - NATURAL, ACCIDENTAL, HOMICIDE, SUICIDE, UNDETERMINED		DATE OF DEATH	TIME OF DEATH	HOW DEATH OCCURRED	TIME OF DEATH	
20a. NATURAL		20b.	20c.	20d.	20e.	
PLACE OF DEATH		LOCATION		IF DEATH OCCURRED IN PLACE OF DEATH LISTED IN PART II, CHECK HERE		
20a.		20b.		20c. <input type="checkbox"/> YES <input type="checkbox"/> NO		
I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE SUBMISSION, THE DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT			THE DECEDENT WAS PRONOUNCED DEAD ON		AT	
21a.			21b. OCT 10, 2007		21c. 3:25 Am.	
MEDICAL EXAMINER'S SIGNATURE		DATE SIGNED		SIGNATURE		
22a. <i>Erica V. Crenshaw M.D.</i>		22b. OCT 23, 2007		22c. <i>Erica V. Crenshaw M.D.</i>		
22a. J. LAWRENCE COGAN, M.D.		22b. OCT 23, 2007		22c. <i>J. Lawrence Cogan M.D.</i>		
BURIAL, CREMATION, REMOVAL		CEMETERY OR CREMATORY-NAME		LOCATION	DATE	
24a. CREMATION		24b. RIGHTS		24c. CHICAGO HEIGHTS, ILLINOIS	24d. OCT 16, 2007	
FEDERAL DIRECTOR'S SIGNATURE		FEDERAL DIRECTOR'S LICENSE NUMBER		DATE PAID BY LOCAL REGISTRAR		
25a. <i>David Orr</i>		25b. 034-016121		25c. Nov. 4 2007		

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Office of the Cook County Clerk

Map Department Legal Description Records

P.I.N. Number: 13363100060000

The legal description card(s) below is prepared in a format used for official county record-keeping, and can be used by the Cook County Recorder's Office to access their tract books.

If you need assistance interpreting this description, please obtain a copy of our instruction sheet "How to Read a Legal Description Card", available from the counter clerk or at our website www.cookcountyclerk.com

Please verify the Property Identification Number or P.I.N. (also known as the "Permanent Real Estate Index Number). If this is not the item you requested, please notify the clerk.

1336310006	7701	5000507							
AREA	SUB-AREA	BLOCK	PARCEL	CODE	WARRANT	ITEM	LOT	FIRST SUFFIX	SECOND SUFFIX

OFFICE OF THE CLERK OF COOK COUNTY, ILLINOIS
PERMANENT REAL ESTATE INDEX NUMBER AND LEGAL DESCRIPTION

VOLUME
██████████
531

AREA	SUB-AREA	BLOCK	PARCEL	TAX CODE	LOT	FIRST SUFFIX	SECOND SUFFIX	THIRD SUFFIX
13	36	310	6	7701	36	40	13	
S DELAMATERS SUB E 128FT					6	2		
W 19ACS NW 1/4 SW 1/4								

AREA	SUB-AREA	BLOCK	PARCEL	CODE	WARRANT	ITEM	LOT	FIRST SUFFIX	SECOND SUFFIX	THIRD SUFFIX
0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9