

# UNOFFICIAL COPY



## DECEASED JOINT TENANCY AFFIDAVIT

Doc#: 1532413034 Fee: \$42.00  
RHSP Fee:\$9.00 APRF Fee: \$1.00  
Karen A.Yarbrough  
Cook County Recorder of Deeds  
Date: 11/20/2015 10:52 AM Pg: 1 of 3

STATE OF ILLINOIS        )  
  ) ss.  
COUNTY OF COOK        )

GIOVANNI PORTOGALLO, being duly sworn states that he resides at 1007 W. Talcott, in the City of Park Ridge Illinois 60068.

That he was acquainted with SANTINA PORTOGALLO, deceased who, at the time of her death, was one of the owners of the land in Cook County, Illinois, described as:

LOTS 11 AND 12 IN BLOCK 3 IN HULBERT DEVONSHIRE TERRACE, BEING A SUBDIVISION IN THE SOUTHWEST ¼ OF SECTION 35, TOWNSHIP 41 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 09-35-320-011-0000; 09-35-320-012-0000.

Commonly known as 1007 W. Talcott, Park Ridge, IL 60068.

That the deceased died July 25, 2005, 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 Cook 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 \_\_\_\_\_.

S  
P  
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N  
X  
C/B

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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 at the time of the death of the deceased, did not exceed the sum of \$ 600,000 dollars.

Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company, or any other title company, to issue its Title Insurance Policy, describing the above mentioned property.

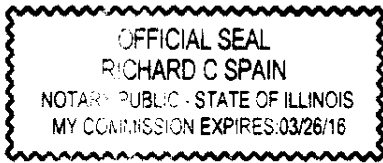
*Giovanni Portogallo, by  
his attorney in fact*

GIOVANNI PORTOGALLO

Subscribed and sworn to before me by the said this 17th day of SEPTEMBER, A.D. 2015.

*Richard C. Spain*

Notary Public



Mail To:

(Prepared By)  
Richard C. Spain  
Spain, Spain & Varnet P.C.  
33 North Dearborn Street, Suite 2220  
Chicago, IL 60602

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AUGUST 1, 2006

STATE OF ILLINOIS  
County of Cook

DAVID ORR, County Clerk

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

<b>DECEASED</b>	DECEASED'S BIRTH NO.	REGISTRATION DISTRICT NO. <b>16.0</b>	STATE OF ILLINOIS		STATE FILE NUMBER
		REGISTERED NUMBER	<b>MEDICAL CERTIFICATE OF DEATH</b>		
	DECEASED-NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
	1. <b>SANTINA PORTOGALLO</b>		2. <b>FEMALE</b>	3. <b>JULY 25, 2005</b>	
	COUNTY OF DEATH	AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)
	4. <b>COOK</b>	5a. <b>60</b>	5b. <b>60</b>	5c. <b>60</b>	5d. <b>DECEMBER 20, 1944</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>ELK GROVE VILLAGE</b>		6b. <b>ALEXIAN BROTHERS 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>ITALY</b>	8a. <b>MARRIED</b>	8b. <b>GIOVANNI PORTOGALLO</b>		9. <b>NO</b>
	SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
	10. <b>2624</b>	11a. <b>OWNER</b>	11b. <b>CLOTHING</b>	12. <b>5</b>	College (1-4 or 5+)
	RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY
	13a. <b>1007 W. TALCOTT</b>		13b. <b>PARK RIDGE</b>	13c. <b>YES</b>	13d. <b>COOK</b>
	STATE	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)	
	13e. <b>ILLINOIS</b>	13f. <b>60068</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>FRANCISCO FURIO</b>		16. <b>CATERINA CAPOZZI</b>		
	INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MARRIAGE ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)	
	17a. <b>GIOVANNI PORTOGALLO</b>		17b. <b>HUSBAND</b>	17c. <b>1007 W. TALCOTT, 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>Pancreatic Cancer</b>				
	CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) (b) DUE TO, OR AS A CONSEQUENCE OF				
	STATING THE UNDERLYING CAUSE LAST. (c)				
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				
	DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION	AUTOPSY (YES/NO)	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
	20a.		20b.	19a. <b>NO</b>	20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	21a. (DID/DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON <b>7/22/05</b>		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <b>NO</b>	21c. HOUR OF DEATH <b>4:10 P. M.</b>	
	22a. SIGNATURE		22b. DATE SIGNED (MONTH, DAY, YEAR)		ILLINOIS LICENSE NUMBER
	NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>DR. MANDEEP KOHLI 303 ARMY TRAIL RD. #14B, BLOOMINGDALE, IL 60108</b>		22c. <b>JULY 26, 2005</b>		22d. <b>036-104504</b>
	23. 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.
	BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY-NAME	LOCATION	CITY OR TOWN	STATE
	24a. <b>ENTOMBMENT</b>	24b. <b>ST. MICHAEL THE ARCHANGEL CEMETERY</b>	24c. <b>PALATINE, ILLINOIS</b>	24d. <b>JULY 29, 2005</b>	
	FUNERAL HOME	NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE
	25a. <b>CUMBERLAND CHAPELS</b>	<b>8300 W. LAWRENCE,</b>	<b>NORRIDGE,</b>	<b>ILLINOIS</b>	<b>60706</b>
	25b. FUNERAL DIRECTOR'S SIGNATURE		25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		
	<i>Michael A. Corboan</i>		25c. <b>034-011889</b>		
	26a. LOCAL REGISTRAR'S SIGNATURE		26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		
	<i>David Orr</i>		26b. <b>JUL 29 2005</b>		