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DECEASED JOINT TENANCY AFFIDAVIT



Doc#: 1601946070 Fee: \$40.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 01/19/2016 03:39 PM Pg: 1 of 2

FRANK RECCHIA, (hereinafter "affiant") being duly sworn on oath states that affiant resides at 5555 CUMBERLAND, UNIT 413, CHICAGO, IL 60656.

That affiant was acquainted with INGE M. RECCHIA, deceased, who, at the time of her death, was one of the joint owners of the property legally described as follows:

UNIT 413 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN CUMBERLAND CROSSING CONDOMINIUM AS DELINEATED AND DEFINED IN THE DECLARATION OF CONDOMINIUM OWNERSHIP RECORDED AS DOCUMENT 05156480 AS AMENDED FROM TIME TO TIME, IN SECTIONS 1, 2, 11, AND 12, TOWNSHIP 40 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 12-11-200-031-1026

That the deceased died on September 4, 2008, as evidenced by a copy of the death certificate of the deceased attached hereto.

Further affiant sayeth naught.

Frank Recchia

Affiant

Subscribed and Sworn to before me

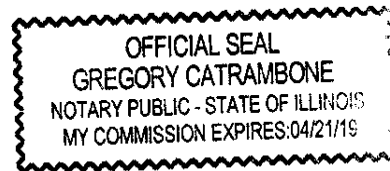
this 30 day of December, 2015

[Signature]

Notary Public

Prepared by:

Law Office of Gregory Catrambone, P.C.
10555 W. Cermak Road
Westchester, IL 60154
(708) 562-1191



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STATE OF ILLINOIS CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.10		STATE FILE NUMBER	
LOCAL FILE NUMBER 611809		2. SEX FEMALE	3. DATE OF DEATH (Month/Day/Year) (Spell Month) SEPTEMBER 4, 2008
1. DECEDENT'S LEGAL NAME (include AKAs if any) (First, Middle, Last) INGE M RECCHIA			
4. COUNTY OF DEATH COOK	5a. AGE AT LAST BIRTHDAY (Years) 76	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____
6. DATE OF BIRTH (Month/Day/Year) OCTOBER 7, 1931			
7a. CITY OR TOWN CHICAGO			
7b. HOSPITAL OR OTHER INSTITUTION NAME (if not listed, give street and number) 5555 N. CUMBERLAND AVENUE APT. 413			
7c. PLACE OF DEATH (Check only one; see instructions) IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input checked="" type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____			
8. BIRTHPLACE (City and State or Foreign Country) GERMANY	9. SOCIAL SECURITY NUMBER 7847	10. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married by surrogate <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) FRANK RECCHIA
12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
12a. RESIDENCE (Street and Number) 5555 N. CUMBERLAND AVENUE		13b. APT. NO. 413	13c. CITY OR TOWN CHICAGO
13a. COUNTY COOK	13f. STATE IL	13g. ZIP CODE 60656	14. FATHER'S NAME (First, Middle, Last) WALTER KUSCH
15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) HILDEGARD VORMANN		16a. INFORMANT'S NAME FRANK RECCHIA	
16b. RELATIONSHIP HUSBAND		16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 5555 N. CUMBERLAND AVE. CHICAGO, IL 60656	
17. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____		18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) ST. JOSEPH CEMETERY	19. LOCATION - CITY, TOWN AND STATE RIVER GROVE, ILLINOIS
20. DATE OF DISPOSITION (Month/Day/Year) SEPT. 9, 2008		21a. FUNERAL HOME NAME CUMBERLAND CHAPELS	
21b. FUNERAL DIRECTOR'S SIGNATURE <i>Michael A. Carlson</i>		21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-011889	
22. LOCAL REGISTRAR'S SIGNATURE <i>Jerry Hanson MD</i>		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) SEP 05 2008	
CAUSE OF DEATH (See Instructions and examples) 24. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a chronic related disease, Parkinson's Disease, or Parkinson's Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) Metastatic Colon Cancer Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of):			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 6 years
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No			28. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within one year of death but time unknown <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past 12 months
29. DATE OF INJURY (Month/Day/Year)	31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	32. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)	33. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
34. LOCATION OF INJURY - Street and Number Apartment Number City or Town State ZIP Code			35. DESCRIBE HOW INJURY OCCURRED: 36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify): _____
37. (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) Aug 15, 2008		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	39. DATE PRONOUNCED (Month/Day/Year) SEPT. 4, 2008
40. TIME OF DEATH 4:30 P.M.		41. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.	
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) Kenneth C. Rocetta MD 2160 S. 1ST AVE MAYWOOD, IL 60153			43. PHYSICIAN'S LICENSE NUMBER 36-096032
44. TITLE OF CERTIFIER MD		45. DATE CERTIFIED (Month/Day/Year) SEP 4, 2008	46. SIGNATURE OF CERTIFIER <i>Kenneth C. Rocetta</i>

Based on the 2008 U.S. Standard Certificate
Illinois Department of Public Health - Division of Vital Records
VR200 (Rev. 1/08)