

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)

) ss.

COUNTY OF COOK)

LORENZO MONNO, being first duly

sworn and under penalties of perjury,

hereby deposes and sates:

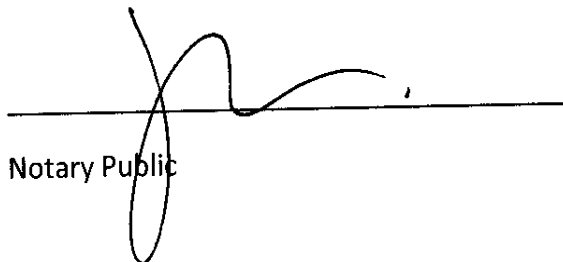
1. That he resides at 5037 North Oketo Avenue, Harwood Heights, Illinois 60706.
2. that he was acquainted with Angelo Monno, who died on July 28, 2006, as evidenced by the attached certified copy of death certificate.
3. That said decedent was one of the owners of the property at 5037 North Oketo Avenue, Harwood Heights, IL 60706, legally described below.
4. That said decedent dies leaving no last will and testament.
5. That the total value of said decedent's estate for State of Illinois Inheritance Tax/Estate Tax and Federal Estate Tax purposes does not exceed \$25,000.00.

Further affiant says not.

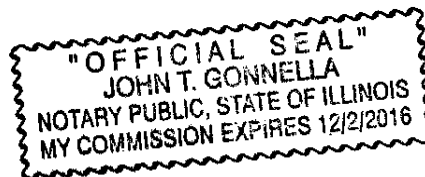


Affiant

Subscribed and sworn to before me this 19TH day of FEBRUARY, 2015.



Notary Public



Doc#: 1606013004 Fee: \$42.00

RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds

Date: 02/29/2016 08:45 AM Pg: 1 of 3

Ruisto

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THE NORTH 44 FEET OF THE WEST HALF OF LOT 2 IN BLOCK 1 IN HARRIS FIRST SUBDIVISION BEING A SUBDIVISION OF THE PARTITION OF LOT 1 IN CIRCUIT COURT PARTITION OF EAST HALF OF THE SOUTHEAST QUARTER AND PART OF THE WEST HALF OF THE SOUTHEAST QUARTER AND OF THE NORTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 12, TOWNSHIP 40 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN LYING NORTH OF THE SOUTH LINE OF THE NORTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 12, AFORESAID, IN COOK COUNTY, ILLINOIS.

P.I.N. 12-12-411-024-0000

Property of Cook County Clerk's Office

STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY

DAVID ORR, County Clerk

AUGUST 1, 2006

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. 16.0		STATE OF ILLINOIS				STATE FILE NUMBER		
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH								
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. ANGELO MONNO			2. MALE		3. JULY 28, 2006				
	COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)	
	4. COOK		5a. 89		5b. 5c.		5d. APRIL 18, 1917			
	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)			
A	6a. HARWOOD HEIGHTS		6b. 5037 N. OKETO				6c. DOA			
DECEASED	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. ITALY		8a. MARRIED		8b. CRESCENZA GAUDIUSO				9. NO	
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)			
C	10. 7064		11a. CARPENTER/MACHINIST		GEAR		12. UNAVAILABLE			
D	RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		INSIDE CITY		COUNTY			
	13a. 5037 NORTH OKETO		13b. HARWOOD HEIGHTS		13c. YES		13d. COOK			
	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.)			
E	13e. ILLINOIS		13f. 60706		14a. WHITE		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:			
PARENTS	FATHER—NAME FIRST MIDDLE LAST			MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST						
	15. LORENZO MONNO			16. CHIARA CASCELLA						
1	INFORMANT'S NAME (TYPE OR PRINT)			RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)				
	17a. CLARA HOSANA			17b. DAUGHTER		17c. 2818 NORTH MARMORA, CHICAGO, ILLINOIS 60634				
	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.									
CAUSE	Immediate Cause (Final disease or condition resulting in death)		(a) RHEUMATOID ARTHRITIS						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) CORONARY ARTERY DISEASE							
			(c)							
4	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)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
5	20a.		20b.				19a. NO		19b.	
N	I (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. DID			MAY 2006		21b. YES		21c. 5:25 P. M.		
	TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.									
P	22a. SIGNATURE			NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		DATE SIGNED (MONTH, DAY, YEAR)		ILLINOIS LICENSE NUMBER		
	22a. <i>Stefano Gohauer</i>			22c. DR. CAPOBIANCO 7046 W. HIGGINS, CHICAGO, IL 60656		22b. JULY 31, 2006		22d. 036- 069932		
	23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)									
DISPOSITION	BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)			
	24a. ENTOMBMENT		24b. ALL SAINTS		24c. DESPLAINES, ILLINOIS		24d. AUGUST 1, 2006			
	FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE		ZIP			
25	25a. CUMBERLAND CHAPELS 8300 WEST LAWRENCE AVENUE NORRIDGE, ILLINOIS 60706			FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER				
	25b. <i>Stefano Gohauer</i>			25c. 031-008880						
	LOCAL REGISTRAR'S SIGNATURE			DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)						
26	26a. <i>David Orr</i>			26b. August 01, 2006						