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1613156190

Doc#: 1613156190 Fee: \$44.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 05/10/2016 02:35 PM Pg: 1 of 4

MAIL TO:
ALTIMA TITLE, LLC
6444 N. Milwaukee Ave
Chicago, IL 60631

FILE # 1646

AFFIDAVIT

UNIT U-119, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN LA CASA BIANCO CONDOMINIUM, AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NUMBER 21920224 IN THE WEST 1/2 OF THE SOUTHEAST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 10, TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Address of Property:
9717 Bianco Terrace, #E
Des Plaines, IL 60016

Parcel ID Number: 09-10-301-072-1119

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Old Republic National Title Insurance AFFIDAVIT

STATE OF ILLINOIS)
) ss
COUNTY OF)

ESTATE OF MARIE MARZANO, Deceased.

And now on this 5 day of MAY, 2016, IRENE SETH, after

being first duly sworn under oath, testifies and deposes as follows, to wit:

1. My name is IRENE SETH, I am over the age of twenty-one (21) years of age and, to my understanding, am otherwise competent to give testimony.

2. I reside at 1555 N. ASTOR ST. # 39E CHICAGO IL 60610

3. I IRENE SETH (SISTER) (state relationship to deceased) and knew him/her in his/her lifetime.

4. MARIE MARZANO owner of the property commonly known as 9717 BLANCO TERRACE # E DES PLAINES, (see legal description attached) died on MAY 7, 2014 in the City of _____, County of COOK, State of Illinois.

5. The decedent was married one () time(s), to N/A.

6. NO () children were born to the decedent and _____, as follows, and are assumed to be of majority age, unless otherwise noted:

IRENE SETH (sister)
FLORENCE SETH (sister)
MARUS

7. No persons were adopted by the decedent.

8. The parents of the decedent were DECEASED

_____, both said parents are now deceased.

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9. a) Pursuant to the Last Will and Testament of MA, the decedent herein, left his/her entire estate, both real and personal, to _____.

b) The decedent died intestate.

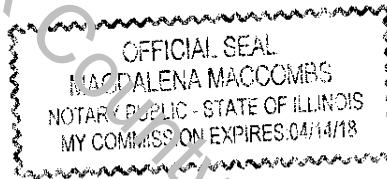
10. That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of one hundred ten THOUSAND dollars.

11. The foregoing is based upon my own personal knowledge and belief, is true, and if called upon as a witness I would competently and consistently testify thereto.

FURTHER AFFIANT SAYETH NOT.

Jane Beth 5/5/16
AFFIANT

SUBSCRIBED AND SWORN TO
BEFORE ME THIS 5 DAY
OF May 2016



NOTARY PUBLIC

This document has been prepared by:

Christopher S. Kozioł
6444 N Milwaukee Ave
Chicago, IL 60631

UNOFFICIAL COPY**COOK COUNTY CLERK VITAL RECORDS****CHICAGO, ILLINOIS****MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2014 0035666

DATE ISSUED 5/9/2014

DECEDENT'S LEGAL NAME MARIE J MARZANO				SEX FEMALE	DATE OF DEATH MAY 07, 2014
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 91 YEARS		DATE OF BIRTH JUNE 23, 1922	
CITY OR TOWN CHICAGO			HOSPITAL OR OTHER INSTITUTION NAME ILLINOIS MASONIC MEDICAL CENTER		
PLACE OF DEATH INPATIENT					
BIRTHPLACE CHICAGO, IL		SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH NEVER MARRIED/NEVER IN CIVIL UNION	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 9717 BIANCO TERRACE			APT. NO.	CITY OR TOWN DES PLAINES	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60016	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOHN MARZANO		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ROSE MALPEDI
INFORMANT'S NAME IRENE SETH		RELATIONSHIP SISTER		MAILING ADDRESS 1555 NORTH ASTOR STREET APT 39 EAST, CHICAGO, IL, 60610	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION MOUNT CARMEL CATHOLIC CEMETERY		LOCATION - CITY OR TOWN AND STATE HILLSIDE, IL	DATE OF DISPOSITION MAY 10, 2014
FUNERAL HOME MICHALIK FUNERAL HOME, 1056 W. CHICAGO AVE, CHICAGO, IL, 60642					
FUNERAL DIRECTOR'S NAME DELPHINE MICHALIK				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011947	
LOCAL REGISTRAR'S NAME DAVID ORR				DATE FILED WITH LOCAL REGISTRAR MAY 9, 2014	
CAUSE OF DEATH PART I. PNEUMONIA					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of):		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		b. RESPIRATORY FAILURE _____			
		c. DEMENTIA _____			
		Due to (or as a consequence of):			
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				WAS AN AUTOPSY PERFORMED? NO WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE				MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY			INJURY AT WORK?
LOCATION OF INJURY					
DESCRIBE HOW INJURY OCCURRED:					IF TRANSPORTATION INJURY, SPECIFY:
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE MAY 06, 2014	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 10:16 AM	
CERTIFIER PHYSICIAN				DATE CERTIFIED MAY 08, 2014	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR. ANNIE JOHN, 2437 N SOUTHPORT, CHICAGO, ILLINOIS, 60614				PHYSICIAN'S LICENSE NUMBER 036068169	



This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

David Orr
David Orr
Cook County Clerk

**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM