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JOINT TENANCY AFFIDAVIT



Doc# 1711555040 Fee \$40.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 04/25/2017 12:18 PM PG: 1 OF 2

RECORDER'S STAMP

PREPARED BY AND MAIL TO:

William F. Kelley  
KELLEY, KELLEY & KELLEY  
1535 W. Schaumburg Rd., Suite 204  
Schaumburg, IL 60194

JOINT TENANCY AFFIDAVIT

DECEDENT: JOAN M. CERASANI

DATE: 4/13/17

THOMAS M. CERASANI, hereinafter referred to as the affiant deposes and states that the affiant resides at 1039 Aegean Drive in the Village of Schaumburg, State of Illinois;

That the decedent at the time of her death was one of the owners of the property in Cook County, Illinois, legally described as follows:

Lot 254 in Spring Cove Subdivision West, being a Subdivision of Part of the South Half of Section 28, Township 41 North, Range 10 East of the Third Principal Meridian, in Cook County, Illinois.

PERMANENT TAX NUMBER: 07-28-315-002-0000 and 07-28-411-058-0000

ADDRESS OF REAL ESTATE: 1039 Aegean Drive, Schaumburg, Illinois 60193

That said decedent died on October 6, 2014 leaving no last will and testament,

That the total value of the estate of said decedent including her taxable interest in the above real estate is less than \$1,000,000.

That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

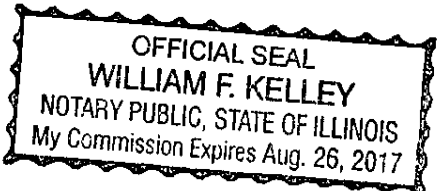
That if the decedent had a Will it was not a joint and mutual Will; nor was the survivor of the joint tenant allowed under said Will to elect to take any property in lieu of the joint tenancy.

That the affiant makes this Affidavit to induce the Cook County Recorder to file a Deed in Trust on the above described property.

*Thomas M. Cerasani*  
THOMAS M. CERASANI

SUBSCRIBED and SWORN to before me  
this 13 day of April, 2017

*[Signature]*  
Notary Public



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

STATE FILE NUMBER 2014 0076530

DATE ISSUED 10/10/2014

DECEDENT'S LEGAL NAME JOAN MARGARET CERASANI			SEX FEMALE	DATE OF DEATH OCTOBER 06, 2014	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 64 YEARS	DATE OF BIRTH SEPTEMBER 10, 1950		
CITY OR TOWN ELK GROVE VILLAGE			HOSPITAL OR OTHER INSTITUTION NAME ALEXIAN BROTHERS MEDICAL CENTER		
PLACE OF DEATH INPATIENT					
BIRTHPLACE CHICAGO, IL		SOCIAL SECURITY NUMBER 318-46-1373	STATUS AT TIME OF DEATH MARRIED		SURVIVING SPOUSE CIVIL UNION PARTNER'S MAIDEN NAME THOMAS M CERASANI
RESIDENCE 1039 AEGEAN DRIVE		APT. NO.	CITY OR TOWN SCHAUMBURG		EVER IN U.S. ARMED FORCES? NO
CITY	STATE IL	ZIP CODE 60193	FATHER (CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE) CIVIL UNION CHARLES ROBERT YESTER		MOTHER (CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE) CIVIL UNION LORRAINE ANN MILLER
INFORMANT'S NAME THOMAS M CERASANI		RELATIONSHIP HUSBAND		MAILING ADDRESS 1039 AEGEAN DRIVE, SCHAUMBURG, IL, 60193	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION TWIN PINES CREMATORY		LOCATION: CITY OR TOWN AND STATE EAST DUNDEE, IL	DATE OF DISPOSITION OCTOBER 10, 2014
FUNERAL HOME AHLGRIM & SONS FUNERAL AND CREMATION SERVICES LTD, 330 WEST GOLF ROAD, SCHAUMBURG, IL, 60195					
FUNERAL DIRECTOR'S NAME JAMES R AHLGRIM				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014376	
LOCAL REGISTRAR'S NAME DAVID ORR				DATE FILED WITH LOCAL REGISTRAR OCTOBER 10, 2014	
CAUSE OF DEATH PART I. ACUTE MYOCARDIAL INFARCTION					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. <u>ACUTE MYOCARDIAL INFARCTION</u>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 6 HOURS	
		b. CORONARY ATHEROSCLEROSIS			
		c. _____			
		Due to (or as a consequence of):			
		Due to (or as a consequence of):			
		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 PREGNANT WITHIN LAST YEAR				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 OCTOBER 06, 2014	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED	TIME OF DEATH 12:16 PM
CERTIFIER PHYSICIAN				DATE CERTIFIED OCTOBER 09, 2014	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH MICHAEL BRESTICKER, MD, 800 W BIESTERFIELD ROAD, SUITE 4005, ELK GROVE VILLAGE, ILLINOIS, 60007				PHYSICIAN'S LICENSE NUMBER 036-079877	

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

