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KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 12/11/2017 12:58 PM PG: 1 OF 4

Instrument Prepared By:

Kimberly Vercb, Esq.
1174 Red Dunes Run
Avon, IN 46123
IL Bar ID No. 6244816

Mail Tax Statements To:

Julie A. Sandler
1442 W. Fargo Ave.
Apt. 1E
Chicago, IL 60626

Tax Parcel ID Number:

11-29-307-023-1003

Order Number:

63652180 -4245482

AFFIDAVIT OF DEATH OF TENANT BY THE ENTIRETY

State of ILLINOIS)
County of COOK) ss.

Rec 1st 80882260

Affiant, **JULIE A. SUNDLER**, being duly sworn, states that she resides at 1442 W. Fargo Ave., Apt. 1E, Chicago, IL 60626. That she is the surviving spouse of **CARMELO SABATINO**, Deceased. Julie A. Sandler and Carmelo Sabatino, wife and husband, were married on 6-29-1985, and remained married until the death of Carmelo Sabatino on 01/13/2007. Carmelo Sabatino, at the time of his death, was one of the owners of the land described and referred to herein, located in Cook County, Illinois, and described as:

See Exhibit A attached hereto and made a part hereof

Affiant states that the decedent died on 01/13/2007, as evidenced by a certified copy of the Death Certificate of the deceased attached hereto.

That the deceased died:

- 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 Cook County, Illinois about AUGUST 2007.

Affiant states that the total value of the decedent's estate for Illinois Estate Tax and Federal Estate Tax purposes does not exceed \$4 million dollars.

S Y
P 4
S N
M N
SC Y
E Y
INT DRC

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Affiant makes this affidavit for that purpose of inducing TITLE SOURCE INC to issue its Title Insurance Policy, describing the above mentioned property.

Date: November 14, 2017

IN TESTIMONY WHEREOF, WITNESS the signature of the Affiant on the date first written above.

Julie A. Sundler
JULIE A. SUNDLER

STATE OF Illinois)
COUNTY OF Cook)

ss.



I, JOSHUA MALL, a Notary Public in and for said County and State aforesaid, DO HEREBY CERTIFY that **JULIE A. SUNDLER**, personally known to me to be the same person(s) whose name(s) are subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he/she/they signed, sealed and delivered the said instrument as his/her/their free and voluntary act, for the uses and purposes therein set forth.

Given under my hand official seal this 14th day of November 2017.

Joshua Mall

Notary Public
My Commission Expires: July 8, 2020

Property of Cook County Clerk's Office

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EXHIBIT A - LEGAL DESCRIPTION

Tax Id Number(s) 11-29-307-023-1003, 11293070231003

Land situated in the County of Cook in the State of IL

Unit Number 1-"E" in 1442-1444 West Fargo Avenue condominium Association, a not for profit corporation, as delineated on survey of the West 50 feet of Lot 6 in Block 7 in Birchwood Beach, in Section 29, Township 41 North, Range 11, East of the Third Principal Meridian, (hereinafter referred to as parcel), which survey is attached as Exhibit "A" to Declaration of Condominium made by Bernard R. Giovannone and Rosemary Giovannone, his wife, and recorded in the Office of the Recorder of Deeds of Cook County, Illinois, as Document Number: 23668745 together with an undivided 15.0 percent interest in said parcel (excepting from said parcel all the property and space comprising all the units thereof as defined and set forth in said Declaration and Survey) in Cook County, Illinois.

Commonly known as: 1442 W FARGO AVE APT 1E, Unit 1-E CHICAGO, IL 60626-6074

THE PROPERTY ADDRESS AND TAX PARCEL IDENTIFICATION NUMBER LISTED ARE PROVIDED SOLELY FOR INFORMATIONAL PURPOSES



•U06499838•

1371 10/19/2017 80882260/1;

Property of Cook County Clerk's Office

DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO. 128
REGISTERED NUMBER

UNOFFICIAL COPY MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS
STATE LICENSE NUMBER

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. **Carmelo Sabatino** 2. **Male** 3. **January 13, 2007**

COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS.) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)
4. **Cook** 5a. **48** 5b. **5c. 5d.** 5d. **November 12, 1958**

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 DOA OR EMER. RM. INPATIENT (SPECIFY)
6a. **Evanston** 6b. **St. Francis Hospital** 6c. **Inpatient**

A
DECEASED
B
C
D
E

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. **Chicago, Illinois** 8a. **Married** 8b. **Julie Sundler** 9. **No**

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) College (1-4 or 5+)
10. **Purchasing Agent** 11a. **Restaurant** 12. **4**

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP, OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY
13a. **1442 West Fargo Avenue** 13b. **Chicago** 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.)
13e. **Illinois** 13f. **60626** 14a. **White** 14b. No Yes SPECIFY:

PARENTS

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST
15. **Mario Sabatino** 16. **Nardina Vizzini**

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
17a. **Julie Sundler** 17b. **Wife** 17c. **1442 West Fargo Avenue Chicago, Illinois 60626**

1
2
3
CAUSE
4
5
N
P

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, stroke, or heart failure. List only one cause on each line.
Immediate Cause (Final disease or condition resulting in death) (a) **Metastatic Cancer of lung** APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH **months**
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (a) DUE TO, OR AS A CONSEQUENCE OF

PART II (Other significant conditions contributing to death but not resulting in the underlying cause given in PART I) AUTOPSY (YES/NO) WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
19a. **No** 19b. **No**

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE WAS THERE A PREGNANCY IN PAST THREE MONTHS?
20a. 20b. 20c. Yes No

CERTIFIER

(DID/DID NOT) ATTEND THE DECEASED AND LAST SAW (HIM/HER) ALIVE ON (MONTH, DAY, YEAR) I WAS CORONER OR MEDICAL EXAMINER NOTIFIED (YES/NO) HOUR OF DEATH
21a. **January 12, 2007** 21b. **No** 21c. **2:13 A.M.**

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED. DATE SIGNED (MONTH, DAY, YEAR)
22a. SIGNATURE **Merrill Zahtz** 22b. **January 15, 2007**

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER
22c. **Merrill Zahtz M.D. 800 Austin West Tower # 408 Evanston, IL 60201** 22d. **036-056363**

DISPOSITION

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.
23a.

BURIAL CREMATION REMOVAL (SPECIFY) CEMETERY OR CREMATORY - NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
24a. **Burial** 24b. **Maryhill Cemetery** 24c. **Niles, Illinois 60711** 24d. **January 17, 2007**

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
25a. **Donnellan Family Funeral Services 10045 Skokie Boulevard Skokie, Illinois 60077-1026**

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b. **Joseph Donnellan** 25c. **034-01166**

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a. **Jay W. Terry** 26b. **January 16, 2007**

VR200 (Rev. 5/89)

Illinois Department of Public Health - Division of Vital Records

(BASED ON 1969 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE November 2, 2007 SIGNED Jay W. Terry
At EVANSTON, Illinois OFFICIAL TITLE LOCAL REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.