



1812316125

Doc# 1812316125 Fee \$42.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 05/03/2018 04:26 PM PG: 1 OF 3

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)
) SS.
County of Cook)

1052
18-142745

Rosanna M. Curcio hereinafter called Affiant(s) being duly sworn states that he/she/they resides at: 1152 W Sturbridge Dr., Hoffman Estates, IL 60192, That Affiant(s) was acquainted with Michael Curcio , hereinafter referred to as Deceased, and at the time of Decedent's death, was one of the owners of the land in Cook County, Illinois, described as:

Lot 3 of Block 4 in Westbury Lakes Unit 2, being a Resubdivision of parts of lots and vacated streets in Howie in the Hills Units 3 and 4, being Subdivisions in the South 1/2 of Section 19, Township 42 North, Range 10, East of the Third Principal Meridian, in Cook County, Illinois.

CKA : 1152 W. Sturbridge Dr., Hoffman Estates, IL 60192
PIN: 02-19-429-003-0000

That the Deceased died on 11/02/2012 as evidenced by a copy of Deceased's death certificate attached hereto.

That the Deceased, at the time of his/her death, held his/her share of the above-mentioned property as a joint tenant and that the Deceased died leaving no last will & testament.

3
JA

UNOFFICIAL COPY

That the total value of the estate of the Deceased, for estate tax purposes, 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 \$233,516.00

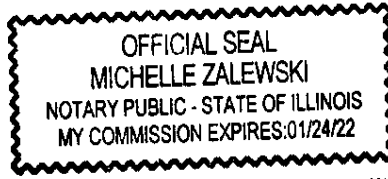
Affiant makes this affidavit for the purpose of any individual or corporation who may be harmed by the Affiant's lack of veracity.

Subscribed and sworn before me
this 20 day of April 2018.

Michelle Zalewski
Notary Public

Rosanna M. Curcio
Affiant's Signature

PREPARED BY
Rosanna M. Curcio
1152 W. Sturbridge Dr.
Hoffman Estates, IL 60192



AFTER RECORDING MAIL TO
Plymouth Title Guaranty Corp.
73 W. Monroe St., Ste. 412
Chicago, IL 60603

PROPERTY OF Cook County Clerk's Office

CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

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

STATE FILE NUMBER 2012 0082441

DATE ISSUED 11/8/2012

DECEDENT'S LEGAL NAME MICHAEL D CURCIO		SEX MALE	DATE OF DEATH NOVEMBER 02, 2012	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 57 YEARS	DATE OF BIRTH MARCH 30, 1955		
CITY OR TOWN PARK RIDGE		HOSPITAL OR OTHER INSTITUTION NAME ADVOCATE LUTHERAN GENERAL HOSPITAL		
PLACE OF DEATH INPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 335-48-3437	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME ROSANNA SCAVO	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 1152 W STURBRIDGE DR	APT. NO.	CITY OR TOWN HOFFMAN ESTATES		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60192	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION PETER CURCIO	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION HARRIETT ARNOLD
INFORMANT'S NAME ROSANNA CURCIO		RELATIONSHIP WIFE	MAILING ADDRESS 1152 W STURBRIDGE DR, HOFFMAN ESTATES, IL 60192	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION SAINT MICHAEL THE ARCHANGEL CEMETERY	LOCATION - CITY OR TOWN AND STATE PALATINE, IL	DATE OF DISPOSITION NOVEMBER 09, 2012	
FUNERAL HOME CONBOY WESTCHESTER FUNERAL HOME, 10101 CERMAK RD, WESTCHESTER, IL, 60154				
FUNERAL DIRECTOR'S NAME PETER R CONBOY			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034010279	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR NOVEMBER 6, 2012	
CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death)	PART I a. METASTATIC COLON CANCER b. c.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		21 MONTHS
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I BACTEROIDES SEPSIS, BACTERIAL PERITONITIS.		WAS AN AUTOPSY PERFORMED? NO		
FEMALE PREGNANCY STATUS NOT APPLICABLE		WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A		
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 NOVEMBER 02, 2012	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 01:51 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED NOVEMBER 06, 2012	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH BRUCE KADEN, 8915 W GULF RD, NILES, ILLINOIS, 60714			PHYSICIAN'S LICENSE NUMBER 036-36056642	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: FACILE SECURITY HOLOGRAPHIC FOLDS AT BOTTOM

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