



1815641008

Doc# 1815641008 Fee \$42.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 06/05/2018 09:21 AM PG: 1 OF 3

PREPARED BY AND MAIL RECORDED

DOCUMENT TO:

Michael T. Huguelet, PC
10749 Winterset Dr.
Orland Park, IL 60467

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180442100066

Property of Cook County Clerk's Office

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)

)ss.

COUNTY OF COOK)

Salvatore V. Inglima being duly sworn states that he resides at 3259 S. Canal Street, Chicago, IL 60618.

That he was acquainted with Theresa Inglima, deceased, who, at the time of her death, was one of the owners of the land in Cook County, Illinois, described as:

3315 S. Wallace Chicago, IL 60616

17-33-122-006-0000

Lot 125 in the Assessor's Division of Block 11 in the Canal Trustees' Subdivision of Section 33, Township 39 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

That the deceased died December 9, 1970, 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 _____ County, Illinois.

Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois, about _____.

Attorney's Title Guaranty Fund, Inc.
1 S. Wacker Dr. Ste. 2400
Chicago, IL. 60606-4650
Recording Department

SN
PS
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UNOFFICIAL COPY

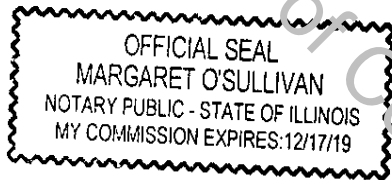
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \$4,000.000 dollars.

Subscribed and sworn to before me

this 28 day of April, 2018



Notary Public


Affiant's Signature

Property of Cook County Clerk's Office

CERTIFICATE OF DEATH RECORD

UNOFFICIAL COPY

REGISTRATION DISTRICT NO.		STATE OF ILLINOIS		STATE FILE NUMBER		
REGISTERED NUMBER 1610		MEDICAL CERTIFICATE OF DEATH		636082		
DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH
1. THERESA				INCLINA	Female	December 9 1970
RACE (SPECIFY)	AGE—LAST BIRTHDAY (YRS.)	MONTH	DAY	YEAR	DATE OF BIRTH	PLACE OF BIRTH
4. White	5a. 63	5b.	5c.	5d.	6. Sept 16 1907	7a. Cook
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		INSIDE CITY (YES/NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
7b. Chicago		7c. Yes		7d. Mercy Hospital (D.C.A.)		
BIRTHPLACE (STATE OR FOREIGN COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (GIVEN NAME, IF WIFE)		
8. Illinois	9. U.S.A.	10. Widow		11. None		
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	EDUCATION		U.S. WAR VETERAN (YES/NO)		
	13a. Matron	13b. High School		13c. No		
RESIDENCE		CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	STREET AND NUMBER		
14a. Illinois		14b. Cook	14c. Chicago	14d. Yes 3315 S. Wallace		
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	
15. John				Da Mantia	16. Lena Cosentino	
INFORMANT'S SIGNATURE		RELATIONSHIP	MAILING ADDRESS			
17a. <i>Frank DeLuca</i>		17b. Son	17c. 3315 S. Wallace St-Chicago, Ill 60616			
DEATH WAS CAUSED BY		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. IMMEDIATE CAUSE		1a. ACUTE MYOCARDIAL INFARCTION				ONE DAY
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		1b. DUE TO OR AS A CONSEQUENCE OF				
		1c. DUE TO OR AS A CONSEQUENCE OF				
PART B. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH, BUT, NOT RELATED TO CAUSE GIVEN IN PART I. (a)		AUTOPSY (YES/NO)		YES—WAS P尸NER DETERMINED BY CORONER?		
DATE OF OPERATION, IF ANY; MAJOR FINDINGS OF OPERATION		19a. NO		19b. YES		
1. ATTENDED THE DECEASED FROM		MONTH, DAY, YEAR	TO	MONTH, DAY, YEAR	AND LAST (AM/PM) HOUR	HOUR OF DEATH
21a. JANUARY 1968		21b. Dec. 9, 1970	21c. Dec. 9, 1970	21d. Dec. 9, 1970	21e. 12:15A	21f. M
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED					NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.	
SIGNATURE		DATE SIGNED	ILLINOIS LICENSE NUMBER			
22a. <i>Keith Knapp</i>		22b. Dec. 9, 1970	22c. 33052			
MAILING ADDRESS—CERTIFIER		STREET AND NUMBER OR R. F. D.	CITY OR TOWN	STATE	ZIP	
23. 2059 S. Wallace St.		Chicago	Illinois	60616		
BURIAL CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN	STATE	DATE	(MONTH, DAY, YEAR)
24a. Burial	24b. St. Mary	24c. Evergreen Park, Ill	Ill	Illinois	24d. Dec 12 1970	
FUNERAL HOME	NAME	STREET AND NUMBER OR R. F. D.	CITY OR TOWN	STATE	ZIP	
25a.	Dalcamo	470 W. 26th St	Chicago	Illinois	60616	
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER				
25b. <i>Matthew Dalcamo</i>		25c. 3776				
LOCAL REGISTRAR'S SIGNATURE		CHICAGO BOARD OF HEALTH		DATE RECD BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		
26a. <i>Conway C. Basore</i>		Chicago Civic Center, Room 105		DEC 11 1970		
VE 200-119681-1		ILLINOIS DEPARTMENT OF PUBLIC HEALTH		BUREAU OF VITAL RECORDS		
				BASED ON 1958 U.S. STANDARD CERTIFICATE		

IF WORD VOID/APPEARS WHEN PHOTOCOPIED

NOT TO BE POSSESSED AT ANY PUBLIC OR PRIVATE SALE

April 17, 2018

0325356

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

