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JOINT TENANCY AFFIDAVIT

Doc# 1815641039 Fee \$44.00
RHSP FEE:\$9.00 RPRF FEE: \$1.00
KAREN A. YARBROUGH
COOK COUNTY RECORDER OF DEEDS
DATE: 06/05/2018 09:42 AM PG: 1 OF 4

STATE OF IL)
COUNTY OF COOK) SS

SALVINA PASTIPILO,
hereby referred to as the affiant, states under
oath that the affiant resides at

4210 N. MARCHEZ
CHICAGO, IL 60634
In the City of _____,
State of IL;

that the affiant was acquainted with
ANTHONY PASTIPILO,
the decedent; at the time of death, the
decedent was one of the owners of property,
by virtue of a properly recorded joint
tenancy deed, said property located in
COOK County, State of
IL, and legally
described as follows:

See attached legal description

PIN: 13-18-409-074-1007

Address: 4210 N. MARCHEZ #207 CHICAGO, IL 60634

The decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

The decedent died on JUNE 27 2002, leaving no/a last will and testament,

The total value of decedent's estate, including the taxable interest in the above property was \$15,000.00, and that the value of the above property individually was \$15,000.00

The State and Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from the decedent's estate, has been paid in full;

The affiant makes this affidavit to induce Attorneys' Title Guaranty Fund, Inc. (ATG) to issue its policy of title insurance on the above described property.

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

S Y
P Y
S Y
SC Y
INT Y

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JOINT TENANCY AFFIDAVIT (continued)

The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATG harmless and to reimburse ATG for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature that ATG may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of ANTHONY PARTIPIKO, the decedent;
2. State Estate/Inheritance Tax and Federal Estate Tax that may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

Salvino Partipilo (Seal)
 _____ (Seal)

Subscribed and sworn to before me this

30th day of April 2018
 _____ (Month) (Year)
 _____ (Notary Public)



Note: If the decedent left a will, it will be necessary that the original or certified copy thereof be presented to ATG for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

This instrument prepared by:

DAVID SCHLUETER
 _____ (Name)
401 W MUNS PARK ROAD
 _____ (Address)
EVANSTON ILL 60124
 _____ (City, State, Zip)

Return to:

DAVID SCHLUETER
 _____ (Name)
401 W MUNS PARK ROAD
 _____ (Address)
EVANSTON ILL 60124
 _____ (City, State, Zip)

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CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

609938

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

JUL 01 2002

I, JOHN L. WILHELM M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN OBTAINANCE OF SAID LAW AND ORDINANCES.



John L. Wilhelm, MD
LOCAL REGISTRAR

2006-164-7500099

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

REGISTRATION DISTRICT NO. 5	DECEASED-NAME FIRST MIDDLE LAST Anthony Partipilo	SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. June 27, 2002
REGISTERED NUMBER	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Chicago	AGE-LAST BIRTHDAY (YRS) MOS. DAYS HOURS MIN. 5a. 58 5b. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 4. FEBRUARY 19, 1944
1. COUNTY OF DEATH Cook	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Rush-Pres-St. Luke's Medical Center	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. SALVINA PANCOTTO	IF HOSP. OR INST. INDICATE D.O.A. OPER. PM. INPATIENT (SPECIFY) 9. No
2. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Chicago	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. MARRIED	KIND OF BUSINESS OR INDUSTRY 11b. CITY OF CHICAGO	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) College (1-4 or 5+)
3. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Chicago	USUAL OCCUPATION 11a. LABORER	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. CHICAGO	COUNTY 13c. COOK
4. STATE ILLINOIS	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. WHITE	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. XX NO	SPECIFY: 13c. MIDDLE CALABRESE
5. FATHER-NAME FIRST MIDDLE LAST GUERINO PARTIPILO	RELATIONSHIP 17b. WIFE	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 4210 NORTH NATCHEZ, CHICAGO, ILLINOIS 60634	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
6. MOTHER-NAME FIRST MIDDLE LAST PARTIPILO	15. IMMEDIATE Cause (Final disease or condition resulting in death) (a) Cerebrovascular Accident (b) Diabetes Mellitus (c) Pneumonia	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. shock, or heart failure. List only one cause on each line.	7 Days
7. INFORMANT'S NAME (TYPE OR PRINT) SALVINA PARTIPILO	16. MAJOR FINDINGS OF OPERATION 20b. Pneumonia	19. AUTOPSY (YES/NO) 19a. No 19b. No	20c. YES <input type="checkbox"/> NO <input type="checkbox"/>
8. DATE OF OPERATION, IF ANY June 27, 2002	20a. (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON DID	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>	21c. HOUR OF DEATH 12:45 P M.
9. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE INDICATED TO THE CAUSE(S) STATED.	21a. SIGNATURE David Baldwin Jr MD	21b. DATE AND PLACE MADE TO THE CAUSE(S) STATED. June 27, 2002	22b. DATE SIGNED (MONTH, DAY, YEAR) 06-27-02
10. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) Dr. David Baldwin Jr. 1653 W. Congress Pkwy Chg	22a. ILLINOIS LICENSE NUMBER 36068790	22c. ILLINOIS LICENSE NUMBER 36068790	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
11. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)	23. BURIAL, CREMATION, REMOVAL (SPECIFY) 24b. ALL SAINTS	LOCATION CITY OR TOWN STATE 24c. DESPLAINES, ILLINOIS	DATE (MONTH, DAY, YEAR) 24d. JULY 1, 2002
12. FUNERAL HOME CUMBERLAND CHAPELS	24a. ENTOMBMENT	STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 24c. DESPLAINES, ILLINOIS 60706	
13. FUNERAL DIRECTOR'S SIGNATURE John L. Wilhelm, M.D.	25a. FUNERAL DIRECTOR'S SIGNATURE	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 031-008880	
14. LOCAL REGISTRAR'S SIGNATURE John L. Wilhelm, M.D.	25b. LOCAL REGISTRAR'S SIGNATURE	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. JUL 01 2002	

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ATTORNEYS' TITLE GUARANTY FUND, INC.

LEGAL DESCRIPTION

Permanent Index Number:

Property ID: 13-18-409-074-1007

Property Address:

4210 N. Natchez #207
Chicago, IL 60634

Legal Description:

UNIT 4-207 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN GLENLAKE CONDOMINIUM NO. 2 AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NUMBER 99465987, AS AMENDED FROM TIME TO TIME, IN PART OF THE SOUTH FRACTIONAL HALF OF SECTION 18, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office