

UNOFFICIAL COPY

SPECIAL NOTICE:

This form is **NOT** required by law, nor the Cook County Recorder of Deeds (CCRD). CCRD employees **CANNOT** assist with the preparation of this, or **ANY LEGAL FORM.**

State of Illinois
County of DuPage

Signed (or subscribed or attested) before me

on 12/05/2019 (date)

by JOSEPHINE ASCIUTTO (name of person)

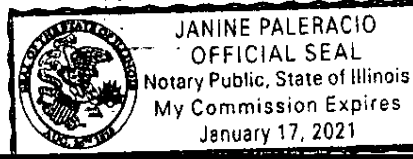
Janine Paleracio
(Signature of notary public)

PREPARED BY:

Josephine Asciutto

4721 Kolze Avenue

Schiller Park, Illinois 60176



SURVIVING TENANT AFFIDAVIT

I, Josephine Asciutto the surviving tenant of the tenancy created by the deed with the document number: ~~0733410000~~ 88555203 do hereby declare under oath that the tenant Gioacchino Asciutto died on 06/22/2018 as evidenced by the attached certified copy of her/his death certificate (see attached).

I also declare that the aforementioned tenant was an owner of property with the following details:

LEGAL DESCRIPTION

LOT 103 IN PEKARA'S FOREST VIEW SUBDIVISION OF PART OF CYNTHIA ROBINSON'S TRACT IN THE PARTITION OF NORTH SECTION OF ROBINSON RESERVATION IN TOWNSHIP 40 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED SEPTEMBER 16, 1949, AS DOCUMENT NUMBER 1463347, IN COOK COUNTY, ILLINOIS.

PROPERTY IDENTIFICATION NUMBER (PIN)

1 2 - 1 5 - 1 1 0 - 0 0 2 - 0 0 0 0

COMMONLY KNOWN ADDRESS:

4721 Kolze Avenue

Schiller Park, Illinois 60176

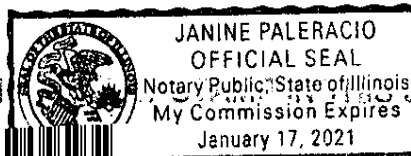
NOTARY & AFFIANT SIGNATURE SECTION BELOW

Subscribed & Sworn to me by:

Josephine Asciutto
Affiant Signature:

Janine Paleracio
On the Following Date:

12/05/2019



Doc# 1934028020 Fee \$88.00

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 12/06/2019 12:28 PM PG: 1 OF 2

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CERTIFICATION OF DEATH RECORD UNOFFICIAL COPY

DUPAGE COUNTY HEALTH DEPARTMENT WHEATON, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 0051901

DATE ISSUED 6/28/2018

DECEDENT'S LEGAL NAME GIOACCHINO ASCIUTTO		SEX MALE	DATE OF DEATH JUNE 22, 2018	
COUNTY OF DEATH DU PAGE	AGE AT LAST BIRTHDAY 58 YEARS	DATE OF BIRTH JANUARY 19, 1960		
CITY OR TOWN ELMHURST		HOSPITAL OR OTHER INSTITUTION NAME ELMHURST MEMORIAL HOSPITAL-MAIN CAMPUS		
PLACE OF DEATH INPATIENT				
BIRTHPLACE ITALY	SOCIAL SECURITY NUMBER 343-70-5020	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME JOSEPHINE DI SALVO	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 4721 KOLZE AVE	APT. NO.	CITY OR TOWN SCHILLER PARK	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60176	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION SALVATORE ASCIUTTO	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION VINCENZA CANNIZZARO
INFORMANT'S NAME JOSEPHINE ASCIUTTO		RELATIONSHIP WIFE	MAILING ADDRESS 4721 KOLZE AVE, SCHILLER PARK, IL 60176	
METHOD OF DISPOSITION ENTOMBMENT	PLACE OF DISPOSITION SAINTS CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE DES PLAINES, IL	DATE OF DISPOSITION JUNE 26, 2018	
FUNERAL HOME CUMBERLAND CHAPELS, 8300 W. LAWRENCE AVE, NORRIDGE, IL, 60706				
FUNERAL DIRECTOR'S NAME STEVE KACHNIEWICZ			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015249	
LOCAL REGISTRAR'S NAME KAREN J AYALA			DATE FILED WITH LOCAL REGISTRAR JUNE 26, 2018	
CAUSE OF DEATH PART I. ACUTE RESPIRATORY FAILURE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. SMALL CELL LUNG CANCER		
		Due to (or as a consequence of)		
		b. SMALL CELL LUNG CANCER		
		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 APPLICABLE			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 JUNE 22, 2018	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 04:18 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED JUNE 25, 2018	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH BRETT A COLLANDER, 133 E BRUSH HILL RD, ELMHURST, ILLINOIS, 60126			PHYSICIAN'S LICENSE NUMBER 36.129910	

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH



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.

Karen J. Ayala
Karen J. Ayala
Local Registrar

Not valid without the embossed seal of the DuPage County Health Department.