UNOFFICIAL COPYMINATION OF THE PROPERTY OF THE Prepared by and Mail to:

Doc# 2120919026 Fee \$88.00

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

1001 W 954 F #20	RHSP FEE:\$9.00 RPRF FEE: \$1.00
991. St 200 OAK LAWN, DL 6053	KAREN A. YARBROUGH
OAV. CAUN TUGOS3	COOK COUNTY CLERK
	DATE: 07/28/2021 02:01 PM PG: 1 OF 3
	.
STATE OF ILLINGIS) DECEASED JOINT TENANCY A COUNTY OF $C \bowtie A C$) SS.	AFFIDAVIT File Number: 21138531
	File (vuiliber: 21136331 7)
being duly sworn states that	resides at 4224 w. 1220 St in the City
of Alsio Ec 60403	resides at Tid 24 w. 122 ESE in the City
	deceased who, at the time of death,
was one of the owners of the land in Cool. County, IL, described as:	deceased wito, at the time of death,
CPE ATTACHED LECAL	
SEE ATTACHED LEGAL	
That the deceased died on March 15 2011	, as evidenced by a certified copy of death certificate
of the deceased attached hereto.	, as evidenced by a certified copy of death certificate
That the deceased died: Leaving no Last Will & Testament.	
T	
Leaving a Last Will & Testament a copy of which is attached hereto. Clerk of the Probate Division of the Circuit Court of Cook County, IL.	he original of the unproven will should be filed with the
·	
Leaving a Last Will & Testament which was filed in the Unproven Wil Cook County, IL, about	Box of the Probate Division of the Circuit Court of
	T/
That the total value of the estate of the deceased, including both real and per or in joint tenancy at the time of the death of the deceased, does not exceed to	sonal property owned by the deceased either individually the sum of
dollars.	0.
Affiant makes this affidavit for the purpose of inducing Old Republic Nation	nal Title Insurance Company to issue its Title Insurance
Policy, describing the above mentioned property.	C
Subscribed and sworn to before me by the said	
Subscribed and sworn to before me by the said Bolin C. Ohm by power of a	Homey for Florence A. Sperardo
	,
this 33 day of July A.D. 20 21.	
	a M
Sold Sold Sold Sold Sold Sold Sold Sold	to C. Olaran by power of a Har
Notary Tubile (Affia	ant's Signature)
OFFICIAL SEAL	
DONNA J. CERF NOTARY PUBLIC, STATE OF ILLINOIS	
My Commission Expires 02/23/2022	

COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS

MEDICALCE	RIFICATE OF DEATH	
STATE FILE NUMBER 2019 0024229		DATE ISSUED 3/29/2019
DECEDENT'S LEGAL NAME VINCENZA RAMUNDO		DATE OF DEATH EMALE MARCH:15, 2019
COOK AGE AT LAST BIRTHDAY 80 YEARS	DATE OF BIRTH OCTOBEI	R 31:1938
CITY OR TOWN CHICAGO	HOSPITAL OR OTHER INSTITUTION NAME 4048 WEST 81ST STREET	IE.
PLACE OF DEATH DECEDENT'S HOME		
BIRTHPLACE SOCIAL SECURITY NUMBER STATUS AT TIME WIDOWED	DF DEATH SURVIVING SPOUSE/CI	/IL UNION PARTNER'S MAIDEN NAME
RESIDENCE APT. NO. 4048 WEST 81ST STAFF [CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
COUNTY STAT ZIP CODE FATHERICO PARENTS NAME PRIC	و العَجْنُ العَامِرُونِ وَرَحْمِيْ مِرْجِعِينَ الْمُعَمِّمِ الْمُعَمِّمِ الْمُعَمِّمِ الْمُعَمِّمِ ا	HERICO PARENTS NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION: ARMELLA BURRUANO
INFORMANTS NAME RELATIONSHIP DAUGHTER	MAILING ADDRESS 4048 WEST 8	ST PLACE: CHICAGO, IL, 60652
METHOD OF DISPOSITION BURIAL LAC OF DISPOSITION SAINT MARY CATHOLIC CEMI	LOCATION CITY OF	
FUNERAL HOME BLAKE LAMB FUNERAL HOME, 4727 WEST 1035 U STREET C	AK LAWN IL, 60453	
FUNERAL DIRECTOR'S NAME SHELIA COLLEEN KIRBY		NERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034017137
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH	- NOTE 1 - A 10 - NOTE	TE FILED WITH LOCAL REGISTRAR MARCH 26, 2019
CAUSE OF DEATH PART L CONGESTIVE HEART FAILURE		r ∰ ξ UNKNOWN
(Final disease or condition Due to (or a resulting in death) b. HYPERTENSIVE HEART DISEASE	s a cursoritience of):	SOXIMA AL BETT AND DE
Director or a	s a consequence of):	A APPROVING ON SET A POPER ON SET A
c c		
Due to (or a PART II: Enter other significant conditions contributing to death but not resulting in this		WAS AN AUTOPSY PERFORMED? NO
DIABETES MELLITUS TYPE 2		WERE AUTOPSY FINDINGS USED TO.
FEMALE PREGNANCY STATUS NOT APPLICABLE		COMPLETE CAUSE OF DEATH? N/A: 1 ANNER OF DEATH NATURAL
A DESCRIPTION OF THE PROPERTY	PLACE OF INJURY	INJURY AT WORK?
LOCATION OF INJURY		
DESCRIBE HOW INJURY OCCURRED.		IF TRANSPORTATION INJURY, SPECIFY
ATTEND THE DECEASED? DATE LAST SEEN ALIVE WAS MEDICALE) YES MARCH 12, 2019 CORONER CONT.	1945 - 1945 - 1946 - 1945 - 1946	OUNGED TIME OF DEATH 09:30 PM
CERTIFIER PHYSICIAN		DATE CERTIFIED MARCH 23, 2019
NAME ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH		PHYSICIAN'S LICENSE NUMBER



NAME ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH

ROBERT KAPLAN M.D., 5962 NORTH ELSTON AVE. CHICAGO, ILLINOIS, 60646

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 A. Yarbrough Cook County Clerk



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UNOFFICIAL COPY

LEGAL DESCRIPTION

LOT 46 IN THE FIRST ADDITION TO CRESTLINE HIGHLANDS SUBDIVISION, A SUBDIVISION OF PART OF THE NORTHEAST 1/4 OF SECTION 34, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Address commonly known as: 4048 W 8 st St Chicago, 11 60652

PIN#: 19-34-203-046-0000