RECORDING REQUESTED BY: UNOFFICIAL COPY

Doc#. 2127046144 Fee: \$51.00

Karen A. Yarbrough Cook County Clerk

Date: 09/27/2021 11:12 AM Pg: 1 of 3

PREPARED BY AND WHEN RECORDED MAIL TO: Gaspero & Gaspero Attorneys at Law, P.C. 2001 Butterfield Rd., Ste. 1022 Downers Grove, IL 60515

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF JOINT TENANT By Surviving Spouse

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

ELAINE M. DEL GRECO, of legal age, being first duly sworn, deposes and says:

- 1. CHARLES W. DEL GRECO is the decedent mentioned in the attached certified copy of Certificate of Death, who died on June 12, 2016 at HiNES, Illinois. (insert date and place of death). (Exhibit JA)
- 2. I am the surviving spouse of the decedent.
- 3. The decedent and I are the same persons who are named as grantees in a certain deed dated \(\frac{1000}{1000} \), \(\frac{1992}{1000} \) as joint tenants with right of survivorship, recorded in the Recorder of Deeds of COOK County, Illinois, as document number 92477472 describing the following real property:

ATTACHED AS EXHIBIT A

Permanent Index Number(s): 13-19-207-041-0000

For the premises commonly known as: 6734 W. Berenice, Chicago, IL 60534

Dated: 8-24-2021

ELAINE M. DEL GREC

Subscribed and sworn to (or affirmed) before me on this

ay of Angust , 2021, b

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature

L M GASPERO NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 07/13/2024

OFFICIAL SEAL

(This area for notary stamp)

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Exhibit "A"

LOT 3 IN PONTARELLI BUILDERS SUBDIVISION UNIT 2, BEING A SUBDIVISION IN THE NORTH EAST 1/4 OF SECTION 19, TOWNSHIP 40 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

SUBJECT TO: COVENANTS, CONDITIONS AND RESTRICTIONS OF RECORD; PRIVATE, PUBLIC AND UTILITY EASEMENTS AND ROADS AND HIGHWAYS, IF ANY; GENERAL TAXES FOR THE YEAR 1990 AND SUBSEQUENT YEARS.

SUBJECT TO THE FOLLOWING RESTRICTIVE COVENANT:

A) NO PART OF THE PROPERTY SHALL BE DEVELOPED OR USED FOR CEMETERY, MORTUARY OR BURIAL PURIOSES, INCLUDING THE SALE OF BURIAL VAULTS, BRONZE MARKERS, CRYPTS, CREMATORIUMS, FUNERALS, MAUSOLEUMS, THE MANUFACTURE OR SALE OF GRAVESTONES AND BURIAL MONUMENTS, AND OTHER USES WHICH ARE DIRECTLY RELATED TO THE OPERATION OF A CEMETERY OR MONTUARY, SO LONG AS THE ADJOINING PROPERTY NOW KNOWN AS MT. OLIVE CEMETERY IS OPERATED AS A CEMETERY.

E) NO STRUCTURE MORE THAN SIXTEEN FEET (16') IN HEIGHT AT THE BOTTOM OF THE EAVE SHALL BE CONSTRUCTED WITHIN SEVENTY-FIVE (75) FEET OF ANY AND ALL PROPERTY LINES CONTIGUOUS WITH HOUNT O'L'VE CEMETERY. NO TOOL SHEDS, BASKETBALL CO'RTS OR ACCESSORY BUILDINGS, OTHER THAN DETACHED GARAGES, SHALL BE CONSTRUCTED WITHIN BACK YARDS FOR ANY PREMISES JERMITTED WITHIN SAID SEVENTY-FIVE (75) FOOT SETBACK, OR OTHERWISE WITHIN ANY OPEN TEXTED CONTAINED WITHIN SAID SEVENTY-FIVE (75) FOOT SETBACK.

CERTIFICATION OF DE2127046144

HILLSIDE, ILLINOIS MEDICAL CERTIFICATE OF DEATH

ATE FILE NUMBER 2016	0046442	••							DATE IS	SUED	6/14/201
DECEDENT'S LEGAL NAME	<u> </u>	<u> </u>	·· 				SEX MALE		OF DEATH E 12, 2016		
CHARLES WILLIAM DE	LGRECO	L ACE AT I	ACT DIRTURAV			DATE OF B		00			
COOK		AGE AT LAST BIRTHDAY 74 YEARS				OCTOBER 06, 1941					
CITY OR TOWN						PICE FACIL					
PROVISO TWP	·			1 TINVES V	<u> </u>	102171011				1	
HOSPICE FACILITY										VER IN U.S.	ADMEN
IRTHPLACE		STATUS AT TIM	VIE OF DEATH	E OF DEATH SURVIVING SPOUS			SE/CIVIL UNION PARTNER'S MAIDEN NAM STROHM			FORCES? YES	
BERWICK, PA	749	MARRIED	<u> </u>				INSIDE CITY LIMITS?				
RESIDENCE 6734 W BERENICE			APT.	NO.		ICAGO				YES	
COOK IL		FATHERICO-PARENTS NAME PRIOR TO FIRST MARRIA ORESTES DELGRECO			GE/CIVIL UNION MOTHER/CO-PARENT'S NAMI			E PRIOR TO FIRST MARRIAGE/CIVIL UNION			
NFORMANT'S NAME ELAINE M DELGRECO	160634		RELATIONSHIP WIFE				VAILING ADDRESS 6734 W BERENICE, CHICAGO, IL, 60634				
METHOD OF DISPOSITION	CF OF DISPOSITION CACIA PARK CEMETERY				LOCATION - CITY OR TOWN AND STAT CHICAGO, IL			DATE OF DISPOSITION JUNE 17, 2016			
CREMATION UNERAL HOME				······································		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-				
CUMBERLAND CHAPE	LS, 8300 W LA	WREN CF	AVE, NORRI	DGE, IL, 607	708		ELINEDAL DID	ECTOR'S I	LLINOIS LICEN	SE NUMBER	
UNERAL DIRECTOR'S NAME ANTHONY J LUPO JR							034016007				
OCAL REGISTRAR'S NAME ANTHONY WILLIAMS		0				<u> </u>	DATE FILED WITH LOCAL REGISTRAR JUNE 14, 2016				
	TI. METASTATIO	SQUAMO	US CELL CAK	CILIOMA OF LI	UNG				۷		
IMMEDIATE CAUSE	a.										
(Final disease or condition resulting in death)	b.	Due to (or as a vinsequence of):							名图 · 图		
	•								조 (
			Due to	(or as a consequence	oe of)) _{**}			2 S2		
	С.										
				(or as a consequenc			,				
PART II. Enter other significent conditions contributing to death but not resulting in the underlying cause given in PART.: WARDIC OBSTRUCTIVE PULMONARY DISEASE							/AS AN AU	AS AN AUTOPSY PERFORMED? NO			
Gillionia assirtasini	2. 00,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	V							PSY FINDING: CAUSE OF DE		
FEMALE PREGNANCY STATUS NOT APPLICABLE								NATURAL			
DATE OF INJURY	TIME OF I	NJURY	PLACE OF IN	PLACE OF INJURY			0.		INJURY AT V	VORK?	
LOCATION OF INJURY		1	·	<u> </u>							
DESCRIBE HOW INJURY OCCU	RRED:							IF T	RANS *C.P /AT	ION INJURY,	SPECIFY
ATTEND THE DECEASED?	DATE LAST SEEN UNKNOWN	ALIVE		EDICAL EXAMINER OR ER CONTACTED? NO			PRONOUNCED	1	IME OF DEAT		
CERTIFIER PHYSICIAN	0.11.10111					<u></u>			TE CERTIFIED JUNE 13, 20		

81417

DEPARTMENT OF HEALTH

> 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.

JUN 1 4 2016

NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH

SEEMA LIMAYE, 5000 S 5TH AVE, HINES, ILLINOIS, 60141

TOWNSHIP CLERK/REGISTRAR



PHYSICIAN'S LICENSE NUMBER

36.115624