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\*2132042011\*

Doc# 2132042011 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 11/16/2021 09:50 AM PG: 1 OF 4

# Deceased Joint Tenancy Affidavit

Pin# 18-33-405-030-0000

Property Address:

1120 Prospect Avenue

Willow Springs, IL 60480

21HST12162

Prepared By & Return To:

Richard J. Bragassi

1120 Prospect Ave,

Willow Springs, IL 60480

Property of Cook County Clerk's Office

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## EXHIBIT A

### LEGAL DESCRIPTION

LOT 5 IN THE OAKS OF LOTS 14, 15 (EXCEPT THE NORTHERLY 35 FEET THEREOF) AND LOTS 16 AND 17 IN BLOCK 31/ IN MOUNT FOREST, A SUBDIVISION OF THE SOUTHEAST 1/4 AND THAT PART OF THE EAST 1/2 OF THE SOUTHWEST 1/4 AND THE NORTHEAST 1/4 (WEST OF LAND OF JOSEPH ABBITT) AND THE NORTHWEST 1/4 OF SECTION 33, TOWNSHIP 38 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING SOUTH OF THE CHICAGO, ST. LOUIS AND ALTON RAILROAD, ACCORDING TO PLAT THEREOF REGISTERED IN THE OFFICE OF THE REGISTRAR OF TITLES OF COOK COUNTY, ILLINOIS, ON NOVEMBER 23, 1977 AS DOCUMENT NUMBER 2983612.

FOR INFORMATIONAL PURPOSES ONLY:

Common Address: 1120 Prosepct Avenue, Willow Springs, IL 60480  
PIN # 18-33-405-030-0000

Office of Cook County Clerk's Office

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**COOK COUNTY CLERK VITAL RECORDS  
CHICAGO, ILLINOIS  
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2019 0094427

DATE ISSUED 12/3/2019

DECEDENT'S LEGAL NAME LORELEI D BRAGASSI			SEX FEMALE	DATE OF DEATH NOVEMBER 27, 2019														
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 73 YEARS	DATE OF BIRTH FEBRUARY 18, 1946																
CITY OR TOWN LAGRANGE	HOSPITAL OR OTHER INSTITUTION NAME ADVENTIST LAGRANGE MEMORIAL HOSPITAL																	
PLACE OF DEATH INPATIENT																		
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER ██████████	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME RICHARD BRAGASSI	EVER IN U.S. ARMED FORCES? NO														
RESIDENCE 1120 PROSPECT	APT. NO.	CITY OR TOWN WILLOW SPRINGS	INSIDE CITY LIMITS? YES															
COUNTY COOK	STATE IL	ZIP CODE 60480	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION STANLEY BIDLO	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ANNE TOMASEK														
INFORMANT'S NAME RICHARD BRAGASSI		RELATIONSHIP HUSBAND	MAILING ADDRESS 1120 PROSPECT, WILLOW SPRINGS, IL, 60480															
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION TRISONS CREMATORY	LOCATION - CITY OR TOWN AND STATE LOMBARD, IL	DATE OF DISPOSITION DECEMBER 02, 2019															
FUNERAL HOME FORAN FUNERAL HOME, 7300 WEST ARCHER AVENUE, SUMMIT, IL, 60501																		
FUNERAL DIRECTOR'S NAME RICHARD A MADEJ			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011331															
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH			DATE FILED WITH LOCAL REGISTRAR DECEMBER 2, 2019															
<table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">CAUSE OF DEATH</td> <td style="width: 10%;">PART I</td> <td style="width: 50%;">LIVER CIRRHOSIS</td> <td rowspan="4" style="width: 15%; text-align: center; vertical-align: middle;">APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH</td> <td rowspan="4" style="width: 5%;"></td> </tr> <tr> <td>IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small></td> <td>a</td> <td></td> </tr> <tr> <td></td> <td>b</td> <td>CHRONIC KIDNEY DISEASE</td> </tr> <tr> <td></td> <td>c</td> <td></td> </tr> </table>					CAUSE OF DEATH	PART I	LIVER CIRRHOSIS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	a			b	CHRONIC KIDNEY DISEASE		c	
CAUSE OF DEATH	PART I	LIVER CIRRHOSIS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH															
IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	a																	
	b	CHRONIC KIDNEY DISEASE																
	c																	
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															
FEMALE PREGNANCY STATUS NOT APPLICABLE			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A															
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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 12:10 PM														
CERTIFIER PHYSICIAN			DATE CERTIFIED NOVEMBER 29, 2019															
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ANAS ELSHAFEI, 903 CIMMERCE DRIVE, STE 333, OAK BROOK, ILLINOIS, 60523			PHYSICIAN'S LICENSE NUMBER 036 137420															

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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