UNOFFICIAL COPY PRDING AFFIDAVIT

CORRECTIVE RECORDING AFFIDAVIT

THIS FORM IS PROVIDED COMPLIMENTS OF KAREN A. YARBROUGH, COOK COUNTY CLERK. AS A COURTESY FORM WHICH MAY BE USED TO DETAIL A DESIRED CORRECTION TO A PREVIOUSLY RECORDED DOCUMENT. CUSTOMER'S MAY USE THEIR OWN AFFIDAVIT AS WELL, BUT IT MUST INCLUDE ALL OF THE BELOW REQUIRED INFORMATION. THIS FORM DOES NOT CONSTITUTE LEGAL ADVICE.

PREPARER: Daniel C. Gentile



Doc# 2213319057 Fee \$88.00

₹HSP FEE:\$9.00 RPRF FEE: \$1.00

(AREN A. YARBROUGH

JOOK COUNTY CLERK

DATE: 05/13/2022 01:58 PM PG: 1 OF 4

THE COOR COUNTY CLERK NO LONGER ACCEPTS RE-RECORDINGS, BUT INSTEAD OFFERS CORRECTIVE RECORDINGS. DOCUMENTS ATTEMPTING TO UPDATE A PREVIOUSLY RECORDED

DOCUMENT MUST INCLUDE THE F	OLLOWING INFORMATION, PLUS A CERT	IFIED COPY OR THE ORIGINAL.
number: 2120113055 , which in the State of Illinois, contained the follow		by the Cook County Clerk, correct:
•	PAGE NUMBER(S), LOCATION, PARAGE AL SHEET IF MORE SPACE NEEDED FO	•
The deceased joint tenant affid	avit was recorded to the wrong	PIN due to scrivener's error.
It should be recorded to PIN	15-16-109-092-0000.	
Furthermore, I, Daniel C. Gentile a CERTIFIED COPY OR THE ORIGINAL to correct the aforementioned error. Final and GRANTEE(S), as evidenced by their Frank Joseph Donnamaria, Jr. PRINT GRANTOR NAME ABOVE Frank Joseph Donnamaria, Jr. PRINT GRANTEE NAME ABOVE GRANTOR/GRANTEE 2 ABOVE PRINT AFFIANT NAME ABOVE	DOCUMENT, and this Corrective Recordly, this correction was approved and/or an indiarized signature's below (or on a separative Record Community GRANTOR SIGNATURE ABOVE GRANTOR/GRANTEE 2 SIGNATURE GRANTOR/GRANTEE 2 SIGNATURE AFFIANT SIGNATURE ABOVE	ding Affidavit is being submitted greed to by the original GRANTOR(S) rate page for multiple signatures). DATE AFFIDAVIT EXECUTED DATE AFFIDAVIT EXECUTED DATE AFFIDAVIT EXECUTED DATE AFFIDAVIT EXECUTED
NOTARY SECTION TO BE	E COMPLETED AND FILLED OUT BY V	WITNESSING NOTARY OFFICIAL SEAL
STATE: Illinois) SS COUNTY COOK)		LOUIS SMALLEY NOTARY PUBLIC - STATE OF ILLINOIS a My COMMISSION EXPIRES:11/28/22
Subscribed and sworn to me this 284	day, of APRIL, 2012	
PRINT NOTARY NAME ABOVE	SNOTARY SIGNATURE ABOVE	DE MARA JOLD DATE AFFIDAVIT NOTARIZED

2213319057 Page: 2 of 4

UNOFFICIAL COPY

Doc# 2120113055 Fee \$88.00

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

KAREN A. YARBROUGH COOK COUNTY CLERK

DATE: 07/20/2021 01:02 PM PG: 1 OF 2

DECEASED JOINT TENANCY AFFIDAVIT

INSTRUMENT PREPARED BY:

Daniel Chase Gentile 1400 E. Touhy Ave., Suite 409 Des Plaines, IL 60018

I, Frank Joseph Donnamaria, Jr., the surviving joint tenant of the tenancy by the entirety created by the deed with documers number 99266500, do hereby declare under oath that the joint tenant, Frank Joseph Donnamaria a/k/a Frank Joseph Donnamaria, Sr., died on December 4, 2017, as evidenced by the attached certified copy of his or her death certificate (see attached). I also declare that the aforementioned named joint tenant was an owner of the property with the legal description of:

LOT 9 IN KAR-FIELD BUILDERS SUBDIVISION OF PART OF THE WEST HALF OF NORTH WEST QUARTER OF SECTION 6, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property Index Number: 02-28-300-033-1013

Property Address: 3720 Wilcox Ave., Bellwood, 11, 50104

Furthermore, the deceased tenant died:

Leaving a LAST WILL &
TESTAMENT which is attached, and the ORIGINAL or the WILL BE filed with the

Clerk of the Probate Division of the Circuit Court of Cook County, in Illinois. Leaving a LAST WILL AND TESTAMENT, which is attached, and the ORIGINAL of the PROVEN HAS BEEN filed with the Clerk of the Probate Division of Circuit Court of Cook County, in Illinois.

3 <u>1</u> M / SC /

Subscribed and sworn to me by:

AFFIX NOTARY STAMP BELOW

Frank Donnamew a Tr(Print name of Affiant)

this: 24th day of

5 \

> ²⁰²1

NOTARY PUBLIC SIGNATUR

Trank Dormonnesus (). AFFIANT SURVIVING TENANT SIGNATURE

DANIEL CHASE GENTILE
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
January 31, 2024

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

	STATE FILE NUMBER 2017 0097756			DATE ISSUED 1	2/11/2017
	DECEDENT'S LEGAL NAME FRANK I DONNAMARIA SR		SEX MALE	DECEMBER 04, 2017	
	COUNTY OF DEATH	AGE AT LAST BIRTHDAY 91 YEARS	DATE OF BIRTH NOVEMBER	5, 1926	
	CITY OR TOWN MELROSE PARK		OR OTHER INSTITUTION NAME ESTLAKE HOSPITAL		
	PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT				
	BIRTHPLACE SOCIAL SECURIT	Y NUMBER STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UN	ON PARTNER'S MAIDEN NAME EVER IN U.S. A. FORCES? NO.	
	RESIDENCE 3720 WILCOX AVENUE	APT NO	CITY OR TOWN BELLWOOD	INSIDE CITY LIMIT	\$?
	COUNTY ST/ (E ZIP CODE LO 104	FATHER/CO-PARENT'S NAME PRIOR TO FIRST	- だけらなしがある (4.3%) 1.5×5×5×5	OPARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVI ESPOSITO	UNION
	INFÖRMANTS NAME FRANK U DONNAMARIA UR	RELATIONSHIP SON	MAILING ADDRESS 3720 WILCOX AVE	NUE BELLWOOD IL, 60104	
	and the control of th	E OF DISPOSITION REST CREMATORY	LOCATION CITY OR TOV	N AND STATE DATE OF DISPOSITION DECEMBER 11 201	等 7篇等。
İ	FUNERAL HOME JULINOIS CREMATION CENTERS, 1000	ROH'-WING ROAD LOMBARD.	IL 60148		
	FUNERAL DIRECTOR'S NAME: MARK JOHN KAZLAUSKAS		 するか まずををします。 	L DIRECTOR'S ILLINOIS LICENSE NUMBER 015610	A 10 40 76 1
	LOCAL REGISTRARS NAME MARYANN PAOLANTONIO		(1) (a) (a) (b) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	LED WITH LOCAL REGISTRAR EMBER 8, 2017	
	CAUSE OF DEATH PART I HYPERTENSIN	/E CORONARY ARTERY DISEASE		# ∰ \$ 15 YEA	IRS .
	(Final disease or condition cesulting in death) b. HYPERTENSIC	Due to (or as a work).	, oe of)	COXMAN CO	
		Due to (or as a conseque	ince oil;	APPROXIM NIERVAL BE ONSET AND D E C C A A A A A A A A A A A	\RS
	c DIABETES ME			10 YEA	NRS
	PART'II Enter citier significant conditions contributing	Due to (or as a conseque		WAS AN AUTOPSY PERFORMED? NO	
				WERE AUTOPSY FINDINGS USED TO	BAH PER
	FEMALE PREGNANCY STATUS			COMPLETE CAUSE OF DEATH? N/A NNER OF DEATH	Property of the second
	NOT APPLICABLE DATE OF INJURY	TIME OF INJURY PLACE OF	İNJÜRY	INJURY AT WO)RK7
	LOCATION OF INJURY				
	DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, ST	PECIFÝ:
į	ATTEND THE DECEASED? DATE (AST SEEN A	LIVE WAS MEDICAL EXAMINER O	DATE PRONOUN	CEO TIME OF DEATH	
	YES NOVEMBER	and the state of the control of the	NO	DATE CERTIFIED	<u> </u>
W	PHYSICIAN NAME ADDRESS AND ZIP CODE OF PERSON COMPL	ETING CAUSE OF DEATH	12 <i>2 2</i> 3 4 5	DECEMBER 08, 2017 PHYSICIAN'S LICENSE NUMBER	JER
	PAUL PALUTSIS, 610 S MAPLE, OAK P			036062738	867
	santan nanasa saman saman nanah nanah anggi sima dibibili s	receive the entire tests date and	50 NOON NOON SEED SEED	· 65 65 - 2010年 - 3210年 - 3220年 - 3220年 東京東京選 - 第二年東	UU /

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



Cook County Clerk



UNOFFICIAL COPY

COOK COUNTY CLERK OFFICE DOOR OF RECORDING DIVISION 118 N. CLARK ST. ROOM 120 CHICAGO, 12 60602-1387

COOK COUNTY CLERK OFFICE RECORDING DIVISION 118 N. CLARK ST. ROOM 120 CHICAGO, IL 60602-1387 13c Into Clarks Office

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY

OF DOCUMENT# 3126113055

MAY 1 3 2022