Doc#. 2219341041 Fee: $98.00
Karen A. Yarbrough
Cook County Clerk
Date: 07/12/2022 10:21 AM Pg: 1 of 4

Deceased Joint Tenancy Affidavit

STATE OF ILLINOIS)
)SS.
COUNTY OF DUPAGE)

ROSARIA ATRIA being duly sworn states as follows:

That she resides at 1 N.Beacon. Pl. Unit 411, La Grange, IL. 60525.

That she was acquainted and married to **Frank Atria** deceased, who, at the time of his death was one of the owners of the land in Cook County, Illinois, described below:

See attached Legal EXHIBIT A

Property Address: 4512 Maple Brookfield, IL. 60513

Property Identification Number: 18-03-221-029-0000

That the deceased died, August 26 2020 in Cook County, Illinois as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died leaving no Last Will & Testament which provided for another other than **Rosaria Atria** with regard to the above-described parcel.

Rosaria Atria

Rosaria Atria, Affiant

Prepared By
Robert Blustrnbas Esq
15 Spinning Wheel Rd Ste 302
Hinsdale IL 60521

STATE OF ILLINOIS)
)SS.
COUNTY OF DUPAGE)

On December 2, 2021, before me, the undersigned, a Notary Public in and for said State, personally appeared **Rosaria Atria**, known to me or proven to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged that she executed the same.

WITNESS my hand and official seal.

Notary Public

My commission expires on: _____

NOTARY SEAL

"OFFICIAL SEAL"
ROBERT E BLINSTRUBAS
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 9/26/2022

EXHIBIT A

THE SOUTH 1/2 OF LOT 25 (EXCEPT THE WEST 120 FEET THEREOF) AND (EXCEPT THE EAST 33 FEET OF LOT 25 USED FOR STREET PURPOSES) IN ARTHUR T. MCINTOSH'S CONGRESS PARK FARMS A SUBDIVISION OF THE SOUTHEAST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 3. TOWNSHIP 38 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

CERTIFICATION OF VITAL RECORD

STATE OF ILLINOIS
CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.0

LOCAL FILE NUMBER

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last): Frank Atria		2. SEX: Male	3. DATE OF DEATH (Month/Day/Year) (Spell Month): August 26, 2008
4. COUNTY OF DEATH: Cook	5a. AGE AT LAST BIRTHDAY (Years): 64	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH (Month/Day/Year): July 11, 1944
7a. CITY OR TOWN: LaGrange	7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number): 1 N. Beacon Place		

7c. PLACE OF DEATH (Check only one; see instructions)

IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ Emergency Room/Outpatient ☐ Dead on Arrival

IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing Home/Long-term care facility ☒ Decedent's home ☐ Other (Specify): _____

9. BIRTHPLACE (City and State or Foreign Country): Italy	8. SOCIAL SECURITY NUMBER: [redacted]	10. MARITAL STATUS AT TIME OF DEATH: ☒ Married ☐ Married but separated ☐ Widowed ☐ Divorced ☐ Never Married ☐ Unknown	11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage): Rosaria Pavia	12. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

13a. RESIDENCE (Street and Number): 1 N. Beacon Place	13b. APT NO: 411	13c. CITY OR TOWN: LaGrange	13d. INSIDE CITY LIMITS? ☒ Yes ☐ No
13e. COUNTY: Cook	13f. STATE: IL	13g. ZIP CODE: 60525	

14. FATHER'S NAME (First, Middle, Last): Gabriele Atria	15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Maria Pipitone	
16a. INFORMANT'S NAME: Rosaria Atria	16b. RELATIONSHIP: Wife	16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code): 1 N. Beacon Pl., #411, LaGrange, IL 60525

17. METHOD OF DISPOSITION: ☐ Burial ☐ Cremation ☐ Donation ☒ Entombment ☐ Other (Specify):	18. PLACE OF DISPOSITION (Name of cemetery, crematory, other): Queen of Heaven Cemetery	19. LOCATION - CITY, TOWN AND STATE: Hillside, Illinois	20. DATE OF DISPOSITION (Month/Day/Year): August 29, 2008
21a. FUNERAL HOME: Hallowell & Jones Funeral Home; 1025 W. 55th St., Countryside, IL 60525 (STREET AND NUMBER / CITY OR TOWN / STATE / ZIP)			
21b. FUNERAL DIRECTOR'S SIGNATURE: David Smetak		21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 034-016091	
22. LOCAL REGISTRAR'S SIGNATURE: David Orr		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year): AUG 28 2008	

CAUSE OF DEATH (See instructions and examples)

24. PART I. Enter the *chain of events* - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	Renal cancer — Due to (or as a consequence of):	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b. — Due to (or as a consequence of):	
	c. — 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

25. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No

26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? ☐ Yes ☐ No

27. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☒ Unknown	28. IF FEMALE: ☐ Not pregnant within past 12 months ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Pregnant within one year of death but time unknown ☐ Unknown if pregnant within the past 12 months	29. MANNER OF DEATH: ☒ Natural ☐ Suicide ☐ Could not be determined ☐ Accident ☐ Homicide ☐ Pending Investigation

30. DATE OF INJURY (Month/Day/Year)	31. TIME OF INJURY: ☐ A.M. ☐ P.M.	32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area)	33. INJURY AT WORK? ☐ Yes ☐ No

34. LOCATION OF INJURY: Street and Number / Apartment Number / City or Town / State / ZIP Code

35. DESCRIBE HOW INJURY OCCURRED

36. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify):

37. I (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON: Aug. 12, 2008	38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? ☐ Yes ☒ No	39. DATE PRONOUNCED (Month/Day/Year): August 26, 2008	40. TIME OF DEATH: 5:19 ☐ A.M. ☒ P.M.

41. CERTIFIER (Check only one):
- ☒ Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated
- ☐ Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated
- ☐ Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated

42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24): M. Samer Kholaki; 404 Sherwood Rd., LaGrange Park, IL 60526		43. PHYSICIAN'S LICENSE NUMBER: 036089462
44. TITLE OF CERTIFIER: MD	45. DATE CERTIFIED (Month/Day/Year): 8-28-8	46. SIGNATURE OF CERTIFIER: [signature]

VR200 (Rev. 1/08) Illinois Department of Public Health - Division of Vital Records (Based on the 2003 U.S. Standard Certificate)

This is to certify that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health.

STATE OF ILLINOIS)
County of Cook)

DAVID ORR, County Clerk AUG 28 2008

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

[signature]

COUNTY CLERK

EXHIBIT AC