

AFTER RECORDING, MAIL TO:  
SATURN TITLE, LLC  
1030 W. HIGGINS RD.  
SUITE 365  
PARK RIDGE, IL 60068

**UNOFFICIAL COPY**

Doc#: 2317206158 Fee: \$98.00  
Karen A. Yarbrough  
Cook County Clerk  
Date: 06/21/2023 11:05 AM Pg: 1 of 3

1 of 3 2335435

**SPECIAL NOTICE:**

This form is **NOT** required by law, nor the Cook County Clerk's Office. Clerk's Office employees **CANNOT** assist with the preparation of this, or **ANY LEGAL FORM.**

**PREPARED BY and MAIL TO:**

LAW OFFICE OF  
GEORGE LACORTE, P.C.  
6713 N. OLIPHANT AVE  
CHICAGO, IL 60631

**SURVIVING TENANT AFFIDAVIT**

I, ROSARIA LOFORTE the surviving tenant of the tenancy created by the deed with the document number: T3000283 do hereby declare under oath that the tenant FRANCESCO LOFORTE died on 12/25/97 as evidenced by the attached certified copy of her/his death certificate (see attached).

I also declare that the aforementioned tenant was an owner of property with the following details:

**LEGAL DESCRIPTION**

see attached

**PROPERTY IDENTIFICATION NUMBER (PIN)**

1 2 - 2 3 - 4 0 1 - 0 2 8 - 0 0 0 0

**COMMONLY KNOWN ADDRESS:**

3534 N. PLAINFIELD AVE.  
CHICAGO, IL 60634

**NOTARY & AFFIANT SIGNATURE SECTION BELOW**

Subscribed & Sworn to me by:

Rosaria Loforte

Affiant Signature:

Rosaria Loforte

On the Following Date:

JUNE 16, 2020

OFFICIAL SEAL  
AFFIANT NOTARY PUBLIC IN THIS SECTION  
NOTARY PUBLIC - STATE OF ILLINOIS  
MY COMMISSION EXPIRES: 12/17/23

UNOFFICIAL COPY

STATE OF ILLINOIS  
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER  
621113

REGISTRATION DISTRICT NO. 10-10  
REGISTERED NUMBER  
DECEASED-NAME FIRST MIDDLE LAST  
FRANK LOFORTE  
COUNTY OF DEATH COOK  
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER CHICAGO  
AGE-LAST BIRTHDAY (YRS) MONTHS DAYS 59 59 59  
HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 80. 3534 N. PLAINFIELD  
DATE OF BIRTH (MONTH, DAY, YEAR) 54. JANUARY 2, 1937  
DATE OF DEATH (MONTH, DAY, YEAR) 62. DECEMBER 25, 1997

1. DECEASED-NAME FIRST MIDDLE LAST  
2. SEX MALE  
3. DATE OF BIRTH (MONTH, DAY, YEAR)  
4. COUNTY OF DEATH  
5. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER  
6. AGE-LAST BIRTHDAY (YRS) MONTHS DAYS  
7. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)  
8. DATE OF BIRTH (MONTH, DAY, YEAR)  
9. DATE OF DEATH (MONTH, DAY, YEAR)

10. RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY  
11. LABORER CHICAGO YES COOK  
12. STATE ILLINOIS ZIP CODE 139. 60634  
13. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14. WHITTE  
15. FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST  
16. ROSARIO LO FORTE LEONARDA RIBALDO  
17. INFORMANT-NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE, ZIP)  
17a. ROSS LO FORTE 17b. SON 17c. 7208 W. PENNA COLA NORRIDGE, IL.

18. PART I. Immediate Cause (final disease or condition resulting in death) Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or pulmonary arrest, shock, or heart failure. List only one cause on each line.  
(a) METASTATIC BLADDER CARCINOMA  
(b) TO LIVER  
(c) DIET, OR AS A CONSEQUENCE OF  
3 yr

19. DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION  
20. 20b.  
21. (18a) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON MONTH, DAY, YEAR  
21a. Hospice  
21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) NO  
21c. HOUR OF DEATH 7:15  
21d. DATE SIGNED (MONTH, DAY, YEAR) 4. M. 12/25/97  
21e. ILLINOIS LICENSE NUMBER 036043871

22. SIGNATURE OF CERTIFIER (TYPE OR PRINT) NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)  
22a. Dr. E. Gaynor  
2160 S. FIRST AVE. MAYWOOD, ILLINOIS 60153  
22b. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)  
22c. ILLINOIS LICENSE NUMBER

23. BURIAL OR CREMATION, REVENUE, (SPECIFY) CEMETERY OR CREMATORIUM-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)  
23a. ST. JOSEPH 24c. RYER GROVE, ILLINOIS 24d. DEC. 29, 1997  
24. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP  
24a. THE MONTELAIR-ILICANIA FUNERAL HOME 6901 W. BELMONT AVE., CHICAGO, IL. 60634  
24b. FUNERAL DIRECTOR'S SIGNATURE (TYPE OR PRINT) NAME CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)  
24c. Marc A. Pierotti  
24d. 034-014379  
24e. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

25. LOCAL REGISTRAR'S SIGNATURE (TYPE OR PRINT) NAME CITY OR TOWN STATE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)  
25a. Marc A. Pierotti  
25b. DEC 28 1997  
25c. 034-014379  
25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)  
25e. ILLINOIS LICENSE NUMBER  
26. (BASED ON 1989 U.S. STANDARD CERTIFICATES)

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO  
DEC 26 1997  
SHEILA LYNE, FSM, LOCAL  
REGISTRAR OF VITAL STATISTICS OF  
THE CITY OF CHICAGO, DO HEREBY  
CERTIFY THAT I AM THE KEEPER OF  
THE RECORDS OF BIRTHS, STILLBIRTHS  
AND DEATHS FOR THE CITY OF CHICAGO  
BY VIRTUE OF THE LAWS OF THE STATE  
OF ILLINOIS AND THE ORDINANCES OF  
THE CITY OF CHICAGO; THAT THE  
ACCOMPANYING CERTIFICATE ON THIS  
SHEET IS A TRUE COPY OF A RECORD  
KEPT BY ME IN PURSUANCE OF SAID  
LAWS AND ORDINANCES.



DEPARTMENT OF PUBLIC HEALTH  
CITY OF CHICAGO

THIS CERTIFIED COPY VALID WHEN  
MULTICOLOR OR SIGNATURE SEAL IS  
AFFIXED.

exhibit A

# UNOFFICIAL COPY

4

American Land Title Association

File Number : 2335435

Commitment for Title Insurance  
Adopted 6-17-06 Revised 08-01-2016

## EXHIBIT A

### Legal:

LOT (38) IN BLOCK (3) IN GEORGE GAUNTLETT'S FOREST DRIVE SUBDIVISION IN WEST 1/2 OF FRACTIONAL SOUTH EAST 1/4 NORTH OF INDIAN BOUNDARY LINE OF FRACTIONAL SECTION 23, TOWNSHIP 40 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

Commonly known address: 3534 N. Plainfield Ave., Chicago, IL 60634

PIN #: 12-23-40(-028-0000

PIN #:

PIN #:

Township: Jefferson

*This page is only a part of a 2016 ALTA® Commitment for Title Insurance (issued by Old Republic National Title Insurance Company). This Commitment is not valid without the Notice; the Commitment to Issue Policy; the Commitment Conditions; Schedule A; Schedule B, Part I-Requirements; (and) Schedule B, Part II-Exceptions; and a counter-signature by the Company or its issuing agent that may be in electronic form).*

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