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KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 07/18/2023 12:51 PM PG: 1 OF 3

JOINT TENANCY AFFIDAVIT

State of Illinois)
) SS.
County of Cook)

We, CHARLES TROCHE AND TAMMY TROCHE hereinafter called Affiant(s) being duly sworn states that he/she/they resides at: 6100 W CORNELIA AVENUE – CHICAGO IL 60634. That Affiant(s) were acquainted with MICHAEL POLLIZZE, hereinafter referred to as Deceased, and at the time of Decedent's death, was one of the owners of the land in Cook County, Illinois, described as:

LEGAL:

LOT 383 ALBERT J. SCHORSCH IRVING PARK BOULEVARD GARDENS TENTH ADDITION A SUBDIVISION IN THE WEST HALF OF THE NORTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 20 TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

Commonly known as: 6100 W CORNELIA AVENUE – CHICAGO IL 60634

Pin #13-20-306-036-0000

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That the Deceased died on DECEMBER 24, 2022, as evidenced by a copy of Deceased's death certificate attached hereto.

That the Deceased, at the time of his/her death, held his/her share of the above-mentioned property as a joint tenant.

Affiant makes this affidavit for the purpose of any individual or corporation who may be harmed by the Affiant's lack of veracity.

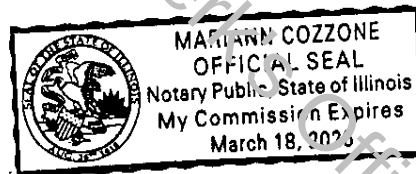
x Tammy Troche
TAMMY TROCHE

x Charles Troche
CHARLES TROCHE

Marianne Cozzone
Subscribed and sworn before me

this 19 day of JUNE 2023.

Marianne Cozzone
Notary Public



pre paid by

ANTHONY N. PANZICA
ATTORNEY AT LAW
2510 W. Irving Park Rd.
Chicago, IL 60618

mail to

ANTHONY N. PANZICA
ATTORNEY AT LAW
2510 W. Irving Park Rd.
Chicago, IL 60618

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

STATE FILE NUMBER 2022 0116428

DATE ISSUED 1/3/2023

DECEDENT'S LEGAL NAME MICHAEL POLLIZZE				SEX MALE	DATE OF DEATH DECEMBER 24, 2022							
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 82 YEARS	DATE OF BIRTH JUNE 23, 1940									
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME COMMUNITY FIRST MEDICAL CENTER										
PLACE OF DEATH INPATIENT												
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER XXX-XX-XXXX	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME		EVER IN U.S. ARMED FORCES? YES							
RESIDENCE 6100 W CORNELIA	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES									
COUNTY COOK	STATE IL	ZIP CODE 60634	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ANTHONY POLLIZZE		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ANNABELL PANTONE							
INFORMANT'S NAME TAMMY TROCHE		RELATIONSHIP DAUGHTER	MAILING ADDRESS 6100 W CORNELIA, CHICAGO, IL, 60634									
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION ACACIA PARK CEMETERY	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION DECEMBER 30, 2022								
FUNERAL HOME RAGO BROTHERS FUNERAL HOME, 7751 WEST IRVING PARK ROAD, CHICAGO, IL, 60634												
FUNERAL DIRECTOR'S NAME JOSEPH L RAGO				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015155								
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH				DATE FILED WITH LOCAL REGISTRAR DECEMBER 30, 2022								
<table border="1"> <tr> <td rowspan="4">CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death)</td> <td>PART I. LIVER CIRRHOSIS</td> <td rowspan="4">APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH</td> <td rowspan="4">DAYS</td> </tr> <tr> <td>a. SEVERE ANEMIA</td> </tr> <tr> <td>b. ACUTE RENAL FAILURE</td> </tr> <tr> <td>c. Due to (or as a consequence of)</td> </tr> </table>						CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death)	PART I. LIVER CIRRHOSIS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	DAYS	a. SEVERE ANEMIA	b. ACUTE RENAL FAILURE	c. Due to (or as a consequence of)
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	a. SEVERE ANEMIA											
	b. ACUTE RENAL FAILURE											
	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. ALCOHOL USE-CHRONIC, SEVERE JAUNDICE				WAS AN AUTOPSY PERFORMED? NO								
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A								
FEMALE PREGNANCY STATUS NOT APPLICABLE				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? YES	DATE LAST SEEN ALIVE DECEMBER 23, 2022	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 01:01 AM								
CERTIFIER PHYSICIAN				DATE CERTIFIED DECEMBER 28, 2022								
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH JOSEPH PUDLO, 6145 N MILWAUKEE, CHICAGO, ILLINOIS, 60646				PHYSICIAN'S LICENSE NUMBER 036-072004 2435789								



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 FALSURE VOIDS THIS CERTIFICATE