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KAREN A. YARBROUGH

COOK COUNTY CLERK'S OFFICE

DATE: 3/13/2024 2:09 PM

PAGE: 1 OF 3

PREPARED BY and MAIL TO:

Bonie K. Leonard, Quarles & Brady

300 N. LaSalle Dr., Ste. 4000

Chicago, IL 60654

SURVIVING TENANT AFFIDAVIT

I, Norma Maglio the surviving tenant of the tenancy created by the deed with the document number: 0622320028 do hereby declare under oath that the tenant Phillip Maglio died on October 11, 2014 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 Exhibit A.

PROPERTY IDENTIFICATION NUMBER (PIN)

1 8 - 1 9 - 3 0 8 - 0 1 8 - 0 0 0 0

COMMONLY KNOWN ADDRESS:

18 S. Old Mill Lane

Burr Ridge, IL 60527

NOTARY & AFFIANT SIGNATURE SECTION BELOW

Subscribed & Sworn to me by:

Norma Maglio Norma Maglio

Affiant Signature:

Bonie K. Leonard

On the Following Date:

March 12, 2024



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EXHIBIT A

Legal Description:

Parcel 1: Lot 18 in Carriage Way Club, being a subdivision of part of the Southwest 1/2 of Section 19, Township 38 North, Range 12 East of the Third Principal Meridian, in Cook County, Illinois.

Parcel 2: Non-exclusive perpetual easement for the benefit of Parcel 1 for ingress and egress over Lot 39 "Old Mill Lane" as created by declaration recorded November 28, 1989 as Document 89566828 and created by deed made by First Chicago Trust Company of Illinois formerly known as First United Trust Company as Trustee under Trust Agreement dated March 20, 1989 and known as Trust Number 10361.

CERTIFICATION OF DEATH RECORD

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COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2014 0077078

DATE ISSUED 10/15/2014

DECEDENT'S LEGAL NAME PHILIP MAGLIO				SEX MALE	DATE OF DEATH OCTOBER 11, 2014
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 79 YEARS	DATE OF BIRTH NOVEMBER 12, 1934		
CITY OR TOWN BURR RIDGE		HOSPITAL OR OTHER INSTITUTION NAME 18 S OLD MILL LANE			
PLACE OF DEATH DECEDENT'S HOME					
BIRTHPLACE BROOKLYN, NY	SOCIAL SECURITY NUMBER <i>00000</i>	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME NORMA COLLA		EVER IN U.S. ARMED FORCES? YES
RESIDENCE 18 S OLD MILL LANE		APT. NO.	CITY OR TOWN BURR RIDGE		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60527	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ANTONIO MAGLIO	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JULIA BOCCABELLA	
INFORMANT'S NAME NORMA MAGLIO		RELATIONSHIP WIFE	MAILING ADDRESS 18 S OLD MILL LANE, BURR RIDGE, IL, 60527		
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION TRISONS CREMATORY	LOCATION - CITY OR TOWN AND STATE LOMBARD, IL	DATE OF DISPOSITION OCTOBER 14, 2014	
FUNERAL HOME ADOLF FUNERAL HOME AND CREMATION SERVICES LTD, 7000 S. MADISON STREET, WILLOWBROOK, IL, 60527					
FUNERAL DIRECTOR'S NAME ROBERT F. MARIK			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011207		
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR OCTOBER 14, 2014		
CAUSE OF DEATH - PART I. SMALL CELL CARCINOMA OF THE RECTUM					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Due to (or as a consequence of):		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		Due to (or as a consequence of):			
		Due to (or as a consequence of):			
		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.				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 SEPTEMBER 03, 2014	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 04:50 AM	
CERTIFIER PHYSICIAN			DATE CERTIFIED OCTOBER 13, 2014		
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DANIEL J. FRANK MD, 40 S CLAY ST, SUITE 213 W, HINSDALE, ILLINOIS, 60521				PHYSICIAN'S LICENSE NUMBER 036-129188	

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.

David Orr
 Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE