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Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

ss.

Order No. _____

Loraine Venturacci being duly sworn
states that she resides at 7657 S. Lane Ave. in the City of
Burbank, Illinois 60459.

That she was acquainted with Edward Venturacci
deceased who, at the time of his death, was one of the owners of the land in _____
County, Illinois, described as:

Lot 13 (except the West 16 feet thereof) and the East 34 feet of Lot 14
in Block 13 in Map No. 10121-1-1000, a subdivision of the
East half of the Northwest quarter of Section 28, Township 33 North,
Range 13, East of the Third Principal meridian, in Cook County,
Illinois

Permanent index number - 14-24-312-029-0000
Property address - 7657 S. Lane, Burbank, Ill 60459

That the deceased died 3-3-71, as evidenced by a
certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois about _____

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of _____ dollars.

Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

this 15th day of June, A.D. 19 76
[Signature]
Notary Public

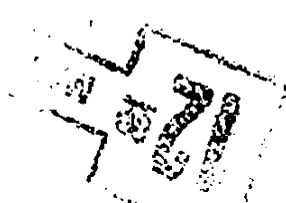
Loraine Venturacci
(affiant's signature)

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*From Peter
7657 1/2 Ave
Burbank, Ill 60459*



DEPT-01 RECORDING
TK3333 TRAN 4802 06/18/86 11:09:00
#1853-A * 66-247984
\$12.25

Property of Cook County Clerk's Office

REGISTRATION DISTRICT NO. 16.10 REGISTERED NUMBER

MEDICAL CERTIFICATE OF DEATH

606660

MARCH 9, 1971

DECEASED—NAME Edward Vertucci SEX Male DATE OF BIRTH Mar. 3, 1971 PLACE OF DEATH Cook

1. RACE White HOSPITAL OR OTHER INSTITUTION—NAME St. Frances X. Cabrini Hospital

2. BIRTHPLACE Chicago CITIZEN OF WHAT COUNTRY U.S.A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

3. SOCIAL SECURITY NUMBER 348-20-9816 USUAL OCCUPATION Foreman

4. RESIDENCE 146 Oak Lawn Cook Ill. U.S. WAR VETERAN (WAR OR DATES OF SERVICE)

5. FATHER—NAME James Vertucci MOTHER—MAIDEN NAME Theresa

6. INFORMANT'S SIGNATURE (Name and address of person who reports death)

7. DEATH WAS CAUSED BY (Specify cause and date)

8. OTHER SIGNIFICANT CONDITIONS (Specify conditions contributing to death)

9. DATE OF OPERATION (If any)

10. TIME OF DEATH

11. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED

12. SIGNATURE (Signature of registrar)

13. MAILING ADDRESS—CEPHEER (City or town, street and number or P. O. box)

14. BIRTHPLACE (City or town, street and number or P. O. box)

15. FUNERAL HOME (Name, street and number or P. O. box)

16. LOCAL REGISTRAR'S SIGNATURE (Signature of local registrar)

17. LOCAL REGISTRAR'S SIGNATURE (Signature of local registrar)

STATE OF ILLINOIS } COUNTY OF COOK } CITY OF CHICAGO } SS

I, Murray C. Brown, M.D. 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 of the City of Chicago and 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 as a record kept by me in pursuance of said laws and ordinances.

This Certified Copy VALID Only When Original BLUE SEAL And BLUE SIGNATURE Are Affixed.



Murray C. Brown LOCAL REGISTRAR

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