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87669956



# Chicago Title Insurance Company

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF

} ss.

Order No. \_\_\_\_\_

Frank Carollo being duly sworn  
states that he resides at 4822 N. Sayre in the City of  
Chicago.

That he was acquainted with Dorothy Carollo  
deceased who, at the time of her death, was one of the owners of the land in Cook  
County, Illinois, described as:

Lot 3 in Block 12 in W. F. Kaiser & Co.'s Ridgemoor Terrace  
of South half of South half of Southeast Quarter  
and South half of South half of Southeast Quarter of  
Southwest Quarter of Section 7 Township 40 North Range 13  
East of the Third Principal Meridian, in Cook County, Illinois

13-07-321-008 FJO

That the deceased died November 8, 1987, 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 One hundred thousand 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

Frank J. Carollo

this 22<sup>nd</sup> day of Dec., A.D. 19 87

Geraldine Coachman

Frank Carollo  
(affiant's signature)

"OFFICIAL SEAL"  
Geraldine Coachman  
Notary Public, State of Illinois  
My Commission Expires Sept. 25, 1990

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## Certified Copy of a Death Record

	REGISTRATION DISTRICT NO <b>16.92</b>	STATE OF ILLINOIS	STAFF FILE NUMBER	
	REGISTERED NUMBER <b>1585</b>	<b>MEDICAL CERTIFICATE OF DEATH</b>		
<b>DECEASED</b>	DECEASED—NAME 1. <b>DOROTHY CAROLLO</b>		SEX <b>FEMALE</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>3. NOVEMBER 8, 1987</b>
	RACE—WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY) <b>WHITE</b>		ORIGIN OR DESCENT (SPECIFY) <b>AMERICAN</b>	COUNTY OF DEATH <b>COOK</b>
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>PROVISO TOWNSHIP</b>		HOSPITAL OR OTHER INSTITUTION—NAME (IF APPLICABLE) <b>FOSTER G MCGAW HOSPITAL</b>	IF HOSP. OR INST. INDICATE DOB (SPECIFY) <b>INPATIENT</b>
	STATE OF BIRTH (IF NOT IN U.S. NAME COUNTRY) <b>ILLINOIS</b>	CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>MARRIED</b>	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <b>FRANK CAROLLO</b>
	SOCIAL SECURITY NUMBER <b>342 22 9060</b>	USUAL OCCUPATION <b>HOUSEWIFE</b>	KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	WAR OR DATES OF SERVICE (ARMED FORCES) (SPECIFY YES OR NO) <b>NO</b>
	RESIDENCE—STREET AND NUMBER <b>4822 N SAYRE</b>	CITY, TOWN, TWP. OR ROAD DISTRICT NO. <b>CHICAGO</b>	INSIDE CITY (YES/NO) <b>YES</b>	COUNTY <b>COOK</b>
	FATHER—NAME <b>EDWARD SOBERSKI</b>		MOTHER—MAIDEN NAME <b>SALLIE MOTKE</b>	
	INFORMANT NAME (TYPE OR PRINT) <b>CAROLE A PHILP</b>		RELATIONSHIP <b>HOSPITAL RECORDS</b>	MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP) <b>2160 S 1ST AVE MAYWOOD, ILLINOIS</b>
	18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			APPROPRIATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. IMMEDIATE CAUSE (a) <b>Cardio pulmonary arrest</b> DUE TO OR AS A CONSEQUENCE OF (b) <b>severe congestive heart failure</b> DUE TO OR AS A CONSEQUENCE OF (c) <b>ischemic cardiomyopathy</b>			
PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			19a. AUTOPSY (YES/NO) <b>NO</b> 19b. IF YES, SPECIFY REASON FOR REFUSAL IN DETERMINING CAUSE OF DEATH 20. IF FEMALE, WAS THERE A PREG. NANCY IN PAST THREE MONTHS? <b>NO</b>	
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		
21a. (I DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) <b>11-7-87</b>		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO) <b>NO</b>	HOUR OF DEATH <b>6:31 A</b>	
22a. SIGNATURE <i>[Signature]</i>		DATE SIGNED (MO., DAY, YR.) <b>11-8-87</b>		
22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>2160 S 1ST AVE MAYWOOD, ILLINOIS 60153</b>		ILLINOIS LICENSE NUMBER <b>03604398</b>		
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
24a. BURIAL, CREMATION, REINTERMENT <b>BURIAL</b>	CEMETERY OR CREMATORIUM—NAME <b>ST. ADALBERT</b>	LOCATION <b>NILES</b>	CITY OR TOWN <b>ILLINOIS</b>	
FUNERAL HOME <b>KOLBUS FUNERAL HOME LTD. 6841-57 W. HIGGINS AVE. CHGO. IL. 60656</b>		DATE (MONTH, DAY, YEAR) <b>NOV. 12 1987</b>		
FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>6840</b>		
LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>		DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>November 10, 1987</b>		

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE **NOV 18 1987** SIGNED *[Signature]*

AT **BROADVIEW, ILLINOIS 60153**, Illinois OFFICIAL TITLE **LOCAL REGISTRAR OF VITAL STATISTICS**

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of the facts therein stated.

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FRANK J. CAROLLO  
4822 N. SAYRE AVE  
CHICAGO, ILL, 60656

Property of Cook County Clerk's Office  
-87-669956

DEPT-01 RECORDING \$13.85  
TW222 TRAN 6694 12/22/87 10:27:00  
#3002 # B \* -87-669956  
COOK COUNTY RECORDER

87669956

1000 MAIL