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CHICAGO TITLE INSURANCE COMPANY

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

ss.

Order No. _____

ELIZABETH GATTONE

being duly sworn

states that she resides at 3423 West 112th Place in the City of Chicago.

That she was acquainted with Charles Gattone

deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

The East Forty-Three (43) feet of the West Eighty-Six (86) feet of Lot One (1) in Block Three (3) in Robertson and Young's Addition to Morgan Park, being a subdivision of the North Eight Hundred Thirty-One (N. 831) feet (except the West Forty (40) rods thereof) of the South One Hundred Acres (100 A.) of the North East quarter of Section Twenty-Three (23), Township Thirty-Seven (37) North, Range Thirteen (13), East of the Third Principal Meridian, in Cook County, Illinois PTN 24-23-210-038 A-10, etc

Commonly known as:
3423 West 112th Place, Chicago, Illinois 60655

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That the deceased died July 25, 1986, 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 \$25,000.00 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

Notary Public Seal for Edward M. Nanko, Notary Public, State of Illinois, Commission Expires Feb. 26, 1989. A.D. 1978-1987

This Document prepared by and MAIL TO: Attorney Medard M. Nanko, 15000 S. Cicero, Oak Forest, IL 60452

Signature of Elizabeth Gattone (affiant's signature) Elizabeth Gattone

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02/08/2014

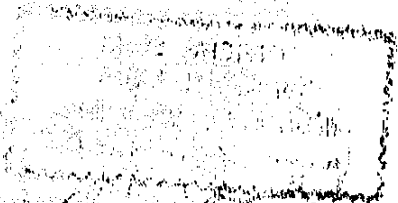
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Property of Cook County Clerk's Office

02/08/2014

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STATE OF ILLINOIS }
County of Cook

I, STANLEY T. KUSPER, County Clerk of the County of Cook in the State of Illinois, do hereby certify that the attached is a true and correct copy of the original Record and file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

JUN 3 1987

Stanley T. Kusper

County Clerk

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STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16:33
REGISTERED NUMBER 173

STATE FILE NUMBER 86 012647

1. DECEASED—NAME: CHARLES GATTONE, SEX: MALE, DATE OF DEATH: FEBRUARY 25, 1986

2. RACE: WHITE, ETHNIC ORIGIN: Italian, SEX: M, DATE OF BIRTH: Jan. 1, 1899, COUNTY OF BIRTH: COOK

3. PLACE OF BIRTH: EVERGREEN PARK, HOSPITAL OR OTHER INSTITUTION: LITTLE COMPANY OF MARY HOSPITAL, STATUS: INPATIENT

4. STATE OF BIRTH: ITALY, CITIZENSHIP: USA, MARRIAGE STATUS: Married, SURVIVING SPOUSE: Elizabeth Ripoli

5. SOCIAL SECURITY NUMBER: N/A, USUAL OCCUPATION: Barber, BUSINESS: Barber Shop, SERVICE: none

6. RESIDENCE: 3423 W. 112TH PLACE, CHICAGO, ILLINOIS

7. FATHER: Joseph Gattone, MOTHER: Mary Grace Saporito

8. INFORMANT: CAROL MEANY/CLERK, ADDRESS: HOSPITAL RECORDS, EVERGREEN PARK, ILLINOIS 60642

9. DEATH CAUSED BY: Cardiac arrest (cardiac + resp. failure). End stage congestive cardiomyopathy.

10. DATE OF OPERATION: none, MAJOR FINDINGS: none

11. SIGNATURE: Barry Sidokow MD, DATE SIGNED: 2/26/86

12. NAME OF ATTENDING PHYSICIAN: Dr. H.N. Coleman

13. BURIAL: St. Mary Cemetery, Evergreen Park, IL, DATE: Feb. 28, 1986

14. FUNERAL HOME: Blake-Lamb Funeral Home, 4727 W. 103rd St., Oak Lawn, IL 60453

15. FUNERAL DIRECTOR'S SIGNATURE: M. J. Lamb, LICENSE NUMBER: 5954

16. LOCAL REGISTRAR'S SIGNATURE: Gail A. Markson, DATE RECD: Feb 27 1986

DECEASED

PARENTS

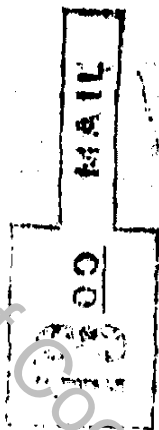
CAUSE

CERTIFIER

DISPOSITION

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COOK COUNTY RECORDER