

UNOFFICIAL COPY

315354

SAFECO TITLE INSURANCE COMPANY

89378491

JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS }
COUNTY OF } SS

ORDER NO. 315354
DATE: July 28, 1989
DECEDENT: Carmella L. Scott

BERNARD E. SCOTT, hereinafter referred to as the affiant deposes and states that the affiant resides at 82 W. 14th Place in the City of Chicago Heights, IL 60411

That the decedent at the time of his/her death was one of the owners of the property in County, Illinois, legally described as follows:

THE EAST THIRTY SEVEN (37) FEET OF THE WEST SEVENTY SIX AND FIVE TENTHS (76.5) FEET OF LOT TWENTY TWO (22) IN BLOCK TWO HUNDRED THIRTY (230) IN CHICAGO HEIGHTS IN THE NORTH WEST QUARTER (NW¼) OF THE SOUTH EAST QUARTER (SE¼) OF SECTION TWENTY (20), TOWNSHIP THIRTY FIVE (35) NORTH, RANGE FOURTEEN (14), EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

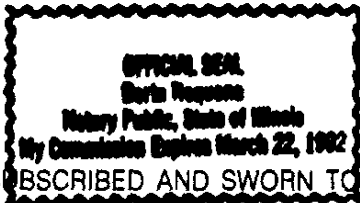
P.I.N. 32-20-401-002
C/K/A 82 West 14th Place, Chicago Heights, IL 60411

or described in above order number.

. DEPT-01 RECORDING \$13.00
. T#0000 TRAN 2662 00/15/89 15:34:00
. #6243 + C * -89-878491
. COOK COUNTY RECORDER

89378491

That decedent died on July 17, 1988 leaving no/a last will and testament.
That the total value of the estate of said decedent including his/her taxable interest in the above real estate is \$ 13,000.00
That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;
That the affiant makes this affidavit to induce SAFECO Title Insurance Company to issue its Policy of Title Insurance on the above described property.



Signature *Bernard E. Scott*

SUBSCRIBED AND SWORN TO before me
this 28 day of July, 1989,
a Notary Public in and for said State and County.

Bernadette R. Johnson

NOTE: If the decedent left a will it will be necessary that the original or a certified copy thereof be presented to us for inspection.
A death certificate together with evidence of payment of death taxes, if any should accompany this affidavit.

L-315 Illinois 11-77
1300

Box 158

89-378491

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89308491
Property of Cook County Clerk's Office



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REGISTRATION NO. 160 DISTRICT NO. 160		STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH 88-043532	
RECEIVED NUMBER REGISTERED NUMBER		COUNTY CLERK COUNTY OF COOK	
1. DECEASED NAME: CARMELLA L. DANDINO SCOTT SEX: FEMALE DATE OF BIRTH: JULY 17, 1988		2. DATE OF DEATH: JULY 17, 1988 SEX: FEMALE	
3. RACE: WHITE 4. ETHNIC ORIGIN OR DESCENT: ITALIAN 5. AGE: 53		6. DATE OF BIRTH: DECEMBER 26, 1934 7. COUNTY OF BIRTH: COOK	
8. OLMPRIA FIELDS 9. CITIZEN OF WHAT COUNTRY: USA 10. MARRIED		11. BERNARD E. SCOTT 12. NAME OF SURVIVING SPOUSE (MARRIED, WIDOWED, DIVORCED, SEPARATED)	
13. SOCIAL SECURITY NUMBER: 354-26-2262 14. LOCAL OCCUPATION: HOME MAKER 15. KIND OF BUSINESS OR INDUSTRY: OWN HOME		16. WAS DECEASED EVEN IN U.S. ARMED FORCES: NONE 17. WAR OR DATES OF SERVICE: NONE	
18. RESIDENCE STREET AND NUMBER: 202 WEST 15th STREET, CHICAGO HEIGHTS 19. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: CHICAGO HEIGHTS 20. SIDE OF CITY: YES 21. COUNTY: COOK 22. STATE: ILLINOIS		23. FATHER NAME: PASUALE DANDINO 24. MOTHER NAME: ANGELINE PAPAZZO	
25. INFORMANT NAME (TYPE ON PRINT): BERNARD E. SCOTT 26. RELATIONSHIP: HUSBAND 27. MAILING ADDRESS: 1202 W. 15th ST., CHICAGO HEIGHTS, IL 60641		28. DEATH WAS CAUSED BY: MYO CARDIO-VASCULAR 29. IMMEDIATE CAUSE: 10 minutes	
30. PART II, OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO DEATH (GIVE IN PART I): 31. (a) Myocardial infarction 32. (b) Atherosclerosis 33. (c) Diabetes mellitus		34. AUTOPSY: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 35. IF YES, GIVE FINDING NO. OF BODY: NONE	
36. DATE OF OPERATION, IF ANY: NONE 37. MAJOR FINDINGS OF OPERATION: NONE		38. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
39. 1. (a) IDIO SYNCHE, (b) NOT ATTEND THE DECEASED AND LAST SAW HIM/LIVE ON: NONE 40. (c) EXAMINER'S SIGNATURE: [Signature] 41. (d) EXAMINER'S NO.: 12:39 42. (e) DATE: JULY 5, 1988		43. (f) HOURS OF DEATH: NONE 44. (g) WAS CONFORMER OF MEDICAL EXAMINATION: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
45. NAME AND ADDRESS OF CERTIFIER: [Signature] 46. (TYPE ON PRINT): [Signature] 47. (TYPE ON PRINT): [Signature]		48. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE ON PRINT): [Signature] 49. (TYPE ON PRINT): [Signature]	
50. FUNERAL HOME: HIRSCH, 8 WEST END CHAPEL, CHICAGO HEIGHTS, ILLINOIS 60641 51. NAME: ASSUMPTION CEMETERY 52. STREET AND NUMBER OR R. F. D.: GLENWOOD, ILLINOIS 53. CITY OR TOWN: GLENWOOD, ILLINOIS 54. STATE: ILLINOIS 55. DATE: JULY 20, 1988		56. FUNERAL DIRECTOR'S SIGNATURE: [Signature] 57. ILLINOIS LICENSE NUMBER: 8507	
58. LOCAL REGISTRY: [Signature] 59. DATE REC'D BY LOCAL REGISTRY: [Signature]		60. ILLINOIS DEPARTMENT OF PUBLIC HEALTH - OFFICE OF VITAL RECORDS 61. BASED ON 1978 U.S. STANDARD CERTIFICATE	

DISPOSITION
 CERTIFIER
 CAUSE
 PARENTS
 DECEASED

AUG 10 1989

I, STANLEY T. KUSPER, Jr., 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 on 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.

County Clerk
 County of Cook