

90255141

DCS 164 SM 5.47 (FORM 302)

Affidavit by Surviving Joint Tenant

L. R. Doc. No. Certificate No.

State of ILLINOIS } ss.
County of COOK }

DEPT-01 RECORDING 115.25
789797 TRON 6196 06/15/90 13:32:00
49778 2 5 90-90-285141
COOK COUNTY RECORDER

90255141

SALVATORE P. GENUALDI being first

duly sworn, upon oath deposes and says:

That ...he... resides at 3747 N. Lowell Avenue in the City of Chicago

and that ...he... is one of the parties who took title, not in tenancy in common, but in joint tenancy, to real estate shown in Certificate of Title No. ... situated in said Cook County, Illinois, described as follows:

THE NORTH 5 FEET OF LOT 42 AND ALL OF LOT 43 AND THE SOUTH 5 FEET OF LOT 44 IN BLOCK 2 IN GRAY ESTATE ADDITION TO GRAYLAND, A SUBDIVISION OF THE SOUTHWEST 1/4 OF THE NORTHEAST 1/4, NORTH OF MILWAUKEE AVENUE AND WEST OF THE EAST 617.07 FEET (except part marked not included) OF SECTION 22, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN AND A RESUBDIVISION OF BLCK 6 IN GRAYLAND, IN COOK COUNTY ILLINOIS.

P.I.N.: 13-22-214-004

Affiant states that ...MARTON H. GENUALDI... one of the said owners in joint tenancy, died intestate, in the city (Village) of CHICAGO in the State of ILLINOIS as is confirmed by a Certificate of the health department of said municipality hereto attached.

Affiant states that the remaining joint tenant... has... not changed... marital status since the issuance of Certificate of Title Number... (except... who has been married but once since acquiring said real estate and then to...).

Further, that the affiant makes this affidavit for the purpose of inducing the Registrar of Titles of Cook County, Illinois, to issue a certificate of title to the surviving Joint Tenant... to said above described premises, relying on this statement as true, and in consideration thereof affiant guarantees the truth of the statements herein contained.

Signature of Salvatore P. Genualdi
Salvatore P. Genualdi

Subscribed and sworn to before me

this 14th day of June 19 90

Signature of Notary Public
NOTARY PUBLIC

OFFICIAL SEAL
MARIANNE L. WAGNER
NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXP. AUG 25, 1991



MAIL TO:

Prepared by: J. Hefert
Pershing Bank & Trust Co.
4800 N. Halsted Ave
Harwood Heights, Ill 60656

Handwritten initials: JB Mail

RE TITLE SERVICES # R6-698

90255141

UNOFFICIAL COPY

Property of Cook County Clerk's Office

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STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16.10**
REGISTERED NUMBER

RECEIVED-NUMBER

STATE OF ILLINOIS NUMBER **624282**

DATE OF DEATH **December 12, 1987**

SEX **Female**

DATE OF BIRTH **May 21, 1923**

COURTY OF DEATH **Cook**

IF HOSP OR INST. PROVIDE MEDICAL OFFICER'S NAME, TITLE, AND PATIENT STATUS

Chicago

1. NAME (LAST, FIRST, MIDDLE)
Genualdi, H.

2. SEX
Female

3. DATE OF DEATH
December 12, 1987

4. RACE
White

5. ETHNIC ORIGIN OR DESCENT
GERMAN

6. HOSPITAL OR OTHER INSTITUTION
Northwestern Memorial Hospital

7. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
11. S. PETER GENUALDI

8. CITIZENSHIP
USA

9. USUAL OCCUPATION
NURSE

10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
MARRIED

11. KIND OF BUSINESS OR INDUSTRY
HOSPITAL

12. SOCIAL SECURITY NUMBER
34314-7572

13. CITY, TOWN, VILLAGE OR ROAD DISTRICT NO.
CHICAGO

14. RESIDENCE STREET AND NUMBER
3747 N. LOVELL AVE.

15. FATHER - MOTHER
JOHN STRICKER FRANCES

16. RELATIONSHIP
17c Records

17. MAILING ADDRESS
303 E. Superior Chicago, Illinois 60611

18. DEATH WAS CAUSED BY:
1a Cardiac Failure
1b Myocardial Infarction

19. DATE AND ADDRESS OF CERTIFIER
John J. Edwards, M.D. M.P.A. LOCAL REGISTRAR

20. DATE OF OPERATION & ANY MAJOR FINDINGS OF OPERATION
12-11-87 Occclusion of Infrarenal Aorta

21. I did last attend her alive
12-12-87

22. SIGNATURE
John J. Edwards, M.D. M.P.A.

23. NAME AND ADDRESS OF CERTIFIER
Seth P. Harlow M.D. 250 E. Superior Chicago, Illinois 60611

24. BUREAU OF CREMATION - LOCATION
ALL SAINTS 24. DES PLAINES, ILLINOIS

25. LOCAL REGISTRY SIGNATURE
John R. Skaja

26. FUNERAL DIRECTOR'S SIGNATURE
John R. Skaja

27. LOCAL REGISTRAR SIGNATURE
John R. Skaja

28. DATE RECD. BY LOCAL REGISTRAR
DEC 14 1987

29. ILLINOIS LICENSE NUMBER
73242

30. ILLINOIS LICENSE NUMBER

31. DATE SIGNED
12/13/87

32. ILLINOIS LICENSE NUMBER

33. DATE SIGNED

34. ILLINOIS LICENSE NUMBER

35. DATE SIGNED

36. ILLINOIS LICENSE NUMBER

37. DATE SIGNED

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97. DATE SIGNED

98. ILLINOIS LICENSE NUMBER

99. DATE SIGNED

100. ILLINOIS LICENSE NUMBER

DEC 14 1987

STATE OF ILLINOIS
COUNTY OF COOK SS
CITY OF CHICAGO

LOUISE C. EDWARDS M.D. M.P.A.
LOCAL REGISTRAR OF VITAL STATISTICS
OF THE CITY OF CHICAGO, DO HEREBY
CERTIFY THAT I AM THE KEEPER OF
THE RECORDS OF BIRTHS, DEATHS
AND MARRIAGES OF THE CITY OF CHICAGO
BY VIRTUE OF THE LAWS OF THE
STATE OF ILLINOIS AND THE
ORDINANCES OF THE CITY OF CHICAGO.
THAT THE ACCOMPANYING CERTIFICATE
IS A TRUE COPY AS A
RECORD KEPT BY ME IN PURSUANCE OF
SAID LAWS AND ORDINANCES

Loise C. Edwards, M.D. M.P.A.
LOCAL REGISTRAR

THIS CERTIFIED COPY VALID
WHEN MULTICOLOR SEAL AND
BLUE SIGNATURE ARE AFFIXED