



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF _____

ss.

Order No. _____

Joyce Genualdi being duly sworn
states that I resides at 20055 Lake Lynwood Drive in the City of
Lynwood, Il. 60411.

That I was acquainted with Andrew Genualdi
deceased who, at the time of his death, was one of the owners of the land in Cook
County, Illinois, described as:

LOT 10 IN LAKE LYNWOOD UNIT NO. 10 BEING A SUBDIVISION OF PART
OF THE SOUTH 1/2 OF SECTION 7, TOWNSHIP 35 NORTH, RANGE 15 EAST
OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

CAUTION

That the deceased died November 11, 1990, 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.

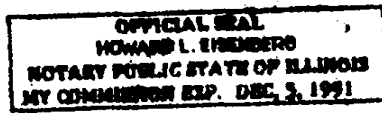
Subscribed and sworn to before me by the said

JOYCE GENWALDI

this 13 day of Sept, A.D. 19 91

Howard L. Emsenly
Notary Public

Joyce Genualdi
(affiant's signature)



91-775745

UNOFFICIAL COPY

Property of Cook County Clerk's Office

91475745



DEPT-01 RECORDING 614.29
T#4444 TRAN 3423 09/13/91 09:21:00
\$9777 & D * 91-475745
COOK COUNTY RECORDER

Joyce Genuardi
20055 Lake Lynwood Drive
Lynwood,
IL. 60411

1429

REGISTRATION DISTRICT NO. 16.32
 REGISTERED NUMBER 689

STATE OF ILLINOIS
UNOFFICIAL COPY
 MEDICAL CERTIFICATE OF DEATH 5

STATE FILE NUMBER

DECEASED-NAME: FIRST MIDDLE LAST ANDREW GENUALDI		SEX 2 MALE	DATE OF DEATH (MONTH DAY YEAR) 3 NOVEMBER 11, 1990
COUNTY OF DEATH 4 COOK	AGE-LAST BIRTHDAY (YRS) 5a 40	UNDER 1 YEAR MOSE DAYS 5b	UNDER 1 DAY HOURS MIN 5c
DATE OF BIRTH (MONTH DAY YEAR) 5d JULY 18, 1950		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER GIVE STREET AND NUMBER) 6b ST JAMES HOSPITAL	
CITY, TOWN, TWP OR ROAD DISTRICT NUMBER 6a CHICAGO HEIGHTS		IF HOSP OR INST. INDICATE D.O.A. OR OTHER IN-PATIENT (SPECIFY) 6c D.O.A.	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7 ITALY	MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY) 8a MARRIED	NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) 8b JOYCE SPAONOLA	
SOCIAL SECURITY NUMBER 10 354 44 09570256		USUAL OCCUPATION 11 EMP TECHNICIAN	KIND OF BUSINESS OR INDUSTRY 12 GRANT HOSPITAL
EDUCATION (HIGHEST GRADE COMPLETED) 12 12		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9 NO	
RESIDENCE (STREET AND NUMBER) 13a 20055 LAKE LYNWOOD DRIVE		CITY, TOWN, TWP OR ROAD DISTRICT NO 13b LYNWOOD	COUNTY 13d COOK
STATE 13e ILLINOIS	ZIP CODE 13f 60411	RACE (WHITE BLACK AMERICAN INDIAN etc.) (SPECIFY) 14a WHITE	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b X NO
FATHER-NAME FIRST MIDDLE LAST 15 PHILIP GENUALDI		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16 PAOLA D'UCCO	
INFORMANT'S NAME (TYPE OR PRINT) 17a JOYCE GENUALDI		RELATIONSHIP 17b WIFE	MAILING ADDRESS (STREET AND NO OR R.F.D. CITY OR TOWN STATE ZIP) 17c 20055 LAKE LYNWOOD, LYNWOOD, IL 60411
PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) → (a) RENAL FAILURE CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) METASTATIC CARCINOMA (c) CARCINOMA OF COLON			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 Weeks 2 YEARS 3 YEARS
PART II. Other significant conditions contributing to death but not resulting in the immediate cause given in PART I.			AUTOPSY (YES/NO) 18a NO
DATE OF OPERATION, IF ANY 20a	MAJOR FINDINGS OF OPERATION 20b	IF FEMALE WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c YES [] NO []	
(1)(10) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a OCTOBER 26, 1990		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b YES	HOUR OF DEATH 21c 11:59 P.M.
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED		DATE SIGNED (MONTH DAY YEAR) 22b NOV. 12, 1990	
SIGNATURE 22a		ILLINOIS LICENSE NUMBER 22c 36 43638	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) NESSIM CICUREL, M.D. 2073 N. LINCOLN, CHICAGO, IL 60614		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23			
BURIAL CREMATION REMOVAL (SPECIFY) 24a BURIAL	CEMETERY OR CREMATORY-NAME 24b HOLY SEFULCHRE	LOCATION CITY OR TOWN STATE 24c WORTH, ILLINOIS	DATE (MONTH DAY YEAR) 24d NOV. 14, 1990
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a PANOZZO BROS FUNERAL HOME INC. 530 W. 14 ST., CHICAGO HEIGHTS, IL 60641		FUNERAL DIRECTOR'S SIGNATURE 25b LAWRENCE C. PANOZZO	
FUNERAL DIRECTOR'S SIGNATURE 25b		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c 6220	
LOCAL REGISTRAR'S SIGNATURE 26a John M. Costabile		DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) 26b November 13, 1990	

52175745

I HEREBY CERTIFY that the foregoing is a true and correct copy of the DEATH RECORD for the deceased in Item No. 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths, and deaths.

DATE: NOV 13 1990 SIGNED: John M Costabile
 AT: CHICAGO HEIGHTS, IL 60411 TITLE: LOCAL REGISTRAR