

INVESTORS TITLE GUARANTEE COMPANY
312 West Randolph Street
Suite 600
Chicago, Illinois 60606

UNOFFICIAL COPY

Investors Title Inc.

111 NORTH CANAL STREET-SUITE 915-CHICAGO, ILL
60606

31387341

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF Cook

Order No. 34447

Patricia A. Sansone + Ernest Sansone being duly sworn
states that They resides at 877 Cross Creek Dr, Unit 12-AAZ, Roselle in the City of
Roselle

That they was acquainted with Mary V Sansone
deceased who, at the time of her death, was one of the owners of the land in COOK
County, Illinois, described as:

Unit Number 12-AAZ, as delineated on the survey of the following described real estate
(hereinafter referred to as "Parcel"): That part of Lot 3 in Cross Creek, being a
Subdivision of the Northwest 1/4 of the Southeast 1/4 of Section 35, Township 41
North, Range 10, East of the Third Principal Meridian, according to the plat thereof
recorded February 7, 1979 as Document No. 24830738 bounded by a line described as
follows: Beginning at a point 299.66 feet East as measured along the North line
thereof, and 206.80 feet South, as measured at right angles to said North line, of the
Northwest corner of said Lot 3; thence North 66 degrees 30 minutes 38 seconds East,
parallel with the North line of said Lot, 152.42 feet; thence South 3 degrees 25
minutes 22 seconds East, 70.33 feet; thence South 66 degrees 30 minutes 32 seconds
West, 152.42 feet; thence North 3 degrees 25 minutes 22 seconds West 70.33 feet to the
place of beginning, Cook County, Illinois.

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.

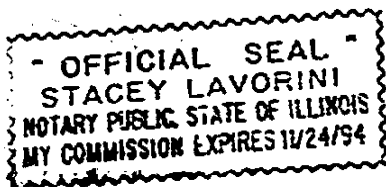
Subscribed and sworn to before me by the said

this 18th day of July, A.D. 19 91
Stacey Lavorini
Notary Public

Patricia A. Sansone
(affiant's signature)

Ernest Sansone

FORM 3703



RETURN TO BOX 43

OWI (2-87) 7/13/91 ANI

31387341

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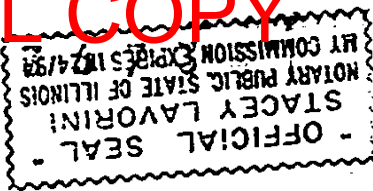
Property of Cook County Clerk's Office

DEPT-01 RECORDING 14.00
TRAN 5003 07/23/91 14:05:00
#7296 E *-91-367341
COOK COUNTY RECORDER

91367341

UNOFFICIAL COPY

RETURN TO BOX 43



FORM 3762

Notary Public
this 18th day of July, A.D. 1991

Stacey LAVORINI
(Affiant's signature)

Subscribed and sworn to before me by the said

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.
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.

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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 deceased died _____ as evidenced by a certified copy of death certificate of the deceased attached hereto.
That the deceased died _____ as evidenced by a certified copy of death certificate of the deceased attached hereto.
That the deceased died _____ as evidenced by a certified copy of death certificate of the deceased attached hereto.

P.I. N. 07-35-400-019-1132
877 GRASS CREEK DR.
ROSELLE, ILLINOIS 60472
#12-AA-2

15679316

INV 34444 (182) MO

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Property of Cook County Clerk's Office

DEPT-01 RECORDING
74555 TRAN 5003 07/23/91 14:05
#296 + E # - 91-36734
COOK COUNTY RECORDER

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER
04666

REGISTRATION DISTRICT NO. 16.0
REGISTERED NUMBER

DECEASED - NAME FIRST MIDDLE LAST SEX DATE OF BIRTH (MM, DD, YEAR) DATE OF DEATH (MONTH, DAY, YEAR)

1. MARY V SANSONE FEMALE 3 JUNE 17, 1986

2. ELK GROVE VILLAGE ILLINOIS COUNTY OF DEATH

3. WITALLIAN 67 6 SEPT 7, 1918 7a. COOK

4. HOSPITAL OR OTHER INSTITUTION - NAME, ADDRESS, CITY, STATE, ZIP

5. ALEXIAN BROTHERS MEDICAL CENTER INPATIENT

6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED, SINGLE

7. MARRIED

8. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)

9. U S A

10. ERNEST G SANSONE

11. KIND OF BUSINESS OR INDUSTRY

12. HOMEMAKING

13. NONE

14. # 351-10-4550

15. HOUSEWIFE

16. CITY, TOWN, VILLAGE OR ROAD DISTRICT NO.

17. ROSELLE

18. COUNTY

19. COOK

20. STATE

21. ILLINOIS

22. FRANK EWING

23. RELATIONSHIP

24. FRANCES SERENO

25. JOAN HOBERG

26. RECORDS

27. 800 S W BIESTERFELD RD.

28. ELK GROVE VILLAGE ILL. 60007

29. DEATH WAS CAUSED BY IMMEDIATE CAUSE

30. UREMIA

31. SINOSTATIC RENAL FAILURE

32. DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION

33. 6.12.86

34. Surgical Right leg

35. HOURS AND LAST SEEN NUMBER ALIVE ON

36. 6.17.86

37. HOUR OF DEATH

38. 10:50 PM

39. SIGNATURE

40. Henry Scott

41. NAME AND ADDRESS OF CERTIFIER

42. COMMENNA KOSHYAK 322 West Green St. Bensenville

43. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

44. SIGNATURE

45. Karen L Scott

46. LOCAL REGISTRAR SIGNATURE

47. DATE

48. JUN 20, 1986

49. ILLINOIS LICENSE NUMBER

50. F-5390

51. LOCAL REGISTRAR SIGNATURE

52. DATE

53. JUN 19 1986

54. ILLINOIS DEPARTMENT OF PUBLIC HEALTH - OFFICE OF VITAL RECORDS

55. ISSUED ON 1978 U.S. STANDARD CERTIFICATE

UNOFFICIAL COPY

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item 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.

NOT VALID WITHOUT THE EMBOSSED SEAL OF THE DEPARTMENT OF PUBLIC HEALTH

DATE: JUN 19 1986

SIGNED: Karen L Scott

At Cook County Department of Public Health Official Title Chief Deputy Registrar

200000016

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Property of Cook County Clerk's Office

01/01/10