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92451316

164 SM 5-47 (FORM 1922)

Affidavit by Surviving Joint Tenant

L. R. Doc. No. 1516354 Certificate No. 653465

State of Illinois }
County of Cook } ss.

DEPT-11 RECORDS 123.00
14882 TOWN 2009 04/02/92 143+306
3707 * 92-451316
COOK COUNTY RECORDER

Theresa Lenting being first

duly sworn, upon oath deposes and says:

That .She... resides at 16004 Wausau Avenue.....in the City of South Holland.....
and that .She... 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. 653465.....situated in said Cook County, Illinois,
described as follows:

Lot Two (2) in Vinke's Subdivision of part of the South East Quarter (1/4)
of the South West Quarter (1/4) of Section 15, Town 36 North, Range 14, East
of the Third Principal Meridian, a Plat of which Subdivision was registered
April 9, 1926 as Document No. 297711

2015 304-009

Alliant states that William Lenting, Sr. one of the said owners in joint
tenancy, died intestate, in the city (Village) of Harvey.....in the State of Illinois.....
as is confirmed by a Certificate of the health department of said municipality hereto attached.

Alliant states that the remaining joint tenant... ha... not changed..... marital status since
the issuance of Certificate of Title Number 653465..... (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.

Theresa Lenting

Subscribed and sworn to before me
this 19th day of June 1974

Notary Public Signature

OFFICIAL RECORDS
JEANNE L. BERRY
NOTARY PUBLIC
MCCOMB

923.00

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STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE
NUMBER

REGISTRATION DISTRICT NO. 1624
REGISTERED NUMBER

DECEASED NAME William MIDDLE Lentini Sr. LAST Lentini Sr. SEX Male DATE OF DEATH MONTH DAY YEAR October 10, 1990

COUNTY OF DEATH Cook AGE LAST BIRTHDAY 54 13 UNDER 1 YEAR NO 1 YEAR NO DATE OF BIRTH MONTH DAY YEAR May 3, 1917

CITY/TOWN/TWP OR ROAD DISTRICT NUMBER 116 Produce HOSPITAL OR OTHER INSTITUTION NAME (IF NOT MET AT HOME STREET AND NUMBER) St. Joseph's Memorial Hospital

DECEASED'S SOCIAL SECURITY NUMBER 250-09-6891 MARRIED NEVER MARRIED NO DIVORCED NO WIDOWED NO NAME OF SURVIVING SPOUSE (LAST, FIRST, MIDDLE) Theresa Sirkia

RESIDENCE STREET NUMBER AND NAME 16004 Wausau Ave. CITY/TOWN/TWP OR ROAD DISTRICT NO. 116 Self-Employed INDUSTRY Self-Employed

FATHER'S NAME Henry MOTHER'S NAME Anna FATHER'S FIRST MIDDLE LAST Henry Lentini MOTHER'S FIRST MIDDLE LAST Anna Topp

PERFORMER'S NAME (IF OTHER THAN DECEASED) Theresa Sirkia RELATIONSHIP Wife MAILING ADDRESS (IF OTHER THAN DECEASED'S) 16004 Wausau Ave. South Holland IL 60473

18 PART I IMMEDIATE CAUSE (Final Cause or Condition resulting in death) Coronary heart disease

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) Coronary heart disease (b) arteriosclerosis (c) hypertension

19 PART II OTHER CAUSE (If death is due to a condition other than that stated in Part I, state the condition and the date when it was first diagnosed) None

DATE OF ONE BIRTH (IF ANY) 1913 MAJOR OCCUPATIONS OF DECEASED None

20a UNDERLYING CAUSE (THE DECEASED AND HIS OR HER PRESENT AND PAST OCCUPATIONS) Coronary heart disease

20b TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE DATE AND PLACE AND DUE TO THE CAUSE(S) STATED Yes

21 SIGNATURE OF DECEASED Richard Lentini NAME AND ADDRESS OF CERTIFIER Richard Lentini, Calumet City, IL

22 NAME OF ATTENDING PHYSICIAN AND OTHER PHYSICIAN Richard Lentini, Calumet City, IL

23a FURNERAL HOME NAME Par Oak Ridge Cemetery ADDRESS Par Oak Ridge Cemetery, Lansing, IL

23b FURNERAL HOME NAME Lansing, IL ADDRESS Lansing, IL

24a DeYoung-Proctor Funeral Home 649 E. 162nd. St. So. Holland, IL 60473

25a FURNERAL DIRECTOR'S SIGNATURE Thomas D. Aik

25b LOCAL REGISTRAR'S SIGNATURE Thomas D. Aik

26a LOCAL REGISTRAR'S SIGNATURE Thomas D. Aik

I HEREBY CERTIFY THAT the foregoing is true and correct copy of the DEATH record for the person named therein 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.

The original of this record is permanently filed with the Illinois Dept. of Public Health in Springfield, Illinois, County Clerks and Local Registrars are authorized to make certifications from copies of the original record. The Illinois Statutes further provided that certification of a DEATH record by the Dept. of Public Health of the Local Registrar of the County Clerk shall be prima facie evidence in all courts and places of the facts therein stated.

DATED Oct 10 1990 AT HARVEY, ILLINOIS.
SIGNED [Signature] LOCAL REGISTRAR
92451016

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