

UNOFFICIAL COPY



Chicago Title Insurance Company

92697024

DECEASED JOINT TENANCY AFFIDAVIT 92697024

STATE OF ILLINOIS
COUNTY OF

} ss.

Order No. _____

Corinne Rosato being duly sworn
states that she resides at 123 Scriber Av in the City of
Roselle

That she was acquainted with JACK A. ROSATO

deceased who, at the time of his death, was one of the owners of the land in Cook
County, Illinois, described as: 07-34-34-02-37-211 address 123 Scriber Ave, Roselle

THAT PART OF BLOCK 8 AND PART OF THE VACATED ALLEY IN SAID BLOCK IN BOGGER
ESTATES ADDITION TO ROSELLE, BEING A SUBDIVISION OF THE S 1/2 OF THE SW 1/4
OF SECTION 34, TOWNSHIP 41 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL
MERIDIAN, IN COOK COUNTY, ILLINOIS DESCRIBED AS BEGINNING AT THE SW CORNER
OF SAID BLOCK, THENCE NORTHEASTERLY ON THE WESTERLY LINE OF SAID BLOCK
126.35 FT. TO A POINT, THENCE EASTERLY 553.37 FT. TO A POINT THAT IS 124.05
FEET SOUTH OF THE NORTH LINE SAID BLOCK AS MEASURED AT RIGHT ANGLES TO SAID
NORTH LINE AND THE PLACE OF BEGINNING OF THE HEREIN DESCRIBED TRACT: THENCE
NORTH 124.05 FEET AT RIGHT ANGLES TO SAID NORTH LINE TO THE NORTH LINE OF
SAID BLOCK, THENCE WEST ON SAID NORTH LINE 75.0 FEET TO A POINT, THENCE
SOUTH AT RIGHT ANGLES TO SAID NORTH LINE 124.06 FEET TO A POINT, THENCE
EAST 75.0 FEET TO THE POINT OF BEGINNING.

That the deceased died December 2, 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 240,000 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.

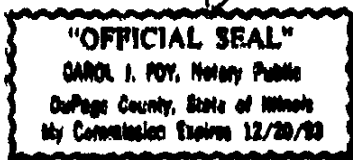
Subscribed and sworn to before me by the said

Corinne Rosato

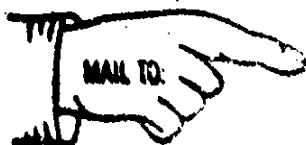
this 4th day of September, A.D. 19 92

Carol J. Foy
Notary Public

Corinne Rosato
(affiant's signature)



FORM 1701



Prepared by & mail to: 2350
K Cronborg
Harve Bk Roselle
110 E. Irving Park Rd.
Roselle, Illinois
60172

RE: TITLE SERV. LES. # 89-760-4

92697024

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Property of Cook County Clerk's Office

92697024

SEARCHED INDEXED
SERIALIZED FILED
MAY 15 1966
FBI - CHICAGO

ST JAMES

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO 16.0
 REGISTERED NUMBER

DECEASED-NAME **JACK** FIRST **A.** MIDDLE **ROSATO** LAST **ROSATO** SEX **MALE** DATE OF DEATH **2 DECEMBER 2, 1990**

COUNTY OF DEATH **COOK** CITY TOWN TWP OR ROAD DISTRICT NUMBER **62** AGE-LAST BIRTHDAY **62** UNDER 1 YEAR **2** UNDER 1 DAY **2** DATE OF BIRTH **12 AUGUST 4, 1928**

6a. **ELK GROVE VILLAGE** 6b. **ALEXIAN BROS. MEDICAL CENTER** 6c. **CHICAGO** 6d. **MARRIED** 6e. **CORRINE TUDNER** 6f. **IMPDETENT**

7. **CHICAGO** 7a. **MARRIED** 7b. **CORRINE TUDNER** 7c. **YES**

10. **361-16-3846** 11a. **LITHOGRAPHER** 11b. **GRAPHIC ARTS** 11c. **12** 11d. **12** 11e. **YES** 11f. **DE PAGE**

13a. **123 SCHREIBER** 13b. **ROSELLE** 13c. **YES** 13d. **DE PAGE**

12a. **ILLINOIS** 12b. **60172** 12c. **WHITE** 12d. **2ND** 12e. **YES** 12f. **DE PAGE**

15. **JOHN** 16. **JULIA** 17a. **COBBRINE ROSATO** 17b. **172 SCHREIBER ROSALE, IL 60172**

18. **COBBRINE ROSATO** 18a. **172 SCHREIBER ROSALE, IL 60172**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) **PANCREATIC** (b) **Lung Cancer** (c) **3 months**

20a. **DATE OF OPERATION IF ANY** 20b. **11/30 A.M.** 20c. **11/30** 20d. **11/30**

21a. **11/19/90** 21b. **NO** 21c. **NO** 21d. **NO**

22a. **Signature** 22b. **12/3/90** 22c. **12/3/90**

23. **DANIEL H. SHEPHERD, M.D.** 23a. **ELK GROVE VILLAGE, IL 60007** 23b. **11/30** 23c. **11/30**

24a. **BETHAL** 24b. **MT. CARMEL** 24c. **HILLSIDE, ILLINOIS** 24d. **DEC 5, 1990**

25a. **SALEPPO'S GALEWOOD CHAPELS** 25b. **1957 N. HARLEN AVENUE CHICAGO, IL 60635**

26a. **REGISTRAR** 26b. **REGISTRAR** 26c. **REGISTRAR** 26d. **REGISTRAR**

I HEREBY CERTIFY THAT the foregoing is 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, marriages and deaths.

DATE **DEC 04 1990**

SIGNED

John M. ...

At Cook County Dept. of Public Health
 Official Title Deputy Registrar

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 1500 S. MAYWOOD DRIVE, MAYWOOD, ILLINOIS 60154