UNOFFICIAL COPY



93588788

Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

		170 de 1944	
STATE OF ILLINOIS COUNTY OF COOK	ss.	Order No.	
NANCY SOTTILE)	FOR BANKS	being duly sworn
states thatshe resides at	5833 North Kilbourn		in the City of
Chi aco			in the only of
	Joseph	 Sottile	
That she was acquair	•		Cook
deceased who, at thatime of <u>h</u> County, Illinois, described as:			
1.4 170 in 4	cester and Tana	der's Sauganash	Subdivision
in Bronsons T plat recorded a	part of Cald	well's reserve	ownship 40
Range 13 East	of the Ihud	Principal 11/ev	idian, m
Cook Count	y, Illinois	13-03-314-01	16-0000
mi at the decreased died	August 6, 197.	0,	_ , as evidenced by a
That the deceased died certified copy of death certifica	te of the deceased attached	i herco	, as evidenced by a
That the deceased died:			
Leaving no Last Will	& Testament.		
Leaving a Last Will &	Testament a copy of whic d with the Clerk of th	h is attached here of The orine Probate Division of the Hillinois.	
Leaving a Last Will Division of the Circu	& Testament which was it Court of	filed in the Unproven Will	Box of the Probate Courty, Illinois about
# Williams			
that the total value of the che deceased either individually exceed the sum of	y or in joint tenancy at t	cluding both real and person, the time of the death of the Twent five thou	e deceased, does not
Affiant makes this affidavit ts Title Insurance Policy, descri		ing the Chicago Title Insura property.	nce Company to issue
Subscribed and sworn to be	efore me by the said	Charles Sant	3
NANCY SOTTILE	<u> </u>	ABLKATHLEEN SARNO ZABAZA	}
hts 22 day of July	A _D D. 19	TARY PUBLIC, STATE OF KLIMORS COMMISSION EXPIRES 11-04-94.	
Van Tattle	warmon and	Mana	Sofia.
Notary Publ	lic	(alliant'	• ,
		Nancy Softi.	re
FORM 3703			

UNOFFICIAL COPY

COOK COUNTY
RECORDER
JESSE WHITE
SKOKIE OFFICE

White the way of the

Mail To

M/ Lacuta 5634 N Herbs Mcood IC

Control of Carlot Carlot Carlot

07/23/93

0034 HCH

RECORDIN 4 25.00 MAILINGS 4 0.50

16:28

93588788 #

Standard Contract

A Bar Maker

07/23/93

0034 HCH

Allotter remai

LOCAL REGISTRAR Chrain

and a second

SEAL And BLUE SIGNATURE Only When Original BLUE This Certified Copy VALID

CHICAGO

OŁ

CILL

of Illinois and the ordinances of the City of Chicago, do hereby by virtue of the laws of the State and deaths of the City of Chicago the records of births, stillbirths the City of Chicago; that the certify that I am the keeper of kept by me in pursuance of said sheet is a true copy as a record accompanying certificate on this iaws and ordinances.

OF HEALTH

AMICH GIVE RISE TO HINCOINTE CAUSE (a) STATING THE UNDER-LIVED CAUSE LAST.

COMDITIONS, IF AMY

www.acute Coronary Thrombosis

DATE OF OPERATION, IF ANY MAJOR ENDINGS OF OPERATION

SIGNATURE

man1scal

246. St.

Jose'

STREET AND MUMBER OR R. F. D.

246

North Ave

CEMETERY OF CREMATOR

SO WATER ON HALLS

CHTY OF TON

22b

8

C'V . Q. d. 21.2

2

Carred .

100 C 100 C

DECEASED FROM

(WONTH, DAY, TEAR

PART !

ij

7

Illinois,

HE COOK

14. Chicago

IT. TOWN, TWE OF FOLIO SILENIES S. HISTORY JOSEPH SELD ONLY

(TEA/HO)

STREET AND NUMBER

INd. Yes II.o.

5833

Kilbourn

からはのが一つないとい

INFORMANT'S SIGNATURE

donn

Sottile

RELATIONSHIP

175. Hife

rongs

S HIVED

S CAUSED BY

I, Murray C. Brown, M.D., Local Registrar of Vital Statistics of CITY OF CHICAGO COUNTY OF COOK STATE OF ILLINOIS SS

MUMBER

STATE OF ILLINOIAPR 12 1976

REGISTRATION DISTRICT NO. REGISTERED WYN-DISS*30% 16.10

MEDICAL

ASED

HEHPLACE ISTATE OF POREIGE

Chicago

A White EACT WHITE MEGRO, AMERICAN INDIAN.

UNDER 1 YEAR

(LCM/MO)

Yes

7d. D.O.A.

Resurrection Hospital

n.Nancy

NAME OF SURVIVING SPOUSE (MAIDEN MAKE, IF THEE

U.S. WAR VETERAN WAR OR DATES OF SE VICE

Vazzano

Sc. 1 6. Jan. 1

19,1916

STO TO STHER, GIVE STREET AND NUMBERS

Cook

3. Aug. C. PIACE OF DEATH

1971

AUGUST

9,

(HONTH, DAY, YEAR)

DATE OF DEATH

WIDOWED, NEVER MARRIED, WIDOWED, DIYORCED 1575-11

12 335-03-7472

COUNTY

Teamster

9. U.S.A.

CITIZEN OF WHAT COUNTRY

PART II. OTHER SIGNIFICANT CONCITIONS: promotes contributing to duting out not solute to be clust and in a far its. ON THE DATE, AT THE TIME AND PLACE, AND FROM THE 'AL' E(S) STATED I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED w Arterioscleratic Heart Disease [ENTER ONLY CHE CAUSE FER LINE FOR (a), (5), AND (c)] Chicago Civic Center, Concourse Level, Chica CHICAGO BOARD OF HEALTH DATE REC'DAY GOAT GOILEN HOWING DEV. FEINT MOTHER-MADEN NAME River Grove, MAILING ADDRESS DATE SIGNES H. & ALIPE CIT. Chicago 5833 N. 2377 04 TOWN ICA! NOTE: IF AN INJURY WAS INVOIVED IN THIS DEATH.
THE CORONER MUST BE NOTIFIED. Josephine T11ino19 60610 ESTREET AND MOLOR R. F. D., CITY OR TOWN, STATE, ZIP! Kilbourn Illinois 244/ug. 10,1971 777 I ILLINOIS LICENSE NUMBER AUTOPSY (YES/NO) BASED ON 1968 U.S. STANDARD CERTIFICATES 197 STATE ハハ Ave. BATE 214, 2:05 HOUR OF DEATH PES STREET OF STREET BETWEEN ONSET AND DYATH Lecoco (MONTH, DAY, YEAR) 14900 • ∪ 3 Are Affixed.

UNDER I DAY DATE OF BIETH (HORTH, DAY, TEAR)

CERTIFICATE OF DEATH

UNOFFICIAL COPY

Property of Coot County Clert's Office