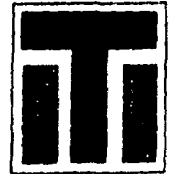


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Intercounty Title Company of Illinois



120 WEST MADISON STREET • CHICAGO • IL 60602 • (312) 977-2800

93851500

AFFIDAVIT RE DECEASED JOINT TENANT

STATE OF ILLINOIS

COUNTY OF Cook

} SS

RE: YOUR ORDER NO. \_\_\_\_\_

James Cuzzo

being duly sworn and for the purpose of inducing Intercounty Title Company of Illinois to issue the subject policy covering the hereinafter described land, state:

- 1. That he resides at 440 N. Aberdeen Chicago, Ill. 60622
- 2. That he was acquainted with ANNA Cuzzo, who died on 5 Sept '92

as evidenced by the attached certified copy of death certificate;

3. That said decedent was one of the owners of land described:

- in the subject order number;
- in the following legal description;

Lot 13, Block 10 in Ogden's Addition in Chicago Section eight, Township 39 North, Range 14, EAST of the Third Principal Meridian in Cook County, Ill.

93851500

17-08-247-024

4. That said decedent died:

- leaving no last will and testament;
- leaving a last will and testament, a copy of which is attached;

DEPT-01 RECORDING \$23.50  
T#666 TRAN 3498 10/22/93 10:53:00  
#0583 # \*-93-851500  
COOK COUNTY RECORDER

5. That the total value of the estate of said decedent for State of Illinois inheritance tax and Federal estate tax purposes does not exceed \$ 5,000.00

Notary Public section with signature and date 1993

James Cuzzo (affiant's signature)

23.50 MS

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DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO. 1623

STATE OF ILLINOIS

STATE FILE NUMBER

REGISTERED NUMBER 1075

MEDICAL CERTIFICATE OF DEATH

Type of Print in Permanent Ink See Funeral Directors, Hospital, or Physicians Handbook for Instructions

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR) 1. ANN COZZO 2 FEMALE 3 SEPT-5, 1992

COUNTY OF DEATH AGE-LAST BIRTH-DAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) 4 COOK 5 508 5b. 5c. 5d. January 19, 1924

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE O.O.A. OF MEMBER, P.M. (PATIENT) (SPECIFY) 6a. EVANSTON 6b. ST. FRANCIS HOSPITAL 6c. INPATIENT

BIRTHPLACE (CITY AND STATE OR COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 7a. Chicago, Illinois 8a. Married 8b. James Cozzo 9. No

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 10. 345 16 9723 11a. Homemaker 11b. At Home 12. 12

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY COUNTY 13a. 440 N. Aberdeen Street 13b. Chicago 13c. Yes 13d. Cook

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN OR ALASKA NATIVE) OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) 13e. Illinois 13f. 60622 14a. White 14b. X NO YES SPECIFY:

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST 15. Rocco Meglio 16. Lucy Lombardo

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17a. James Cozzo 17b. Husband 17c. 440 N. Aberdeen, Chicago, Ill. 60622

18. PART I. Enclose diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hemorrhage. List only one cause on each line. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Immediate Cause (Final disease or condition resulting in death) (a) ACUTE RENAL FAILURE DUE TO, OR AS A CONSEQUENCE OF (b) SYSTEMIC FUNGUS INFECTION DUE TO, OR AS A CONSEQUENCE OF (c) MULTIPLE SURGICAL OPERATIONS

PART II. Other conditions contributing to death but not resulting in the underlying cause given in PART I. AUTOPSY (YES/NO) WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 18a. NO 18b.

19. CORONARY ARTERY DISEASE, RUPTURED PAPILLARY MUSCLE DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION (SPECIFY) IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20a. 8-31-92 20b. RUPTURED PAPILLARY MUSCLE (M.A.S.) 20c. YES NO

21. (WHO) (DO NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH 21a. 9-5-92 21b. NO 21c. 9:40 P.M.

22. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO TH(1) CAUSE(S) STATED. DATE SIGNED (MONTH, DAY, YEAR) 22a. SIGNATURE L.D. ANAGOSTOPOULOS, M.D. 22b. 9-6-92

22c. L.D. ANAGOSTOPOULOS, M.D. 1614 CENTRAL ARLINGTON HEIGHTS, ILL. 60015 NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER 22d. 036-040097

23. NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

24. BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) 24a. Burial 24b. All Saints 24c. Des Plaines, Illinois 24d. Sept. 9, 1992

25. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. Vitucci Funeral Home 1339 W. Grand Avenue, Chicago, Illinois 60622

25b. FUNERAL DIRECTOR'S SIGNATURE Frank Vitucci, Jr. 25c. 010573

25d. LOCAL REGISTRAR'S SIGNATURE C. Lavinia Brown 25e. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) September 8, 1992

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE September 8, 1992 SIGNED C. Lavinia Brown

AT EVANSTON Illinois OFFICIAL TITLE LOCAL REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

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