



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF Cook

} ss.

Order No. \_\_\_\_\_

Eugene L. Vitale being duly sworn  
states that he resides at 929 N. East Avenue in the City of  
Oak Park, Illinois

93290401

That he was acquainted with Joan Vitale  
deceased who, at the time of her death, was one of the owners of the land in Cook  
County, Illinois, described as:

Lot 27 (except the North 25 feet and except the South 17 feet thereof) in the North  
East Avenue Addition to Oak Park, being a Subdivision of the East 23.43 acres of the  
West 40 acres of the South 50 acres of the North East quarter of Section 6, Township  
39 North, Range 13 East of the Third Principal Meridian, and also that part of Lot 12  
lying West of the West line of the North Elmwood Avenue produced North, in the Superior  
Court Commissioners Partition of the South half of the South 85 acres of the North  
West quarter of Section 5 and the East 17 acres of the South 85 acres of the North East  
quarter of Section 6, Township 39 North, Range 13, East of the Third Principal Meridian,  
in Cook County, Illinois.

Commonly known as 929 N. East Avenue, Oak Park, Illinois  
Permanent Tax No. 16-06-227-018

That the deceased died April 7, 1993, as evidenced by a  
certified copy of death certificate of the deceased attached hereto.

DEPT-01 RECORDING 923.50  
786666 TRAN 1177 04/20/93 09:19:00  
#1063 # 93-290401  
COOK COUNTY RECORDER

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 \_\_\_\_\_

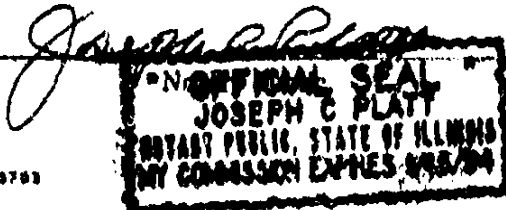
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of One Hundred Thousand and no/100 dollars.

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

Eugene L. Vitale

this 13th day of April, A.D. 1993



Eugene L. Vitale  
(affiant's signature)

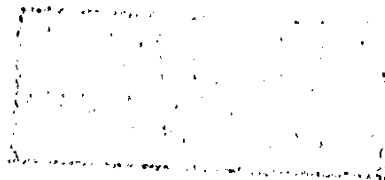
23.50  
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This instrument was prepared by:  
Joseph C. Platt, Attorney at Law  
7515 W. Madison, Forest Park, IL 60130

UNOFFICIAL COPY

S3280401

Property of Cook County Clerk's Office



STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16, 24**  
 REGISTERED NUMBER **288**

DECEASED-NAME <b>Joan Cook</b>	FIRST <b>Joan</b>	MIDDLE <b>Vitale</b>	LAST <b>Vitale</b>	SEX <b>Female</b>	DATE OF DEATH <b>April 7, 1993</b>
CITY OF DEATH <b>Cook</b>	AGE-LAST BIRTHDAY (MM DD) <b>54 62</b>	UNDER 1 YEAR MONTHS <b>54</b>	UNDER 1 DAY DAYS <b>54</b>	DATE OF BIRTH (MM DD) <b>August 20, 1930</b>	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>Oak Park</b>	HOSPITAL OR OTHER INSTITUTION-NAME OF NOT NUMBER, ONE STREET ADDRESS <b>West Suburban Hospital Medical Center</b>		IF OTHER OR NOT, SPECIFY I.O.A. OR OTHER INSTITUTION-NAME OF NOT NUMBER, ONE STREET ADDRESS <b>Inpatient</b>		
BIRTHPLACE (CITY/STATE OR FOREIGN) <b>Chicago, IL</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <b>Married</b>	NAME OF SURVIVING SPOUSE (MARRIAGE) <b>Eugene L. Vitale</b>		MARRIAGE LICENSE NUMBER <b>880</b>	
SOCIAL SECURITY NUMBER <b>112-350-64-0149</b>	USUAL OCCUPATION <b>Homemaker</b>	KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>		REGISTRATION DISTRICT NUMBER <b>16</b>	
RESIDENCE (STREET AND NUMBER) <b>929 138-920-N. East</b>	ZIP CODE <b>60302</b>	CITY, TOWN, TWP. OR ROAD DISTRICT <b>Oak Park</b>	INSIDE CITY (YES/NO) <b>Yes</b>	COUNTY <b>Cook</b>	
STATE <b>Illinois</b>	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <b>White</b>	13b. OCCUPATION <b>Turnbull</b>	14a. SEX <b>Female</b>	14b. SPECIFY <b>Turnbull</b>	
FATHER-NAME <b>Francis</b>	MOTHER-NAME <b>Mabel</b>	RELATIONSHIP <b>Turnbull</b>			
DECEASED'S NAME (TYPE OR PRINT) <b>Melton</b>	17a. ADDRESS <b>1761 E. Erie Court Oak Park, IL 60302</b>	17b. ADDRESS STREET AND NO. OR R.F. OR TWP. STATE, ZIP			
18. PART I Enter the diagnosis or condition that caused death. Do not enter the mode of death, such as cardiac respiratory arrest, shock, or heat stroke. List only one cause on this line. <b>(a) Acute Myocardial Infarction</b> <b>(b) DUE TO OR AS A CONSEQUENCE OF</b> <b>(c) DUE TO OR AS A CAUSE OF</b> <b>(d) DUE TO OR AS A CAUSE OF</b>					
PART II. Enter the cause of death as stated on the death certificate. <b>53290401</b>					
DATE OF OPERATION, IF ANY <b>7/10</b>	NAME, TITLE, AND ADDRESS OF OPERATOR <b>St. Joseph</b>	IF PERMIT, LIST YEAR, AMOUNT, STREET, STREET NUMBER, STREET ADDRESS			
20. DID YOU ATTEND THE DECEASED'S BURIAL (YES/NO) <b>NO</b>	21a. NAME AND ADDRESS OF BURIAL PLACE <b>St. Joseph</b>	21b. NAME AND ADDRESS OF OTHER BURIAL CENTER (IF APPLICABLE)	21c. HOUR OF DEATH <b>1:15 A.M.</b>	21d. DATE SIGNED <b>4/7/93</b>	21e. SIGNATURE <b>Kevin P. Harnett</b>
22. SIGNATURE, NAME AND ADDRESS OF PHYSICIAN OR OTHER TRAINER <b>Kevin P. Harnett, 203 S. Marion St., Oak Park, IL 60302</b>					
23. NAME, ADDRESS, AND PHONE NUMBER OF FUNERAL HOME <b>Drechsler-Brown Funeral Home, 203 S. Marion St., Oak Park, IL 60302</b>					
24. LOCAL REGISTRAR'S SIGNATURE <b>Kevin P. Harnett</b>					
25. LOCAL REGISTRAR'S NAME <b>Kevin P. Harnett</b>					
26. LOCAL REGISTRAR'S ADDRESS <b>034-014712</b>					
27. LOCAL REGISTRAR'S PHONE NUMBER <b>APR 08 1993</b>					

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named on item 3 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.

APR 08 1993

Oak Park, Il.

SIGNED

LOCAL REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH in 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 or the local registrar or the county clerk shall be prima facie evidence in all courts and places of the facts therein stated.