

Estate of

93346089

JAMES V. ADDANTE,

Deceased

DEPT. OF RECORDING \$28.50
TRAN. 2409 05/07/93 14:13:00
93346089
COOK COUNTY RECORDER

AFFIDAVIT OF HEIRSHIP

PHYLLIS M. ADDANTE, on oath, says:

1. The decedent, JAMES V. ADDANTE, died at Hanover Park, Illinois on March 10, 1992 at the age of 66 years.
2. I am of legal age. I reside at 1850 DeForest, Hanover Park, Illinois. I am the surviving spouse of the decedent.
3. The decedent was married once to myself, PHYLLIS M. ADDANTE. The marriage was terminated by the decedent's death.
4. The following children and no others were born to or adopted by the decedent: Henry Joseph Addante, Jodi N. DiGiovanni and Francine A. Mueller.
5. Henry Joseph Addante is living, of legal age and mentally competent.
6. Jodi N. DiGiovanni is living, of legal age and mentally competent.
7. Francine A. Mueller is living, of legal age and mentally competent.
8. The decedent died intestate and the gross value of the decedent's estate is less than \$50,000.00.

9. The legal description of decedent's real estate is:

LOTS 6 AND 7 IN BLOCK 21 IN CHICAGO LAND INVESTMENT COMPANY'S SUBDIVISION IN NORTH EAST 1/4 OF SECTION 33, TOWNSHIP 40 NORTH RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Also known as 2044 N. Lavergne, Chicago, Illinois
P.I.N. 13-33-226-021-0000

93346089

Based on the foregoing, the decedent left surviving as his only heirs the following who are of legal age and mentally competent:

- HENRY JOSEPH ADDANTE, his son.
- JODI N. DI GIOVANNI, his daughter.
- FRANCINE A. MUELLER, his daughter.
- PHYLLIS M. ADDANTE, his surviving spouse.

Phyllis M. Addante

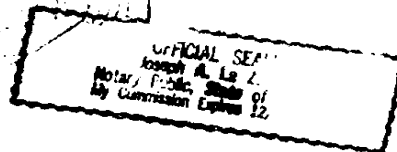
Affiant

SUBSCRIBED and SWORN to before me this 20 day of April 1993.

Joseph A. LaZara

Notary Public

Prepared by:
Joseph A. LaZara
7824 W. Belmont
Chicago IL 60634
(312) 625-7700



93346089

23.50
Jp

UNOFFICIAL COPY

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93346089



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DuPage County Health Department

DECEDENT'S BIRTH NO

REGISTRATION DISTRICT NO

22.0

STATE OF ILLINOIS

STATE FILE NUMBER

REGISTERED NUMBER

987

MEDICAL CERTIFICATE OF DEATH

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED-NAME FIRST aka VINCENT JAMES ADDANTE LAST James Vincent Addante SEX Male DATE OF DEATH MONTH DAY YEAR March 10, 1992

COUNTY OF DEATH DU PAGE AGE (LAST BIRTHDAY) 58 66 UNDER 1 YEAR UNEX 11 DAY DATE OF BIRTH MONTH DAY YEAR 5th DECEMBER 5, 1925

DECEASED

CITY TOWN TWP OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION NAME (IF NOT NEITHER GIVE STREET AND NUMBER) 6a HANOVER PARK 6b 1850 DE FOREST LANE 6c AT HOME

B

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) WAS DYING, EASILY DEVELOPING A RASH OR FURFUR (YES/NO) 7 CHICAGO, IL 8a MARRIED 8b PHYLLIS MARTORANO b YES

PARENTS

SOCIAL SECURITY NUMBER MARRIED USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPLICE YOURS) HIGHEST GRADE COMPLETED (Elementary Secondary (1-12) College (1-4 or 5)) 10 361-16-0618 11a BUTCHER 11b MEAT 12 9

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY 13a 1850 DE FOREST LANE 13b HANOVER PARK 13c YES 13d DU PAGE

STATE ZIP CODE RACE (WHITE BLACK AMERICAN INDIAN OR (SPECIFY)) (OF HISpanic ORIGIN? (SPECIFY) NO OR YES - IF YES SPECIFY CUBAN MEXICAL PUERTO RICAN OR I) 17b ILLINOIS 17c 60103 14a WHITE 14b (X) NO (YES SPECIFY)

FATHER-NAME FIRST MIDDLE LAST MOTHER NAME FIRST MIDDLE (MAIDEN) LAST 15 HENRY ADDANTE 16 JOSEPHINE STANGORE

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO OR R.F.D. CITY OR TOWN STATE ZIP) 17a PHYLLIS ADDANTE 17b WIFE 17c 1850 DE FOREST LANE, HANOVER PK IL. 60103

18 PART I

Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.

CAUSE

Immediate Cause (Final disease or condition resulting in death) (a) Metastatic Colon Cancer DUE TO, OR AS A CONSEQUENCE OF

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST (b) DUE TO, OR AS A CONSEQUENCE OF (c)

PART II

Other significant conditions contributing to death but not resulting in the underlying cause (as in PART I)

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20a 20b 20c YES () NO (X)

21a

Did (I) do not attend the deceased and last saw him/her alive on (MONTH, DAY, YEAR) WAS COHONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH 21a February 27, 1992. 21b Yes 21c 6:40 A M

22a

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED DATE SIGNED (MONTH DAY YEAR) 22a March 10, 1992

22b

SIGNATURE NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LIC# (SEE NUMBER) 22b John Snowel 1653 W. Congress Pkwy Chg, IL 60612 22c 36-40765

22c

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE COHONER OR MEDICAL EXAMINER MUST BE NOTIFIED. 22c

23

DISHAL CREMATION REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH DAY YEAR) 23a BURIAL 23b ST JOSEPH 23c RIVER GROVE ILLINOIS 23d MAR. 13, 1992

24a

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 24a GUIDO CARSELLO FUNERAL DIRECTOR 8300 W. LAWRENCE AVE. NORRIDGE, IL. 60656

24b

FUNERAL DIRECTOR'S SIGNATURE (TYPE OR PRINT) FURNAL DIRECTOR'S LICENSE NUMBER (TYPE OR PRINT) 24b Guido Carcello 24c 031-004496

25a

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) 25a James P. Paulissen Name Barbara Ays 25b MAR 19 1992

25b

Department of Public Health - Division of Vital Records (1-2-77) (Rev. 1-79)

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

James P. Paulissen, M.D. Local Registrar

Not valid without the embossed seal of DuPage County Health Department 111 North County Farm Road Wheaton, Illinois 60187

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