



Allen A. Yearwood
1985
DECEASED JOINT TENANCY AFFIDAVIT
94436791

STATE OF ILLINOIS
COUNTY OF COOK

ss

Order No. _____

GLORIA LEE ANCONA being duly sworn

states that she resides at 3213 Armitage in the
City of Melrose Park, IL 60160.

That she was acquainted with JENNIE ANCONA

deceased who, at the time of her death, was one of the owners of the land
in Cook County, Illinois, described as:

Lot 5 in the resubdivision of lots 8 to 14, both inclusive in block 4 in
First Addition to Leyden Gardens, a subdivision of the West Two Thirds of the
South half of the Southwest quarter of the Northeast quarter and the West one
third of the North half of the Southwest Quarter of the Northeast Quarter of
Section 33, Township 40 North, Range 12, East of the Third Principal
Meridian, in Cook county, Illinois.

Permanent Tax Number 12-33-206-026

Address: 3213 Armitage, Melrose Park, IL 60160

DEPT-01 RECORDING 123.50
155333 GRAN 9257 05/16/94 10:55:00
15915 ES 94-436791
COOK COUNTY RECORDER

Exempt under provisions of paragraph e, Section 4 of the Real Estate Transfer
Tax Act.

That the deceased died January 31, 1993, 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 Law Will & Testament which was filed in the Unproven Will
Box of the Probate Division of the Circuit Court of _____
_____ County, Illinois about _____

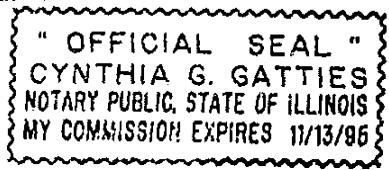
That the total value of the estate of the deceased, including both real
and personal property owned by the deceased either individually or in joint
tenancy at the time of the death of the deceased, does not exceed the sum of
_____ dollars.

Subscribed and sworn to before me by the said

Affiant's

this 3rd day of May, A.D. 1994

[Signature]
Notary Public



Lee
Gloria Ancona
(affiant's signature)

23-50
[Signature]

UNOFFICIAL COPY

94136791

Property of Cook County Clerk's Office

UNOFFICIAL COPY

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 **FEB 11 1993**

SIGNED

James E. Zelbo

AT **JOLIET, ILLINOIS 60433**

Illinois OFFICIAL TITLE

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.

PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS

REGISTRATION DISTRICT NO	9300		
REGISTERED NUMBER	94136791		
DECEASED NAME	FIRST	MIDDLE	LAST
JENNIE			ANCONA
COUNTY OF DEATH	WILL		
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER	BOLINGBROOK		
BIRTH DATE (DAY AND MONTH)	AGE AT DEATH (YEARS, MONTHS, DAYS)	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
7 CENTREVILLE, Ia.	88 yrs	FEMALE	31, 1993
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT WHETHER GIVE STREET AND NUMBER)	DATE OF BIRTH (MONTH, DAY, YEAR)
10 496 12 6321	HOUSEWIFE	HEADWATERBROOK MANOR N.H.	15, 1904
RESIDENCE (STREET AND NUMBER)	CITY, TOWN, TWP. OR ROAD DISTRICT NO	STATE	EDUCATION (SPECIFY GRADE ATTAINED)
13A 3213 ARMITAGE	11B AT LONG	ILLINOIS	8
FATHER - NAME	MOTHER - NAME	RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE, ZIP)
ANTHONY	BANWELL	17C DAUGHTER	3213 ARMITAGE, MELROSE PARK, ILL. 60160
DECEASED	DECEASED	DECEASED	DECEASED
1. CAUSE	2. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST	3. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (b) DUE TO OR AS A CONSEQUENCE OF	4. CAUSE LAST
	(a) <i>Coronary of Arteriosclerosis</i>	(b) <i>6 mos</i>	
DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION	AUTOPSY (YES/NO)	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)
		NO	NO
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED	DATE SIGNED	TIME OF DEATH	DATE SIGNED
	21b 26 1993	7:25 P	22a 2-2-93
CERTIFIER NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)	ILLINOIS LICENSE NUMBER	NOTE: IF AN INQUIRY WAS MADE TO DETERMINE THE DEATH OF THE DECEASED OR THE MEDICAL EXAMINER MUST BE NOTIFIED.	DATE SIGNED
22c ORLAND GHIONZOLI 251 N CASS AVE, WESTMONT, IL. 60559	036-044534		24d FEB 3, 1993
BURIAL, CREMATION, REMOVAL, OR OTHER DISPOSITION	CEMENTERY OR CREMATORIAL HOME	LOCATION	CITY AND NUMBER OR P.O. BOX
24a BURIAL	24b QUEEN OF HEAVEN	24c HILLSIDE, ILLINOIS	24d FEB 3, 1993
DISPOSITION	FLUENTIAL HOME	STREET AND NUMBER OR P.O. BOX	CITY AND STATE
25a CUNEO COLUMBIAN FUNERAL HOME 10300 W. GRAND AVE. FRANKLIN PARK, ILL. 60131			
FLUENTIAL HOME	STREET AND NUMBER OR P.O. BOX	CITY AND STATE	DATE SIGNED
			25c 10354
FLUENTIAL HOME	STREET AND NUMBER OR P.O. BOX	CITY AND STATE	DATE SIGNED
			26b FEB 05 1993

STATE FILE NUMBER 94136791

MEDICAL CERTIFICATE OF DEATH

UNOFFICIAL COPY

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Property of Cook County Clerk's Office
9411991