



UNOFFICIAL COPY

94641274

Chicago Title Insurance Company

94641274

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

vs.

Order No. _____

ROSE BRUNETTI

being duly sworn

states that SHE resides at 10615 S. AVENUE N in the City of CHICAGO, ILLINOIS

That SHE was acquainted with PHILIP N. BRUNETTI

deceased who, at the time of HIS death, was one of the owners of the land in COOK County, Illinois, (described as:

LOT TWELVE (12) NORTH HALF (1/2) OF LOT THIRTEEN (13) IN BLOCK FORTY EIGHT (48) IN IRONWORKERS' ADDITION TO SOUTH CHICAGO, BEING SUBDIVISION OF THE WEST HALF (1/2) OF THE NORTH WEST QUARTER (1/4) OF SECTION 17, TOWN 37 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, COOK COUNTY, ILLINOIS.

Commonly Known as: 10615 S. Avenue N, Chicago, IL 60619 P.I.N.#26-17-101-003

OK
DK

That the deceased died APRIL 30, 1994 as evidenced by a certified copy of death certificate of the deceased attached hereto.

DEPT. OF RECORDING
T#0004 TRAN 4472 07/22/94 10:44:00
#7035 ILL. #94-641274
COOK COUNTY RECORDER

That the deceased died:

- Leaving no Last Will & Testament.
Leaving a Last Will & Testament a copy of which is attached hereto.
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 _____ 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.

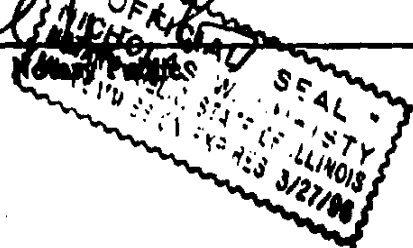
Subscribed and sworn to before me by the said

ROSE BRUNETTI

this _____ day of JULY, A.D. 19 94

Handwritten signature of Rose Brunetti

x Rose Brunetti (affiant's signature)



Handwritten number 2350

UNOFFICIAL COPY

Property of Cook County Clerk's Office



Property of Christy
1002 J. Ludwig
Apt. 21
60617

94641274

MAY 01 1994

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
608296

REGISTRATION DISTRICT NO 16.10

STAFF FILE NUMBER 4

DECEASED NAME 1 PHILIP BRUNETTI		SEX 2 MALE		DATE OF BIRTH 3 APRIL 30, 1994	
CITY OF DEATH 4 COOK		UNDER 1 YEAR 5a DAYS 5c		DATE OF BIRTH MONTH DAY YEAR 5d DECEMBER 4, 1900	
CITY, TOWN, TWP OR ROAD USE (TRACT NUMBER) 6a CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME (NOT WHETHER ONE STREET ADDRESS) 6b EHS TRINITY HOSPITAL		IF DECEASED WAS IN A HOSPITAL OR OTHER INSTITUTION (YES/NO) 6c INPATIENT	
BIRTHPLACE, CITY AND STATE OR FOREIGN COUNTRY 7 ITALY		NAME OF SURVIVING SPOUSE (NAME & HOME ADDRESS) 8a ROSE MASTRO		MARRIED (YES/NO) 8b YES	
SOCIAL SECURITY NUMBER 10 339-05-3976		EDUCATION (SCHOOL, TRADE, COLLEGE, UNIVERSITY) 12		MARRIED (YES/NO) 9 YES	
RESIDENCE (STREET AND NUMBER) 13a 10615 S AVENUE N		CITY, TOWN, TWP OR ROAD DISTRICT NO 13b CHICAGO		COUNTY 13c COOK	
STATE 13d ILLINOIS		INSIDE CITY (YES/NO) 13e YES			
FATHER-NAME FIRST MIDDLE LAST 15 ALFONSO BRUNETTI		MOTHER-NAME FIRST MIDDLE LAST 14a WHITE			
INFORMANT'S NAME (TYPE OR PRINT) 17a KAREN MAU CLERK		RELATIONSHIP TO DECEASED 17b HOSPITAL RECORDS		MARRIAGE ADDRESS (STREET AND CITY OR TOWN STATE ZIP) 17c 2320 E. 93RD ST., CHICAGO, IL 60617	
18 PARTY		19a YES		19b NO	
Cause of Death (Final diagnosis or condition resulting in death) (a) Acute Myocardial Infarction (b) Ischemic heart disease (c) Due to OR AS A CONSEQUENCE OF		MANNER OF DEATH 20c MURDER		MANNER OF DEATH 20d	
CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST		MANNER OF DEATH (SPECIFY) 20b		MANNER OF DEATH (SPECIFY) 20c	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause (print): COPD, Left Failure		MANNER OF DEATH (SPECIFY) 20b		MANNER OF DEATH (SPECIFY) 20c	
DATE OF OPERATION IF ANY 20d		MANNER OF DEATH (SPECIFY) 20b		MANNER OF DEATH (SPECIFY) 20c	
SIGNATURE 22a LESTER H. DAVIS MD., 2315 E 93RD ST., CHICAGO, IL 60617		DATE SIGNED 22b APRIL 30, 1994		MANNER OF DEATH (SPECIFY) 20b	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c		DATE SIGNED 22b		MANNER OF DEATH (SPECIFY) 20b	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 22d		DATE SIGNED 22b		MANNER OF DEATH (SPECIFY) 20b	
BIRTHPLACE, CITY AND STATE OR FOREIGN COUNTRY 23		DATE SIGNED 22b		MANNER OF DEATH (SPECIFY) 20b	
CEMETERY OR CREMATORIUM NAME 24a HOLY CROSS		CITY OR TOWN 24b CALUMET CITY, ILLINOIS		STATE 24c ILLINOIS	
FUNERAL HOME 25a THE CLAUDE E. GRIESEL MORTUARY, LTD. 10740 S. EMING AVE. CHICAGO, IL 60617		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25b		DATE FILED (TO DATE OF DEATH) 25c MAY 5, 1994	
LOCAL REGISTRAR'S SIGNATURE 26a Joyce A. Branner MPA		DATE FILED (TO DATE OF DEATH) 25c		MANNER OF DEATH (SPECIFY) 20b	
LOCAL REGISTRAR'S NAME 26b		DATE FILED (TO DATE OF DEATH) 25c		MANNER OF DEATH (SPECIFY) 20b	

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I, JOYCE A. BRANNER, MPA, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.