

UNOFFICIAL COPY

FIRST COLONIAL BANK
2201 W. 63RD ST.
DOWNERS GROVE, IL, 60516



94918155



Chicago Title Insurance Company

DEPT-11 RECORD-7

\$25.50

DECEASED JOINT TENANCY AFFIDAVIT 94918155 TRAN 7793 10/27/94 11:31:00

STATE OF ILLINOIS
COUNTY OF

ss.

Order No. 42374 : JJ 4-74-912155
COOK COUNTY RECORDER

John J. Sabatino

being duly sworn

states that he resides at 5139 NE River Road in the City of Chicago

That he was acquainted with Mary Sabatino

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

UNIT NUMBER 387 AND AS DELINEATED ON THE SURVEY OF THE FOLLOWING DESCRIBED PARCEL OF REAL ESTATE: THE WEST 61.00 FEET OF THE WEST 891.00 FEET OF THAT PART OF THE WEST 1/2 OF THE SOUTH WEST 1/4 OF SECTION 11, TOWNSHIP 40 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS: BEGINNING AT THE NORTH EAST CORNER OF THE WEST 1/2 OF SAID SOUTH WEST 1/4; THENCE WEST ALONG THE NORTH LINE OF SAID SOUTH WEST 1/4 TO THE NORTH WEST CORNER OF SAID SOUTH WEST 1/4; THENCE SOUTH, ALONG THE WEST LINE SAID SOUTHWEST 1/4, 40.00 FEET; THENCE EAST, ON A LINE PARALLEL WITH SAID NORTH LINE, TO THE EAST LINE OF THE WEST 1/2 OF SAID SOUTH WEST 1/4; THENCE NORTH TO THE POINT OF BEGINNING, (EXCEPTING FROM SAID TRACT THE NORTH 270.00 FEET, AS MEASURED ALONG THE EAST LINE THEREOF, AND EXCEPTING ALSO THE SOUTH 274.00 FEET THEREOF), IN COOK COUNTY, ILLINOIS, WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO DECLARATION OF CONDOMINIUM MADE BY CENTRAL NATIONAL BANK, AS TRUSTEE UNDER TRUST NUMBER 21947, REGISTERED IN THE OFFICE OF THE REGISTER OF TITLES OF COOK COUNTY, ILLINOIS, AS DOCUMENT LR 3003245, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN COOK COUNTY, ILLINOIS.

The Real Property or its address is commonly known as 5139 NE River Road, Chicago, IL, 60656. The Real Property tax identification number is 12-11-310-074-1087.

That the deceased died Jan 10, 1988, 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 Cook County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois about Feb 1988

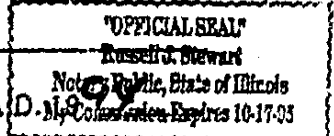
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That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \$75,000 dollars.

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

this 19 day of OCTOBER, 1994
Notary Public



(Affiant's signature) 23.50

RE: TITLE SERVICES # RT10-1391 10F2 19661

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[Handwritten signature]

100-10000

Property of Cook County Clerk's Office

REGISTRATION DISTRICT NO. 42-10
REGISTERED NUMBER

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER
600507

JAN 11 1988

DECEASED - NAME: MARY SEX: FEMALE DATE OF DEATH - MONTH DAY YEAR: JAN 9, 1988
AGE - LAST BIRTHDAY: 68 BORN: NOV 17, 1919 COUNTY OF DEATH: COOK
RACE: WHITE ETHNIC OR DESCENT: ITALIAN HOSPITAL OR OTHER INSTITUTION - NAME & ADDRESS: Central Nursing Home
CITY, TOWN, TWP OR ROAD DISTRICT NUMBER: Chicago

CITIZEN OF WHAT COUNTRY: USA NATURAL, NATURALIZED, ALIEN, CITIZENSHIP: MARRIED
SOCIAL SECURITY NUMBER: 318 18 9899 A HOUSEWIFE
RESIDENCE: 2516 Haymond CITY, TOWN, TWP OR ROAD DISTRICT NO.: River Grove HOME ADDRESS: 2450 N. Central, Chicago, Illinois
MOTHER - MARRIED: YES NAME OF SURVIVING SPOUSE - PRECEDENCE: Sam Sabatino
OTHER - NAME: John Rapisardi not available

REGISTRANT NAME (TYPE OR PRINT): Dr. Robert B. Baccarelli MEDICAL RECORDS: 2450 N. Central, Chicago, Illinois
DEATH WAS CAUSED BY: Cardiac Asystole
DOE TO OR AS A CONSEQUENCE OF: Amiotrophic Lateral Sclerosis

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE IN STATING THE UNDERLYING CAUSE LIST: Cardiac Asystole
DATE OF OPERATION, IF ANY: Jan 8, 1988 HOURS OF OPERATION: 12:25 A
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED

REGISTRANT SIGNATURE: [Signature]
NAME AND ADDRESS OF REGISTRANT: Edl. Shulruff, M.D., 6574 N. Lincoln, Chicago, Ill.
ALABAMA LICENSE NUMBER: 36-2689038

REGISTRANT SIGNATURE: [Signature]
NAME AND ADDRESS OF REGISTRANT: [Address]

REGISTRANT SIGNATURE: [Signature]
NAME AND ADDRESS OF REGISTRANT: [Address]

REGISTRANT SIGNATURE: [Signature]
NAME AND ADDRESS OF REGISTRANT: [Address]

REGISTRANT SIGNATURE: [Signature]
NAME AND ADDRESS OF REGISTRANT: [Address]

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

LOUISE E. EDWARDS M.D. M.P.A.
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 OF THE CITY OF CHICAGO
AND VOUCHER OF THE LAWS OF THE
STATE OF ILLINOIS AND THE
ORDINANCES OF THE CITY OF CHICAGO.
THAT THE ACCOMPANYING CERTIFICATE
OF THIS SHEET IS A TRUE COPY AS A
RECORD KEPT BY ME IN PURSUANCE OF
SAID LAWS AND ORDINANCES.

[Signature]
LOCAL REGISTRAR

THIS CERTIFIED COPY VALID
WHEN MULTICOLOR SEAL AND
BLUE SIGNATURE ARE AFFIXED

OFFICE OF HEALTH CITY OF CHICAGO

UNOFFICIAL COPY

Property of Cook County Clerk's Office

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