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95708851

STATE OF ILLINOIS)
) ss
COUNTY OF COOK)

DEPT-01 RECORDING \$23.50
T40010 TRAN 3074 10/18/95 09:52:00
#8307 + CJ *-95-708851
COOK COUNTY RECORDER

JOINT TENANCY AFFIDAVIT

Edward M. Blomberg, hereinafter referred to as the affiant deposes and states that the affiant resides at 4661 Kirchoff Road, Palatine, Illinois;

2350
u

That the decedent, Charles A. Graziano, at the time of his death was one of the owners of the property in Cook County, Illinois, legally described as follows:

The Western 15 feet of the North Half of Lot 5 and the North Half of Lot 6 in Block 41 in Arthur T. McIntosh and Company's Palatine Estate Unit Number 3, being a Subdivision of part of Sections 26 and 27, Township 42 North, Range 10 East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Index No. 02-26-302-016
Property Address: 4661 Kirchoff Road, Palatine, Illinois 60067

That said decedent, Charles A. Graziano, died on October 4, 1993 leaving a last will and testament;

That the total value of the estate of said decedent, Charles A. Graziano, including his taxable interest in the above real estate is \$50,000.00.

That no Illinois Inheritance Tax nor Federal Estate Tax, if any, was due from the decedent's estate;

That the affiant makes this affidavit to induce any Title Insurance Company to issue its Policy of Title Insurance on the above described property

X Edward M. Blomberg
Edward M. Blomberg, Affiant

95708851

Subscribed and Sworn to before me
this 18 day of oct,
19 95.

William J. Duffy
Notary Public

"OFFICIAL SEAL"
WILLIAM J. DUFFY
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 2/4/99

This instrument prepared by: William J. Duffy, Attorney at Law, 101 S. Pine Street,
Mt. Prospect, Illinois 60056



RE: ATTORNEY SERVICES # 6405542

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Property of Cook County Clerk's Office

12/28/2023

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. <u>100</u>	DECEASED-NAME CHARLES A. GAZZIANO	LAST	SEX 2 Male	DATE OF DEATH 3 October 4, 1993
REGISTERED NUMBER	AGE-LAST BIRTHDAY (MOS) 53 34	UNDER 1 YEAR DAYS	UNDER 1 DAY HOURS MIN	DATE OF BIRTH 5d May 30, 1959
CITY, TOWN, TWP. OR ROAD/DISTRICT NUMBER	HOSPITAL OR OTHER INSTITUTION-NAME IF NOT IN ITEM 4, ONE STREET AND NUMBER	IF FOSK, OR FIST, INDICATE D.O.A. OF FEMERIAL PATIENT (SPECIFY)		
6a Palatine	6b 4661 Kirchoff	IF DECEASED WEREN'T MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED, OR NEVER MARRIED		
7 Chicago, IL.	USUAL OCCUPATION 1 Self Employed	EDUCATION: SPECIFY ONE THROUGH SEVENTH GRADE (OR HIGHER) (SEE INSTRUCTIONS)		
10 348 58 0293	CITY, TOWN, TWP. OR ROAD/DISTRICT NO. 11b. C.P.A	INSIDE CITY (YES/NO) 13c. Yes	COUNTY 13d. Cook	
13a 4661 Kirchoff	RACE (WHITE, BLACK, AMERICAN INDIAN, OTHER) 14b. White	SPECIFY: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
13b Illinois	RELATIONSHIP 16. Grace Filippelli	MIDDLE (MARRIED) LAST		
15. Charles J. Graziano	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17a. Charles J. Graziano 17230 Laverqne, Hillside, IL. 60162	IF FEMALE, WAS THIS A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>		
18. PART I.	IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) Kaposi's Sarcoma	HOUR OF DEATH 21c. 5:45 P. M.		
	CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DUE TO, OR AS A CONSEQUENCE OF	DATE SIGNED 22b. 10/5/93		
	(c) DUE TO, OR AS A CONSEQUENCE OF	ELIHOIS LICENSE NUMBER 22d. 026 069017		
PART II. Other significant conditions contributing to death, not resulting in the underlying cause given in PART I.	MAJOR FINDINGS OF OPERATION 20b.	NOTE: IF AN INJURY WAS INVOLVED IN THE DEATH, THE CORNER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
	DATE OF OPERATION, IF ANY	IF CORNER OR MEDICAL EXAMINER NOTIFIED (YES/NO) 21b. NO		
	TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.	SIGNATURE OF CERTIFIER 22c. Robert Zimmancik MD		
	NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 1775 BAYLARD AVE. PARK RIDGE, IL.	FEDERAL DIRECTOR'S SIGNATURE - 25a. Louis J. Reda		
	NAME AND ADDRESS OF OTHER THAN CERTIFIER	CITY OR TOWN 24c. Hillside, Illinois		
		STATE 24d. Illinois		
		DATE 24e. 24 Oct. 7, 1993		
		FEDERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 34-9086		
		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26d. OCT 06 1993		

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item 1 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.

Date: **OCT 06 1993** Signed: Madine McCuskey

At Cook County Department of Public Health, Official Title Chief Deputy Registrar
1010 Lake St. Oak Park, Illinois 60301

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Property of Cook County Clerk's Office

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