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DECEASED JOINT TENANCY AFFIDAVIT

96205874

STATE OF ILLINOIS
COUNTY OF

} ss.

Order No. _____

Rosemarie Nelson and Anthony Scaletta _____ being duly sworn

states that they resides at 111 We-Go Trail/307 N. School St. in the City of Mount Prospect, Illinois 60056

That they ^{were} ~~was~~ acquainted with Samuel Scaletta deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

Lot Twenty Nine (29), Lot Thirty (30) in Block Two (2) in P.S. Peale's Subdivision of the Southwest Quarter (1/4) of the Southwest Quarter (1/4) of Section 36, Town 41 North Range 12, East of the Third Principal Meridian.

*Dr. J. - 370-610
1003 Harrison PK Ridge, IL 60068*

That the deceased died June 6, 1984, 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 _____ 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

Rosemarie Nelson + Anthony Scaletta

this 14 day of MARCH, A.D. 1996

Maureen Meers
Notary Public



"OFFICIAL SEAL"
MAUREEN P. MEERSMAN
Notary Public, State of Illinois
My Commission Expires 12/2/97

Return to #19

*Rosemarie Nelson
Anthony Scaletta*
(affiant's signature)

*Co executors of
Estate of Marie
Scaletta decd.*

96205874
1-21-96 12:58:00
1-21-96 *96-205874

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AUG 25 1995

STATE OF ILLINOIS
County of Cook,

SS.

DAVID D. ORR. County Clerk

I, DAVID D. ORR, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David D. Orr
County Clerk

REGISTRATION DISTRICT NO. 16.10		STATE OF ILLINOIS		STATE FILE NUMBER 611322	
REGISTERED NUMBER		DECEASED—NAME		SEX	DATE OF DEATH
SAMUEL SCALETTA		SCALETTA		2. MALE	3. JUNE 6, 1984
1. NAME		DATE OF BIRTH (MO., DAY, YEAR)		COUNTY OF DEATH	
6. JAN. 30, 1908		7a. COOK			
4a. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.)		5a. ETHNIC ORIGIN (DESCENT)		6. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN OTHER, GIVE NUMBER)	
4a. WHITE		5a. ITALIAN		6. RESURRECTION HOSPITAL	
7b. CITY, TOWN, TWP. OR ROAD DISTRICT		7c. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN OTHER, GIVE NUMBER)		7d. DOA	
7b. CHICAGO		7c. RESURRECTION HOSPITAL		7d. DOA	
8. STATE OF BIRTH (IF NOT U.S.A. GIVE COUNTRY)		9. CITIZENSHIP (IF NAT. OF OTHER COUNTRY)		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
8. ITALY		9. U.S.		10. MARRIED	
11. SOCIAL SECURITY NUMBER		12. USUAL OCCUPATION		13. KIND OF BUSINESS OR INDUSTRY	
11. 318-03-6429A		12. RETAIL SALES		13. AUTO PARTS	
14. RESIDENCE STREET AND NUMBER		15. CITY, TOWN, TWP. OR ROAD DISTRICT		16. INSIDE CITY (YES/NO)	
14. 1003 S. HARRISON		15. PARK RIDGE		16. YES	
17. FATHER—NAME		18. MOTHER—MAIDEN NAME		19. COUNTY	
17. ANTHONY SCALETTA		18. MARY (NOT AVAILABLE)		19. COOK	
20. INFORMANT NAME (TYPE OR PRINT)		21. RELATIONSHIP		22. MAILING ADDRESS	
20. MARIE SCALETTA		21. WIFE		22. 1003 S. HARRISON PARK RIDGE, IL	
23. DEATH WAS CAUSED BY:		24. [ENTER ONLY ONE CAUSE OR LINE FOR (a), (b), AND (c)]		25. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
23. PART I. IMMEDIATE CAUSE		24. METASTATIC CARCINOMA OF PROSTATE		25. 1yr	
26. CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		27. (a) DUE TO OR AS A CONSEQUENCE OF		28. (b) DUE TO OR AS A CONSEQUENCE OF	
		27. (a) DUE TO OR AS A CONSEQUENCE OF		28. (b) DUE TO OR AS A CONSEQUENCE OF	
29. PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT TO CAUSE GIVEN IN 23.		30. AUTOPSY (YES/NO)		31. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?	
		30. NO		31. YES <input type="checkbox"/> NO <input type="checkbox"/>	
32. DATE OF OPERATION, IF ANY		33. MAJOR FINDINGS OF OPERATION		34. HOUR OF DEATH	
32. 6/5/84		33. WAS CORONER OR MEDICAL EXAMINER NOTIFIED (SPECIFY YES OR NO)		34. 4:08 PM	
35. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)		36. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED		37. DATE SIGNED (MO., DAY, YEAR)	
35. SIGNATURE		36. NAME AND ADDRESS OF CERTIFIER		37. JUNE 7, 1984	
35. DR. S. SHASTRI		36. 2510 DEMPSTER ST. DES PLAINES, IL		37. ILLINOIS LICENSE NUMBER 36-45367	
38. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		39. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		40. DATE (MONTH, DAY, YEAR)	
38. DR. S. SHASTRI		39. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		40. JUNE 9, 1984	
41. BURIAL, CREMATION, REMOVAL (SPECIFY)		42. CEMETERY OR CREMATORY—NAME		43. LOCATION	
41. BURIAL		42. MEMORY GARDENS		43. ARLINGTON HGTS. IL	
44. FUNERAL HOME		45. NAME		46. STREET AND NUMBER OR R. F. D.	
44. NELSON FUNERAL HOMES, INC.		45. 5149-51 N. ASHLAND AVE.		46. CHICAGO, IL 60640	
47. FUNERAL DIRECTOR'S SIGNATURE		48. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		49. DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
47. [Signature]		48. 4104		49. JUN 7 1984	
50. LOCAL REGISTRAR'S SIGNATURE		51. (BASED ON 1978 U.S. STANDARD CERTIFICATE)		52. ILLINOIS DEPARTMENT OF PUBLIC HEALTH—OFFICE OF VITAL RECORDS	
50. [Signature]		51. (BASED ON 1978 U.S. STANDARD CERTIFICATE)		52. ILLINOIS DEPARTMENT OF PUBLIC HEALTH—OFFICE OF VITAL RECORDS	

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