

STATE OF ILLINOIS )

COUNTY OF Cook )

JOINT TENANCY AFFIDAVIT

ANTONIO MOLINARO, hereinafter referred to as the affiant, states under oath that the affiant resides at 2 WILLOWMERE DRIVE in the Village of South Barrington, Illinois; that the affiant was acquainted with ANNUNZIATA MOLINARO, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of properly recorded joint tenancy warranty deed, said property located in COOK County, Illinois, and legally described as follows: (See reverse side for legal description)

3

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent died on 11-17-93, leaving no/a last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ 80,000; and

That the value of the above property individually was \$ 75,000

That the affiant makes this affidavit to induce ATTORNEYS' TITLE INSURANCE FUND, INC. to issue its policy of title insurance on the above described property.

The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATTORNEYS' TITLE INSURANCE FUND, INC. harmless and to reimburse the Fund for all loss, costs, damages, suits, attorney's fees and expenses and every kind and nature which the Fund may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

- 1. Claims against the estate of ANNUNZIATA MOLINARO, the decedent;

- 2. Illinois State Inheritance Tax and Federal Tax which may be charged against the estate of said decedent;
- 3. Legacies, if any, created by the will of said decedent;
- 4. Rights to contribution.

*Antonio Molinsic*.....(Seal)

.....(Seal)

Subscribed and Sworn to before me  
this 20th day of May 1997

*[Signature]*  
Notary Public



NOTE: If the decedent left a will, it will be necessary that the original or a certified copy thereof be presented to us for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

**LEGAL DESCRIPTION:**

LOT 32 IN BLOCK 2, IN CUMBERLAND AND LAWRENCE, BEING GEORGE GAUNTLETT'S SUBDIVISION OF THE SOUTHEAST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 11, TOWNSHIP 40 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN.

P. I. N. # 12-11-304-009-0000

ATTORNEY'S NATIONAL  
TITLE NETWORK, INC.



PREPARED BY:

RICHARD S. CHELMINSKI, P.C.  
.....

8303 W. Higgins, Suite 300  
.....

CHICAGO, ILLINOIS 60631  
.....

MAIL TO:

RICHARD S. CHELMINSKI, P.C.  
.....

8303 W. Higgins, Suite 300  
.....

CHICAGO, ILLINOIS 60631  
.....

# UNOFFICIAL COPY

I HEREBY CERTIFY THAT THE ORIGINAL 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: **NOV 22 1993**

Signed

*Madeline McCarty*

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

## STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. **16.0**

REGISTERED NUMBER

DECEASED NAME

FIRST **ANNUNZIATA**

MIDDLE

"NANCY"

LAST

**MOLLINARO**

SEX

**FEMALE**

DATE OF DEATH (MONTH DAY YEAR)

**3 NOVEMBER 17, 1993**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

**60 4923 N. CHESTER**

HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER GIVE STREET ADDRESS)

**5d. FEBRUARY 12, 1907**

IF HOSP OR INST. INDICATE D.O.A. OF DEATH AND REASON THEREOF

**6c. AT HOME**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)

**ITALY**

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

**8b. MARRIED**

NAME OF SURVIVING SPOUSE (MARRIAGE # WIFE)

**ACHILLE MOLLINARO**

SOCIAL SECURITY NUMBER

**10343-30-3250 A**

USUAL OCCUPATION

**11a. HOMEMAKER**

KIND OF BUSINESS OR INDUSTRY

**11b. OWN HOME**

RESIDENCE (STREET AND NUMBER)

**13a. 4923 N. CHESTER**

CITY, TOWN, TWP. OR ROAD DISTRICT NO.

**13b. NORRIDGE**

INSIDE CITY

**13c. YES**

COUNTY

**COOK**

STATE

**ILLINOIS**

ZIP CODE

**13d. 60656**

RACE (WHITE, BLACK, AMERICAN INDIAN, OR HISpanic ORIGIN) (SPECIFY) (NO YES - SPECIFY ORIGIN MEDIAN PLURINO RACIAL #)

**14a. WHITE**

MOTHER-NAME

**14b. VICTORIA**

MOTHER-NAME

**14c. MIDDLE**

MOTHER-NAME

**14d. LAST**

FATHER-NAME

**BRUNO**

RELATIONSHIP

**BIOTTO**

RELATIONSHIP

**WUSBAND**

MARRIAGE ADDRESS (STREET AND NO OR R.F.D. CITY OR TOWN, STATE, ZIP)

**17c. 4923 N. CHESTER, NORRIDGE, ILLINOIS**

17a. ACHILLE MOLLINARO

18. PART I: Immediate Cause (Final disease or condition resulting in death)

**3 weeks**

Enter the disease, or conditions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause in each slot.

**Cardiac arrest due to atherosclerosis**

3 weeks

years

CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

(a)

Due to or as a consequence of

**Cardiac arrest due to atherosclerosis**

(b)

Due to or as a consequence of

**Cardiac arrest due to atherosclerosis**

(c)

PART II: Other significant conditions contributing to death (including the underlying cause given in PART I)

**Cardiac arrest due to atherosclerosis**

DATE OF OPERATION, IF ANY

**NO**

PLACED IN HANDS OF OPERATION

**NO**

DATE OF OPERATION, IF ANY

**NO**

PLACED IN HANDS OF OPERATION

**NO**

DATE OF OPERATION, IF ANY

**NO**

PLACED IN HANDS OF OPERATION

**NO**

19. DID NOT ATTEND THE DECEASED (YES) (MONTH DAY YEAR)

**NO**

19a. DID NOT ATTEND THE DECEASED (YES) (MONTH DAY YEAR)

**NO**

19b. DID NOT ATTEND THE DECEASED (YES) (MONTH DAY YEAR)

**NO**

19c. DID NOT ATTEND THE DECEASED (YES) (MONTH DAY YEAR)

**NO**

19d. DID NOT ATTEND THE DECEASED (YES) (MONTH DAY YEAR)

**NO**

19e. DID NOT ATTEND THE DECEASED (YES) (MONTH DAY YEAR)

**NO**

19f. DID NOT ATTEND THE DECEASED (YES) (MONTH DAY YEAR)

**NO**

20a. SIGNATURE OF PHYSICIAN OR OTHER THAN CERTIFIER (TYPE OR PRINT)

**DR. CANTONIS**

NAME AND ADDRESS OF PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

**5600 W. ADDISON CHICAGO, ILLINOIS**

21a. SIGNATURE OF PHYSICIAN OR OTHER THAN CERTIFIER (TYPE OR PRINT)

**DR. CANTONIS**

NAME AND ADDRESS OF PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

**5600 W. ADDISON CHICAGO, ILLINOIS**

22a. SIGNATURE OF PHYSICIAN OR OTHER THAN CERTIFIER (TYPE OR PRINT)

**DR. CANTONIS**

NAME AND ADDRESS OF PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

**5600 W. ADDISON CHICAGO, ILLINOIS**

23. BUREAU OF VITAL RECORDS (TYPE OR PRINT)

**DR. CANTONIS**

NAME AND ADDRESS OF PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

**5600 W. ADDISON CHICAGO, ILLINOIS**

24a. BUREAU OF VITAL RECORDS (TYPE OR PRINT)

**DR. CANTONIS**

NAME AND ADDRESS OF PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

**5600 W. ADDISON CHICAGO, ILLINOIS**

24b. BUREAU OF VITAL RECORDS (TYPE OR PRINT)

**DR. CANTONIS**

NAME AND ADDRESS OF PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

**5600 W. ADDISON CHICAGO, ILLINOIS**

25a. BUREAU OF VITAL RECORDS (TYPE OR PRINT)

**DR. CANTONIS**

NAME AND ADDRESS OF PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

**5600 W. ADDISON CHICAGO, ILLINOIS**

25b. BUREAU OF VITAL RECORDS (TYPE OR PRINT)

**DR. CANTONIS**

NAME AND ADDRESS OF PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

**5600 W. ADDISON CHICAGO, ILLINOIS**

26a. BUREAU OF VITAL RECORDS (TYPE OR PRINT)

**DR. CANTONIS**

NAME AND ADDRESS OF PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

**5600 W. ADDISON CHICAGO, ILLINOIS**

26b. BUREAU OF VITAL RECORDS (TYPE OR PRINT)

**DR. CANTONIS**

NAME AND ADDRESS OF PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

**5600 W. ADDISON CHICAGO, ILLINOIS**

27a. BUREAU OF VITAL RECORDS (TYPE OR PRINT)

**DR. CANTONIS**

NAME AND ADDRESS OF PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

**5600 W. ADDISON CHICAGO, ILLINOIS**

27b. BUREAU OF VITAL RECORDS (TYPE OR PRINT)

**DR. CANTONIS**

NAME AND ADDRESS OF PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

**5600 W. ADDISON CHICAGO, ILLINOIS**

28a. BUREAU OF VITAL RECORDS (TYPE OR PRINT)

**DR. CANTONIS**

NAME AND ADDRESS OF PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

**5600 W. ADDISON CHICAGO, ILLINOIS**

28b. BUREAU OF VITAL RECORDS (TYPE OR PRINT)

**DR. CANTONIS**

NAME AND ADDRESS OF PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

**5600 W. ADDISON CHICAGO, ILLINOIS**

29a. BUREAU OF VITAL RECORDS (TYPE OR PRINT)

**DR. CANTONIS**

NAME AND ADDRESS OF PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

**5600 W. ADDISON CHICAGO, ILLINOIS**

UNOFFICIAL COPY

Property of Cook County Clerk's Office