

UNOFFICIAL COPY

STATE OF ILLINOIS)
COUNTY OF COOK) SS

97307686

JOINT TENANCY AFFIDAVIT

RECORDERS USE ONLY

COOK COUNTY
RECORDER
JESSE WHITE
MAYWOOD OFFICE

0004 MCH 05/02/97
RECORDING # 97307686 # 0004 MCH 05/02/97
MAILINGS # 97307686 # 0004 MCH 05/02/97

ELEANOR BARBA LUIEZZI, hereinafter referred to as the affiant, states under oath that the affiant resides at 3050 Louis Avenue, in the Village of Franklin Park, County of Cook, State of Illinois; that the affiant was acquainted with PHILIP LUIEZZI, the decedent and that at the time of death, the decedent was one of the owners of the property by virtue of a properly recorded joint tenancy warranty deed, said property located in COOK COUNTY, ILLINOIS and legally described as follows:

LEGAL DESCRIPTION:

LOTS 1 AND 2 IN BLOCK 7 ALL IN FOURTH ADDITION TO FRANKLIN PARK, A SUBDIVISION OF PART OF THE EAST HALF OF THE NORTHWEST QUARTER OF SECTION 28, TOWNSHIP 40 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTH OF CENTER LINE OF GRAND AVENUE, IN COOK COUNTY, ILLINOIS

P.L.N.: 12-28-114-018-0000 and 12-28-114-019-0000

Commonly Known As: 3050 Louis, Franklin Park, Illinois, 60131

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;

The decedent died on 24 September 1996 leaving no last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ 125,000.00;

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That the value of the above property individually was \$ 125,000.00;

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.

That ELEANOR BARBA LUIEZZI, the affiant, hereby covenants and agrees, for herself, 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 PHILIP LUIEZZI, the decedent;
2. State 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.

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Eleanor Barba Luezzi
ELEANOR BARBA LUIEZZI

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SUBSCRIBED AND SWORN to
before me this 28th day
of April 1997.

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Barrett F. Pedersen

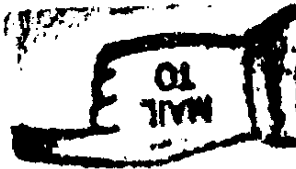
Notary Public

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.

Prepared By and

Return To:

Barrett F. Pedersen
9418 Irving Park Road
Schiller Park, IL 60176
(847) 678-9444



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DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.35	STATE OF ILLINOIS		STATE FILE NUMBER
	REGISTERED NUMBER 540	MEDICAL CERTIFICATE OF DEATH		
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED-NAME FIRST MIDDLE LAST 1 PHILIP LUIEZZI		SEX 2 MALE	DATE OF DEATH (MONTH DAY YEAR) 3 09/24/1996
	COUNTY OF DEATH 4 COOK	AGE - LAST BIRTHDAY (YR) MO DAY 5a 74	UNDER 1 YEAR MO DAY 5b	UNDER 1 DAY HOURS MIN 5c
CITY TOWN TWP OR ROAD DISTRICT NUMBER 6a MELROSE PARK		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b GOTTLIEB MEMORIAL HOSPITAL		IF HOSP OR INST INDICATE OOA OF BURR OR INPATIENT (SPECIFY) 6c IN-PATIENT
DECEASED	BIRTHPLACE (CITY AND STATE OR COUNTRY) 7 ITALY	MARRIED NEVER MARRIED, WIDOWED DIVORCED (SPECIFY) 8a MARRIED	NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) 6b ELEANOR LUIEZZI Barba	
	SOCIAL SECURITY NUMBER 10 323-12-4968	USUAL OCCUPATION 11a Retired	KIND OF BUSINESS OR INDUSTRY 11b Cold Storage	EDUCATION (SPECIFY COLLEGE, UNIVERSITY, ETC.) 12 12
DECEASED	RESIDENCE (STREET AND NUMBER) 13a 3050 LOUIS STREET		CITY TOWN TWP OR ROAD DISTRICT NO. 13b FRANKLIN PARK	INSIDE CITY (YES/NO) 13c YES
	STATE 13a IL	ZIP CODE 60131	RACE (WHITE BLACK AMERICAN INDIAN OR PACIFIC ISLANDER) 14a WHITE	OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES SPECIFY CUBAN MEXICAN PUERTO RICAN, ETC.) 14b NO
PARENTS	FATHER-NAME FIRST MIDDLE LAST 15 LUIGI LEUZZI		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16 EMILA VISCONTI	
	INFORMANT'S NAME (TYPE OR PRINT) 17a Eleanor Luiezzzi		RELATIONSHIP 17b Wife	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN STATE ZIP) 17c 3050 Louis-Franklin Park Il 60131
CAUSE	18. PART I Enter the disease, or conditions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, block, or heart failure. List only one cause on each line. (a) Ischemic Cardiomyopathy			APPROPRIATE FOR MEDICAL EXAMINATION (YES/NO)
	CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST (b) Coronary artery Disease (c) Atherosclerosis			
CAUSE	PART II Other (pre-existing) conditions contributing to death and not resulting in the underlying condition in PART I Dilation, Peripheral vascular disease, hypertension			AUTOPSY (YES/NO) 19a NO
	DATE OF OPERATION IF ANY 20a	MAJOR FINDINGS OF OPERATION 20b		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c YES [] NO [x]
CERTIFIER	11(D): DID NOT ATTEND THE DECEASED AND LAST SAW HIM HER ALIVE ON 21a 9-24-96		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b No	HOUR OF DEATH 21c 7:20 P.M.
	TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED 22a SIGNATURE			DATE SIGNED (MONTH DAY YEAR) 22b 9-24-96
CERTIFIER	NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c S.J. ... 675 W. Ave. Melrose Park 60131		ILLINOIS LICENSE NUMBER 22d 036-045225	
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23			
DISPOSITION	BURIAL CREMATION REMOVAL (SPECIFY) 24a Burial	CEMETERY OR CREMATORY - NAME 24b Queen of Heaven	LOCATION CITY OR TOWN STATE 24c Hillside Illinois	DATE (MONTH DAY YEAR) September 27, 1996
	FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a Cuneo-Columbian Funeral Home 10300 W Grand Avenue Franklin Park Illinois 60131		FUNERAL DIRECTOR'S SIGNATURE 25c	
FUNERAL DIRECTOR'S SIGNATURE 25c		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25d 034-010824		
LOCAL REGISTRAR'S SIGNATURE 26a		DATE OF LOCAL REGISTRAR (MONTH DAY YEAR) 26b Sept. 27, 1996		

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record of the decedent named herein, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE Sept. 27, 1996 SIGNED Lawrence Stacey
AT MELROSE PARK, Illinois OFFICIAL TITLE DEPUTY REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

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