

LAND TITLE AMERICA

15 SPINNING WHEEL ROAD SUITE 210 HINSDALE IL 60521 (312) 323-9870

DECEASED JOINT TENANT AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF COOK

} SS

RE: FILE NO. UG-927524-C5

Philip F. Torina, being duly sworn and for the purpose of inducing Land Title America, Inc. to delete all title exceptions caused by the death of Philip Torina, states:

1. That Affiant resides at 685 Winston Drive, Melrose Park, IL.
2. That Affiant was acquainted with said decedent who died on Nov. 12, 1996 as evidenced by the certified copy of death certificate attached hereto;
3. That said decedent was one of the owners of land:
 - described in the subject file, or;
 - legally described as follows;

Lots 13 and 14 in Block 126 in Melrose Park, a Subdivision of Lots 3, 4 and 5 in Superior Court Partition of the South 1/2 of Section 3 and all of Section 10, lying North of the Railroad in Township 39 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Tax Index Number 15-03-335-018

Permanent Tax Index Number 15-03-335-017

4. That said decedent died:
 - leaving no Last Will and Testament;
 - leaving a Last Will and Testament, a copy of which is attached hereto;
5. That the total value of the estate of said decedent, including both real and personal property owned by said decedent either individually or in joint tenancy at the date of death, does not exceed \$ 25,000

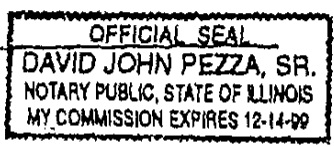
Subscribed and sworn to before

me by the said Affiant

this 14th day of July, 19 98

Philip F. Torina
(Affiant's Signature)

David John Pezza, Sr.
Notary Public



50-729126-917 LAND TITLE GROUP, INC.

UNOFFICIAL COPY

Property of Cook County Clerk's Office

MEDICAL CERTIFICATE OF DEATH

REGISTRATION NO. 14035
DISTRICT NO. 650
REGISTERED NUMBER 6050

Type of Print In Permanent Ink See Funeral Director, Hospital, or Physicians Handbook for Instructions

1. DECEASED-NAME		FIRST	MIDDLE	LAST	SEX	DATE OF BIRTH	(MONTH, DAY, YEAR)
1. PHILIP				TORINA	2. MALE	3. NOVEMBER 12, 1996	
4. COUNTY OF DEATH		COUNTRY OF BIRTH		AGE - LAST BIRTHDAY (YRS)	UNDER 1 YEAR	1 YEAR TO 5 YEARS	5+ YEARS
4. COOK		PENNSYLVANIA		5a. 84	5b.	5c.	5d. FEBRUARY 20, 1912
6a. MELROSE PARK		6b. GOTTLIEB MEMORIAL HOSPITAL		HOSPITAL OR OTHER INSTITUTION - NAME (if not in either case STREET AND NUMBER)			
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MARITAL NAME, IF WIFE)			
7. MELROSE PARK, PENN.		8a. WIDOWED		NONE			
B. SOCIAL SECURITY NUMBER		9a. LABORER		9b. KIND OF BUSINESS OR INDUSTRY			
10. 209-10-2259		11a. LABORER		11b. DAIRY			
C. RESIDENCE (STREET AND NUMBER)		12a. ILLINOIS		12b. MELROSE PARK		12c. COOK	
13a. 1006 N. 21st AVE.		13b. ILLINOIS		13c. ZIP CODE 60160		13d. RACE (PRINT RACE, AMERICAN BORN, OR WHITE)	
D. STATE		14a. FRANCIS		14b. TORINA		14c. RIZZO	
E. FATHER-NAME		15. BARBARA A. EVERETT		15b. RECORD # 701 W. NORTH AVE., MELROSE PK., ILL.		15c. TORINA	
F. MOTHER-NAME		16. TORINA		16b. TORINA		16c. TORINA	
G. PART II. Date of operation, if any		17a. 11/8/96		17b. 11/8/96		17c. 11/8/96	
H. CAUSE		18. PART I. Immediate Cause (Final disease or condition resulting in death)		18a. CAECAL PULMONARY Aneurysm		18b. 30 MIN	
I. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST		18. PART II. Other significant etiologic conditions that caused the death (Do not enter in item 18a, if of dying, such as cardiac or respiratory arrest, shock, or heat stroke. List only one cause on each line.)		18a. CAECAL PULMONARY Aneurysm		18b. 30 MIN	
J. DATE OF OPERATION, IF ANY		19a. AAA		19b. AAA		19c. AAA	
K. HEALTH OF DECEASED AND LAST KNOWN HEALTH		20a. 11/8/96		20b. 11/8/96		20c. 11/8/96	
L. TO THE BEST OF MY KNOWLEDGE, I BELIEVE THAT THE TIME, DATE AND PLACE AND THE CAUSE(S) STATED		21a. 11/8/96		21b. 11/8/96		21c. 11/8/96	
M. NAME AND ADDRESS OF CENTER		22a. 22c. 675 W. North Ave		22b. Melrose Park, IL		22d. 036-092533	
N. NAME OF ATTENDING PHYSICIAN (OTHER THAN CERTIFIER)		23. 23a. 23b. 23c. 23d. 23e. 23f. 23g. 23h. 23i. 23j. 23k. 23l. 23m. 23n. 23o. 23p. 23q. 23r. 23s. 23t. 23u. 23v. 23w. 23x. 23y. 23z.		23a. 23b. 23c. 23d. 23e. 23f. 23g. 23h. 23i. 23j. 23k. 23l. 23m. 23n. 23o. 23p. 23q. 23r. 23s. 23t. 23u. 23v. 23w. 23x. 23y. 23z.		23a. 23b. 23c. 23d. 23e. 23f. 23g. 23h. 23i. 23j. 23k. 23l. 23m. 23n. 23o. 23p. 23q. 23r. 23s. 23t. 23u. 23v. 23w. 23x. 23y. 23z.	
O. NAME AND ADDRESS OF CENTER		24a. 24b. 24c. 24d. 24e. 24f. 24g. 24h. 24i. 24j. 24k. 24l. 24m. 24n. 24o. 24p. 24q. 24r. 24s. 24t. 24u. 24v. 24w. 24x. 24y. 24z.		24a. 24b. 24c. 24d. 24e. 24f. 24g. 24h. 24i. 24j. 24k. 24l. 24m. 24n. 24o. 24p. 24q. 24r. 24s. 24t. 24u. 24v. 24w. 24x. 24y. 24z.		24a. 24b. 24c. 24d. 24e. 24f. 24g. 24h. 24i. 24j. 24k. 24l. 24m. 24n. 24o. 24p. 24q. 24r. 24s. 24t. 24u. 24v. 24w. 24x. 24y. 24z.	
P. NAME AND ADDRESS OF CENTER		25a. 25b. 25c. 25d. 25e. 25f. 25g. 25h. 25i. 25j. 25k. 25l. 25m. 25n. 25o. 25p. 25q. 25r. 25s. 25t. 25u. 25v. 25w. 25x. 25y. 25z.		25a. 25b. 25c. 25d. 25e. 25f. 25g. 25h. 25i. 25j. 25k. 25l. 25m. 25n. 25o. 25p. 25q. 25r. 25s. 25t. 25u. 25v. 25w. 25x. 25y. 25z.		25a. 25b. 25c. 25d. 25e. 25f. 25g. 25h. 25i. 25j. 25k. 25l. 25m. 25n. 25o. 25p. 25q. 25r. 25s. 25t. 25u. 25v. 25w. 25x. 25y. 25z.	
Q. NAME AND ADDRESS OF CENTER		26a. 26b. 26c. 26d. 26e. 26f. 26g. 26h. 26i. 26j. 26k. 26l. 26m. 26n. 26o. 26p. 26q. 26r. 26s. 26t. 26u. 26v. 26w. 26x. 26y. 26z.		26a. 26b. 26c. 26d. 26e. 26f. 26g. 26h. 26i. 26j. 26k. 26l. 26m. 26n. 26o. 26p. 26q. 26r. 26s. 26t. 26u. 26v. 26w. 26x. 26y. 26z.		26a. 26b. 26c. 26d. 26e. 26f. 26g. 26h. 26i. 26j. 26k. 26l. 26m. 26n. 26o. 26p. 26q. 26r. 26s. 26t. 26u. 26v. 26w. 26x. 26y. 26z.	

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois (Vital Records Act)

DATE June 5, 1998 SIGNED By: [Signature] VILLAGE CLERK
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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