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1999-04-28 15:12:04
Cook County Recorder 25.50



AFFIDAVIT RE DECEASED JOINT TENANT

STATE OF ILLINOIS
COUNTY OF Cook

SS

RE: YOUR ORDER NO. _____

Rose Fortuna

_____, being duly sworn and for the purpose of inducing Intercounty Title Company of Illinois to issue the subject policy covering the hereinafter-described land, state:

- 1. That _____ resides at 7001 W. Howard, Niles, Il;
- 2. That _____ was acquainted with Anthony Fortuna, who died on 1/31/99;

as evidenced by the attached certified copy of death certificate

3. That said decedent was one of the owners of land described:

- in the subject order number;
- in the following legal description;

*** SEE LEGAL DESCRIPTION ON REVERSE SIDE ***

4. That said decedent died:

- leaving no last will and testament;
- leaving a last will and testament, a copy of which is attached;

5. That the total value of the estate of said decedent for State of Illinois inheritance tax and Federal estate tax purposes does not exceed \$ There was no taxable estate

Subscribed and sworn to before

me by the said Rose Fortuna
this 8th day of April, 1999

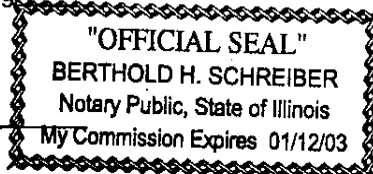
affiant
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Rose Fortuna

(affiant's signature)

Rose Fortuna

Bert Holdy Schreiber
Notary Public



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Property of Cook County Clerk's Office

Lots 18 and the E 1/2 of Lot 19 in Block 1 in Talman and Thiele's Howard Avenue Niles Sub in SW fractional 1/4 of Section 30, Town 41 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

PIN 10-30-302-034

7001 W. Howard, Niles, IL 60714

Berthold H. Schreiber
Attorney At Law
7601 W. Montrose Av.
Narridge IL 60634

BERTHOLD H. SCHREIBER
ATTORNEY AT LAW
7601 W. MONTROSE AV.
NARRIDGE, ILL. 60634

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MEDICAL CERTIFICATE OF DEATH

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 16088		STATE OF ILLINOIS		REGISTRATION DISTRICT NO. 16088		REGISTERED NUMBER	
Type or Print In PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		DECEASED-NAME FIRST MIDDLE LAST 1. Anthony Fortuna		SEX 2. Male		DATE OF DEATH (MONTH, DAY, YEAR) 3. January 31, 1999			
4. COUNTY OF DEATH Cook		AGE-LAST BIRTHDAY (YRS) 5a. 87		UNDER 1 YEAR 5b. MOS. DAYS		UNDER 1 DAY 5c. HOURS MIN.		DATE OF BIRTH (MONTH, DAY, YEAR) 5d. December 4, 1911	
6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Morton Grove		6b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Bethany Terrace Nursing Home				6c. IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY) Inpatient			
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Italy		8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Rose Coffaro		9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) NO			
10. SOCIAL SECURITY NUMBER 342-07-4609		11a. USUAL OCCUPATION Self Employed		11b. KIND OF BUSINESS OR INDUSTRY Grocery		12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) 8 College (1-4 or 5+) 8			
13a. RESIDENCE (STREET AND NUMBER) 7001 Howard		13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. Niles		13c. INSIDE CITY (YES/NO) Yes		13d. COUNTY Cook			
13e. STATE Illinois		13f. ZIP CODE 60714		14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) White		14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:			
15. FATHER-NAME FIRST MIDDLE LAST Frank Fortuna		16. MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST Vivian Not Available		17a. INFORMANT'S NAME (TYPE OR PRINT) Rose Fortuna		17b. RELATIONSHIP Wife		17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 7001 Howard - Niles, IL 60714	
18. PART I. Enter the diseases, or complications 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 on each line.		Immediate Cause (Final disease or condition resulting in death) (a) Sepsis		DUE TO, OR AS A CONSEQUENCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 day			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF		(c) DUE TO, OR AS A CONSEQUENCE OF					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		19a. AUTOPSY (YES/NO)		19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)					
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION		20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. I (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON 1-5-99		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) No		21c. HOUR OF DEATH 12:35 P.M.					
22a. SIGNATURE Fred Halloran, M.D.		22b. DATE SIGNED (MONTH, DAY, YEAR) Feb. 1, 1999		22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) Fred Halloran, M.D. 1015 S. Evergreen-Arlington Heights, IL 60005		22d. ILLINOIS LICENSE NUMBER 036-081972		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
24a. BURIAL, CREMATION, REMOVAL (SPECIFY) Entombment		24b. CEMETERY OR CREMATORY-NAME All Saints Mausoleum		24c. LOCATION CITY OR TOWN STATE Des Plaines, Illinois		24d. DATE (MONTH, DAY, YEAR) Feb. 31, 1999			
25a. FUNERAL HOME Colonial- Wojciechowski Funeral Home		25b. FUNERAL DIRECTOR'S SIGNATURE J.D. Wojciechowski		25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031-012366					
26a. LOCAL REGISTRAR'S SIGNATURE MAREN L. BOOTT, M.D. REGISTRAR		26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) Feb. 2, 1999							

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named as 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 FEB 02 1999 SIGNED *C. Lucia Brown*

AT EVANSTON, Illinois OFFICIAL TITLE LOCAL 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.