

UNOFFICIAL COPY

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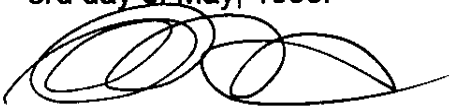
1. Claims against the Estate of Rosaria Randazzo, the decedent.
2. Illinois State Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent.
4. Rights of contribution.

This statement is being given to Professional National Title Insurance Company to induce said company to insure over the appropriate listed title exceptions.

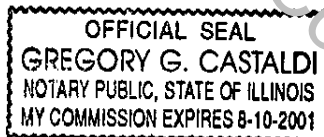
Francesco Randazzo (SEAL)

Michele Randazzo (SEAL)

Subscribed and sworn to before me this
3rd day of May, 1999.

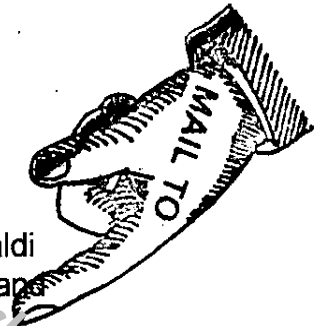


Notary Public



Prepared by:
Gregory G. Castaldi
5521 N. Cumberland
Suite 1109
Chicago, Illinois 60656

Mail to:
Gregory G. Castaldi
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Suite 1109
Chicago, Illinois 60656



Note: If the decedent left a will, it will be necessary that the original or 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.

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I, DAVID D. ORR, County Clerk of the County of Cook, in the State of Illinois, 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

39433347

REGISTRATION DISTRICT NO. 16.10		STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH		614892	
1. DECEASED—NAME FIRST MIDDLE LAST ROSARIA RANDAZZO		SEX FEMALE		DATE OF DEATH (MONTH, DAY, YEAR) 8-5-89	
4. COUNTY OF DEATH COOK		AGE—LAST BIRTHDAY (YRS) MO. DAY 48		DATE OF BIRTH (MONTH, DAY, YEAR) JULY 23, 1941	
6a. CITY, TOWN, TWP. OR ROAD/DISTRICT NUMBER CHICAGO		6b. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) OUR LADY OF RESURRECTION		7c. IF ADOP. OR BIRT. INDICATE D.O.A. OPENSEP. RES. INPATIENT (SPECIFY) INPATIENT	
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) ITALY		8a. MARRIED, NEVER MARRIED, DIVORCED, SEPARATED (SPECIFY) MARRIED		8b. NAME OF SURVIVING SPOUSE (MARRIED NAME, IF WIFE) ANTONIO RANDAZZO	
10. SOCIAL SECURITY NUMBER UNK		11a. USUAL OCCUPATION HOUSEWIFE		12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary (Secondary 8-12) College (1-4 or 5+) 6	
13a. RESIDENCE (STREET AND NUMBER) 4424 N. BERNARD		13b. CITY, TOWN, OR ROAD/DISTRICT NO. CHICAGO		13c. INSIDE CITY (YES/NO) YES	
13d. STATE ILLINOIS		13e. ZIP CODE 60625		13f. COUNTY COOK	
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.) NO			
15. FATHER—NAME FIRST MIDDLE LAST FRANCESCO GENUARDI		16. MOTHER—NAME FIRST MIDDLE LAST ANKA IAN MONICA			
17a. DECEASED'S NAME (TYPE OR PRINT) DEBBIE BARNEC		17b. RELATIONSHIP MOTHER		17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 5645 W. ADDISON CHGO, IL 60634	
18. PART I. Enter the disease, injury, or complications that caused the death. Do not enter the medical diagnosis, such as cancer, coronary artery disease, stroke, or heart failure. List only one cause on each line. CARCINOMA OF BALL BLADDER					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 Mos.
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (a) CARCINOMA OF BALL BLADDER					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION		20c. WERE THERE ANY PREVIOUS SURGICAL OPERATIONS? NO	
21a. (100%) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) AUGUST 5, 1989		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) NO		21c. HOUR OF DEATH 11:20 A.M.	
22a. SIGNATURE <i>M. L. ...</i>				22b. DATE SIGNED (MONTH, DAY, YEAR) AUGUST 5, 1989	
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 5015 N. CALIFORNIA CHICAGO				22d. ILLINOIS LICENSE NUMBER 036-049083	
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) R. D. NATHAN M.D.				NOTE: IF NECESSARY, THIS SHOULD BE THE SIGNATURE OF THE PHYSICIAN WHO EXAMINED THE BODY AT THE TIME OF DEATH.	
24a. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		24b. CEMETERY OR CREMATORY—NAME ALL SAINTS		24c. LOCATION CITY/TOWN STATE DE PLAINES ILLINOIS	
25a. FUNERAL HOME NAME CUMBERLAND CHAPELS		25b. ADDRESS 1857 N. HAWKINS AVE. CHICAGO ILLINOIS 60635		25c. STATE ILLINOIS	
25d. FUNERAL DIRECTOR'S SIGNATURE <i>Alex M. ...</i>		25e. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 4495		25f. DATE FILED IN LOCAL REGISTRY (MONTH, DAY, YEAR) AUG 7 1989	
25g. LOCAL REGISTRAR'S SIGNATURE <i>James W. ...</i>		25h. LOCAL REGISTRAR'S ILLINOIS LICENSE NUMBER		25i. DATE FILED IN LOCAL REGISTRY (MONTH, DAY, YEAR)	