

① H99041953

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99902941



CHICAGO TITLE INSURANCE COMPANY

505 E. NORTH AVE., CAROL STREAM, IL 60188

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS }
COUNTY OF COOK }

AS.

Order No.: H99041953



99902941

MICHELINA TREMONTI

being duly sworn states that SHE resides at 1072 W POLK CHICAGO, IL
in the City of CHICAGO

SPIA

P
3RA

That SHE was acquainted with IDA DI GIOVANNI deceased who, at the time of death,
was one of the owners of the land in COOK County, Illinois, described as:

SEE ATTACHED

mail to / prep by
Harris Banker
150 W. Wilson
Palatine IL
60067

pin-17-17-411-019

That the deceased died FEBRUARY 1, 1998, as evidenced by a certified copy of death
certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois about _____

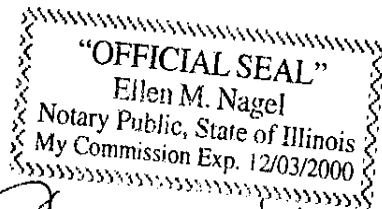
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, did not exceed the sum of _____ dollars.

Affiant makes this affidavit for the purpose of inducing Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

this 26th day of August, A.D. 19 99

Ellen M Nagel
Notary Public



Michelina Tremonti
(Affiant's Signature)

BOX 333

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1999-09-23 14:19:07
Cook County Recorder 47.00

LOT 20 IN SUBDIVISION IN BLOCK 1 OF MACALESTER'S SUBDIVISION OF BLOCK
7 IN CANAL TRUSTEES' SUBDIVISION OF THE SOUTH EAST $\frac{1}{4}$ OF SECTION 17,
TOWNSHIP 39 NORTH, RANGES 14 IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office

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DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO. 220
REGISTERED NUMBER 484

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

1. DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
IDA DI GIOVANNI FEMALE 3 FEBRUARY 1 1998
2. COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)
DuPage 5a. 92 5b. 5c. 5d. December 27, 1905
3. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE O O A O P/EMER. RM. INPATIENT (SPECIFY)
6a. Elmhurst 6b. Lexington Health care Ctr. 6c. Inpatient

A DECEASED
B
C
D
E

4. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
7. Chgo., Illino. Never Married 9. No
5. SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
10. 320-03-8768 11a. Manufacture 11b. Lingerie 12. 8
6. RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP, OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY
13a. 1072 W. Polk St. 13b. Chicago 13c. Yes 13d. Cook
7. STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
13e. Illinois 60607 14a. White 14b. NO YES SPECIFY:

PARENTS

8. FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST
15. Michael diGiovanni 16. Antonina Scarpaci

17. INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
Barbara Tremonto Niece 17c7 St. Moritz Ct., Elmhurst, IL 60126

CAUSE

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) Anemia
DUE TO, OR AS A CONSEQUENCE OF
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) Osteomyelitis
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.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1wk
yes
19. AUTOPSY (YES/NO) WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
19a. NO 19b.

20. DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
20a. 20b. 20c. YES NO

CERTIFIER

21. (I) (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON
21a. 1/5/98
22. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
22a. SIGNATURE (TYPE OR PRINT) HOURS OF DEATH
22b. 9:00 P.M.
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) DATE SIGNED (MONTH, DAY, YEAR)
22d. 2/3/98
22e. ILLINOIS LICENSE NUMBER
22f. 0330-041730
22g. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

DISPOSITION

23. BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
24a. Burial 24b. Queen of Heaven 24c. Hillside Illinois 24d. Feb. 4, 1998
25. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
25a. Nicholas M. Pishos LTD Funeral Director 1857 N. Harlem Ave., Chgo., IL 60707
25b. FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25c. 034-011449

26. LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a. David R. McQuitt, M.D. FEB 5 1998

VR200 (Rev. 5/89) Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

David R. McQuitt, M.D.

Local Registrar

Not valid without the embossed seal of DuPage County Health Department
111 North County Farm Road Wheaton, Illinois 60187