

DECEASED JOINT TENANCY
AFFIDAVIT

UNOFFICIAL COPY 99976388

8408/0033 90 001 Page 1 of 2
1999-10-18 12:20:21
Cook County Recorder 23.50

STATE OF ILLINOIS)
) ss.
COUNTY OF COOK)



ORDER NO. _____

Joyce A. Asselborn, being duly sworn states that she resides at 804 W. Aquilla in the City of Glenwood.

That she was acquainted with William J. Asselborn, deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

Lot 439 in Glenwood Manor Unit No. 7, a Subdivision in the North West quarter of Section 4, Township 35 North, Range 14, East of the Third Principal Meridian, and in the South West quarter of Section 33, Township 36 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

P.I.N. 32-04-112-009

That the deceased died April 7, 1999, as evidenced by a certified copy of the 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 about _____.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois about September 8, 1999.

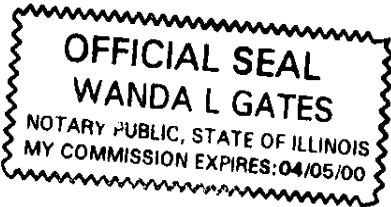
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \$750,000 dollars.

Affiant makes this affidavit for that purpose of inducing any title insurance company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said _____ this 12th day of October, A.D. 1999.

Wanda L. Gates
Notary Public

Joyce A. Asselborn
Affiant's Signature



HOWARD MARDELL, LTD.
221 N. LASALLE ST.
SUITE 2040
CHICAGO, IL 60601

Certified Copy of a Death Record

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Page 2 of 99976388

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DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <u>16.92</u>	STATE OF ILLINOIS		STATE FILE NUMBER
	REGISTERED NUMBER <u>513</u>	MEDICAL CERTIFICATE OF DEATH		
DECEASED	DECEASED-NAME FIRST MIDDLE LAST 1. WILLIAM J ASSELBORN JR		SEX 2. MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. APRIL 7, 1999
	COUNTY OF DEATH 4. COOK		AGE-LAST BIRTHDAY (YRS) 5a. 60	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. MARCH 26, 1939
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. PROVISO TOWNSHIP		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. FOSTER G. MCGAW HOSPITAL	
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. CHICAGO, IL		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. MARRIED	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. JOYCE A. DOMENICO
	SOCIAL SECURITY NUMBER 10. 347-30-6625		USUAL OCCUPATION 11a. VICE PRESIDENT	KIND OF BUSINESS OR INDUSTRY 11b. BANKING
	RESIDENCE (STREET AND NUMBER) 13a. 804 ARQUILLA DR.		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. GLENWOOD	INSIDE CITY (YES/NO) 13c. YES
	STATE 13e. ILLINOIS		ZIP CODE 13f. 60425	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. WHITE
	FATHER-NAME FIRST MIDDLE LAST 15. WILLIAM ASSELBORN		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16. LUCILLE TANSEY	
	INFORMANT'S NAME (TYPE OR PRINT) 17a. ANNA SCORNAVACCO		RELATIONSHIP HOSPITAL RECORDS	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 2160 S. FIRST AV. MAYWOOD, IL. 60153
	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) Diffuse Lymphoma CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DUE TO, OR AS A CONSEQUENCE OF (c)				
PART II. Other significant conditions contributing to death but not resulting in the underlying condition in PART I.				
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION	AUTOPSY (YES/NO) 19a. NO	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.
20a.		20b.	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. 4/7/99		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) NO		HOUR OF DEATH 1:24 P.M.
22a. SIGNATURE Allen D. Williams				DATE SIGNED (MONTH, DAY, YEAR) 4/8/99
22c. 2160 S. FIRST AV. MAYWOOD, ILLINOIS 60153				ILLINOIS LICENSE NUMBER 125-038672
23. Dr. Stiff				NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
24a. BURIAL		CEMETERY OR CREMATORY-NAME 24b. ASSUMPTION	LOCATION CITY OR TOWN STATE 24c. GLENWOOD, ILLINOIS	DATE (MONTH, DAY, YEAR) 24d. APRIL 10, 1999
DISPOSITION				
25a. FUNERAL HOME		25b. FUNERAL DIRECTOR'S SIGNATURE Lawrence C. Panozzo		
25c. PANOZZO BROS FUNERAL HOME INC, 530 W. 114th ST. CHICAGO HEIGHTS, IL 60411		25d. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-009801		
26a. Dick J. Billib		26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) April 9, 1999		

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 APR 9 1999 SIGNED Dick J. Billib

AT BROADVIEW, ILLINOIS 60153, Illinois OFFICIAL TITLE LOCAL REGISTRAR OF VITAL STATISTICS

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 of the facts therein stated.