

3984746

DCS 164 5M 5.47 (FORM 302)

Affidavit by Surviving Joint Tenant

L. R. 19289 Doc. No. 2616966 Certificate No. 1142778

State of Illinois ss. County of Cook

[Signature]

Louis DeFilippis, widower being first duly sworn, upon oath deposes and says:

That ...he... resides at 8250 N. Oriole in the City of Niles and that ...he... is one of the parties who took title, not in tenancy in common, but in joint tenancy, to real estate shown in Certificate of Title No. 1142778 situated in said Cook County, Illinois, described as follows:

All of Lot twenty three (23), North Nineteen (19) feet of Lot Twenty four (24) in Fifth Addition to Grennan Heights, a Subdivision of East Half (1/2) of the Southeast Quarter of the Northwest Quarter (1/4) of Section 24, Township 41 North, Range 12, East of the Third Principal Meridian.

Affiant states that Beatrice DeFilippis one of the said owners in joint tenancy, died intestate, in the city (Village) of Niles in the State of Illinois as is confirmed by a Certificate of the health department of said municipality hereto attached.

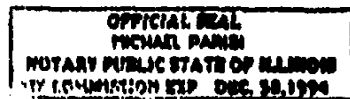
Affiant states that the remaining joint tenant... has not changed his marital status since the issuance of Certificate of Title Number 1142778 (except who has been married but once since acquiring said real estate and then to...).

Further, that the affiant makes this affidavit for the purpose of inducing the Registrar of Titles of Cook County, Illinois, to issue a certificate of title to the surviving Joint Tenant... to said above described premises, relying on this statement as true, and in consideration thereof affiant guarantees the truth of the statements herein contained.

[Signature]

Subscribed and sworn to before me this 10th day of July 1991

[Signature] NOTARY PUBLIC



3984746

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Property of Cook County Clerk's Office

RECEIVED
CLERK OF COURT
JAN 10 1999
CLERK OF COURT
JAN 10 1999

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
 STATE FILE NUMBER

DATE **MAY 03 1990**

I HEREBY CERTIFY THAT the foregoing is true and correct copy of the death record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths and deaths.

SIGNED *Judith McLaughlin*

REGISTRATION DISTRICT NO. 150	REGISTERED NUMBER	DECEASED NAME	FIRST	MIDDLE	LAST	SEX	DATE OF BIRTH MONTH DAY YEAR
		BEATRICE				F	APRIL 30, 1990
COUNTY OF DEATH	AGE - LAST BIRTHDAY (YRS)	DEATH YEAR	DEATH MONTH	DEATH DAY	DEATH HOUR	DEATH MINUTE	DATE OF BIRTH MONTH DAY YEAR
COOK	60	1990	4	30	10:35	P	APRIL 30, 1990
CITY TOWN TWP. OR ROAD DISTRICT NO. & SEER	HOSPITAL OR OTHER INSTITUTION - NAME OF INSTITUTION AND CITY & STATE (SEE INSTRUCTIONS)	DATE OF DEATH MONTH DAY YEAR	DEATH HOUR	DEATH MINUTE	DEATH SECOND	DEATH TENTH	DATE OF BIRTH MONTH DAY YEAR
PARK RIDGE ILLINOIS	LUTHERAN GENERAL HOSPITAL	NOVEMBER 9, 1929					APRIL 30, 1990
6A. MARRIED NEVER MARRIED WIDOWED DIVORCED (CHECK ONE)	6B. NAME OF SURVIVING SPOUSE (LAST NAME & FIRST NAME & MIDDLE INITIAL)	7. SOCIAL SECURITY NUMBER	8A. HUSBAND OR BUSINESS PARTNER (CHECK ONE)	8B. NAME OF BUSINESS PARTNER (LAST NAME & FIRST NAME & MIDDLE INITIAL)	9. EDUCATION (CHECK ONE)	10. EMPLOYMENT (CHECK ONE)	11. OCCUPATION (CHECK ONE)
MARRIED	DE FILIPPIS	10359 24 5158	MARRIED	DE FILIPPIS	HIGHER SECONDARY	EMPLOYED	BOOKKEEPER
12. RESIDENCE (STREET AND NUMBER)	13A. ZIP CODE	13B. RACE (WHITE, BLACK, AMERICAN INDIAN OR ALASKA NATIVE, HISPANIC)	13C. ETHNICITY (WHITE, BLACK, AMERICAN INDIAN OR ALASKA NATIVE, HISPANIC)	13D. HIGHEST GRADE OF SCHOOL ATTENDED	13E. MARITAL STATUS (MARRIED, SINGLE, SEPARATED, DIVORCED, WIDOWED)	13F. RELIGION (NONE, OTHER)	13G. SEX (M, F)
8450 ORIOLE ILLINOIS	60648	WHITE	WHITE	12	MARRIED	CATHOLIC	F
FATHER - NAME FIRST MIDDLE LAST	MOTHER - NAME FIRST MIDDLE LAST	14. RELATIONSHIP (CHECK ONE)	15. MARITAL STATUS (CHECK ONE)	16. ADDRESS (STREET AND NUMBER) CITY TOWN TWP. OR ROAD DISTRICT NO. STATE ZIP	17. DATE OF DEATH MONTH DAY YEAR	18. PLACE OF DEATH (CHECK ONE)	19. CAUSE OF DEATH (CHECK ONE)
VITO SPADAVECCIO	TERESA	WIFE	MARRIED	60663	1990	HOME	1 day
17A. MARY MAVAL REGISTRAR	17B. REGISTRAR	17C. DECEASED	17D. REGISTRAR	17E. REGISTRAR	17F. REGISTRAR	17G. REGISTRAR	17H. REGISTRAR
18. PART I. ILLINOIS	18. PART II. OTHER STATE	19. PART III. OTHER	20. PART IV. OTHER	21. PART V. OTHER	22. PART VI. OTHER	23. PART VII. OTHER	24. PART VIII. OTHER
13	14	15	16	17	18	19	20
20A. DATE OF OPERATION IF ANY	20B. ILLINOIS	20C. OTHER STATE	20D. OTHER	20E. OTHER	20F. OTHER	20G. OTHER	20H. OTHER
NO	1990	NO	NO	NO	NO	NO	NO
21. TO THE BEST OF MY KNOWLEDGE THE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED	22. SIGNATURE OF REGISTRAR	23. NAME AND ADDRESS OF REGISTRAR	24. NAME OF ATTENDING PHYSICIAN (IF ANY)	25. NAME OF ATTENDING NURSE (IF ANY)	26. NAME OF ATTENDING OTHER HEALTH CARE PROVIDER (IF ANY)	27. NAME OF ATTENDING OTHER HEALTH CARE PROVIDER (IF ANY)	28. NAME OF ATTENDING OTHER HEALTH CARE PROVIDER (IF ANY)
1 day	Judith McLaughlin	1600 Oak Street, Elmhurst, IL 60120					
29. SIGNATURE OF REGISTRAR	30. NAME AND ADDRESS OF REGISTRAR	31. NAME OF ATTENDING PHYSICIAN (IF ANY)	32. NAME OF ATTENDING NURSE (IF ANY)	33. NAME OF ATTENDING OTHER HEALTH CARE PROVIDER (IF ANY)	34. NAME OF ATTENDING OTHER HEALTH CARE PROVIDER (IF ANY)	35. NAME OF ATTENDING OTHER HEALTH CARE PROVIDER (IF ANY)	36. NAME OF ATTENDING OTHER HEALTH CARE PROVIDER (IF ANY)
Judith McLaughlin	1600 Oak Street, Elmhurst, IL 60120						
37. SIGNATURE OF REGISTRAR	38. NAME AND ADDRESS OF REGISTRAR	39. NAME OF ATTENDING PHYSICIAN (IF ANY)	40. NAME OF ATTENDING NURSE (IF ANY)	41. NAME OF ATTENDING OTHER HEALTH CARE PROVIDER (IF ANY)	42. NAME OF ATTENDING OTHER HEALTH CARE PROVIDER (IF ANY)	43. NAME OF ATTENDING OTHER HEALTH CARE PROVIDER (IF ANY)	44. NAME OF ATTENDING OTHER HEALTH CARE PROVIDER (IF ANY)
Judith McLaughlin	1600 Oak Street, Elmhurst, IL 60120						
45. SIGNATURE OF REGISTRAR	46. NAME AND ADDRESS OF REGISTRAR	47. NAME OF ATTENDING PHYSICIAN (IF ANY)	48. NAME OF ATTENDING NURSE (IF ANY)	49. NAME OF ATTENDING OTHER HEALTH CARE PROVIDER (IF ANY)	50. NAME OF ATTENDING OTHER HEALTH CARE PROVIDER (IF ANY)	51. NAME OF ATTENDING OTHER HEALTH CARE PROVIDER (IF ANY)	52. NAME OF ATTENDING OTHER HEALTH CARE PROVIDER (IF ANY)
Judith McLaughlin	1600 Oak Street, Elmhurst, IL 60120						
53. SIGNATURE OF REGISTRAR	54. NAME AND ADDRESS OF REGISTRAR	55. NAME OF ATTENDING PHYSICIAN (IF ANY)	56. NAME OF ATTENDING NURSE (IF ANY)	57. NAME OF ATTENDING OTHER HEALTH CARE PROVIDER (IF ANY)	58. NAME OF ATTENDING OTHER HEALTH CARE PROVIDER (IF ANY)	59. NAME OF ATTENDING OTHER HEALTH CARE PROVIDER (IF ANY)	60. NAME OF ATTENDING OTHER HEALTH CARE PROVIDER (IF ANY)
Judith McLaughlin	1600 Oak Street, Elmhurst, IL 60120						
61. SIGNATURE OF REGISTRAR	62. NAME AND ADDRESS OF REGISTRAR	63. NAME OF ATTENDING PHYSICIAN (IF ANY)	64. NAME OF ATTENDING NURSE (IF ANY)	65. NAME OF ATTENDING OTHER HEALTH CARE PROVIDER (IF ANY)	66. NAME OF ATTENDING OTHER HEALTH CARE PROVIDER (IF ANY)	67. NAME OF ATTENDING OTHER HEALTH CARE PROVIDER (IF ANY)	68. NAME OF ATTENDING OTHER HEALTH CARE PROVIDER (IF ANY)
Judith McLaughlin	1600 Oak Street, Elmhurst, IL 60120						
69. SIGNATURE OF REGISTRAR	70. NAME AND ADDRESS OF REGISTRAR	71. NAME OF ATTENDING PHYSICIAN (IF ANY)	72. NAME OF ATTENDING NURSE (IF ANY)	73. NAME OF ATTENDING OTHER HEALTH CARE PROVIDER (IF ANY)	74. NAME OF ATTENDING OTHER HEALTH CARE PROVIDER (IF ANY)	75. NAME OF ATTENDING OTHER HEALTH CARE PROVIDER (IF ANY)	76. NAME OF ATTENDING OTHER HEALTH CARE PROVIDER (IF ANY)
Judith McLaughlin	1600 Oak Street, Elmhurst, IL 60120						
77. SIGNATURE OF REGISTRAR	78. NAME AND ADDRESS OF REGISTRAR	79. NAME OF ATTENDING PHYSICIAN (IF ANY)	80. NAME OF ATTENDING NURSE (IF ANY)	81. NAME OF ATTENDING OTHER HEALTH CARE PROVIDER (IF ANY)	82. NAME OF ATTENDING OTHER HEALTH CARE PROVIDER (IF ANY)	83. NAME OF ATTENDING OTHER HEALTH CARE PROVIDER (IF ANY)	84. NAME OF ATTENDING OTHER HEALTH CARE PROVIDER (IF ANY)
Judith McLaughlin	1600 Oak Street, Elmhurst, IL 60120						
85. SIGNATURE OF REGISTRAR	86. NAME AND ADDRESS OF REGISTRAR	87. NAME OF ATTENDING PHYSICIAN (IF ANY)	88. NAME OF ATTENDING NURSE (IF ANY)	89. NAME OF ATTENDING OTHER HEALTH CARE PROVIDER (IF ANY)	90. NAME OF ATTENDING OTHER HEALTH CARE PROVIDER (IF ANY)	91. NAME OF ATTENDING OTHER HEALTH CARE PROVIDER (IF ANY)	92. NAME OF ATTENDING OTHER HEALTH CARE PROVIDER (IF ANY)
Judith McLaughlin	1600 Oak Street, Elmhurst, IL 60120						
93. SIGNATURE OF REGISTRAR	94. NAME AND ADDRESS OF REGISTRAR	95. NAME OF ATTENDING PHYSICIAN (IF ANY)	96. NAME OF ATTENDING NURSE (IF ANY)	97. NAME OF ATTENDING OTHER HEALTH CARE PROVIDER (IF ANY)	98. NAME OF ATTENDING OTHER HEALTH CARE PROVIDER (IF ANY)	99. NAME OF ATTENDING OTHER HEALTH CARE PROVIDER (IF ANY)	100. NAME OF ATTENDING OTHER HEALTH CARE PROVIDER (IF ANY)
Judith McLaughlin	1600 Oak Street, Elmhurst, IL 60120						

Official Title Deputy Registrar
 Cook County Department of Public Health
 100 S. Wacker Drive, Chicago, IL 60601-50154

Official Title Deputy Registrar
 Cook County Department of Public Health
 100 S. Wacker Drive, Chicago, IL 60601-50154

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AFFIDAVIT OF NO ESTATE TAX DUE

The Affiant, regarding the possible liability for State Inheritance Tax for the Estate of decedent herein, being first duly sworn upon oath, deposes and states as follows:

(1) I am Louis De Filippis, husband of deceased Beatrice De Filippis
(name and capacity)
and reside at 8450 N. Oriole, Niles, Illinois.

(2) I am personally acquainted with the affairs of the Estate of _____
Beatrice De Filippis, who died on April 30, 1990.

(3) That, based on the total value of the Estate of the deceased, I know that no Federal Estate Tax return has been filed, is contemplated or is necessary.

(4) That, as a consequence, I represent to the Registrar of Titles that no Federal Estate Tax or State Inheritance Tax is due*, and I make this affidavit for the purpose of inducing the Registrar of Titles of Cook County, Illinois, to issue a Certificate of Title without additional evidence of non-liability, relying on this statement as true, and in consideration thereof affiant guarantees the truth of the statements herein contained.

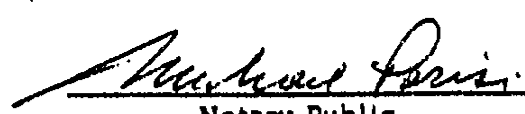


Louis De Filippis

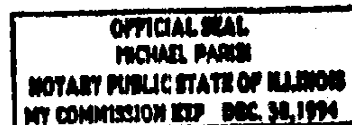
Subscribed and sworn to before

me this 31st day of July,

19 91.



Notary Public



*Pursuant to H.B. 93, P.A. 82-1021

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2/11/78
1142 N.I.D

Property of Cook County Clerk's Office

3984746

1951 APR 1 - 1 PM 2 52
REGISTERED
CAROL MOSELEY BRAUN
ATTORNEY'S TITLES

REGISTERED
CAROL MOSELEY BRAUN
ATTORNEY'S TITLES
A.T.G. DAVIS
Registrar of Towns Titles

3984745

3984746

ATTORNEY'S TITLE
GUARANTY FUND, INC.
29 S. LAMAR STREET
CHICAGO, ILL. 60601
315

NOT COMPLETED BY DEC 30 1974
MAYOR'S OFFICE OF CHICAGO
MICHAEL MANICH
CIVIL UNIT