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0415348162

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Eugene "Gene" Moore Fee: \$26.00

Cook County Recorder of Deeds

Date: 06/01/2004 10:17 AM Pg: 1 of 2

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FAVIL DAVID BERNS & ASSOCIATES

Attorneys at Law

30 E. North Ave.

Northlake, IL 60164

(708) 562-1076

The Above Space for Recorder's Use Only

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

WILLIAM C. SMITH, JR. being duly sworn states that HE resides at
2404 ERNST STREET in the City of FRANKLIN PARK, IL 60131.

That HE was acquainted with MARY C. SMITH deceased who, at the time of
HER death, was one of the owners of the land in COOK County, Illinois, described as:

THE NORTH 40 FEET OF THE SOUTH 80 FEET OF LOTS 67 TO 70 TAKEN AS A TRACT
IN THE THIRD ADDITION TO MARCONI CONSTRUCTION COMPANY'S WEST MANOR DEVELOPMENT
BEING A SUBDIVISION OF PART OF THE SOUTH HALF OF THE SOUTH WEST QUARTER OF
SECTION 28, TOWNSHIP 40 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN,
IN COOK COUNTY, ILLINOIS.
PIN: 12-28-320-045

That the deceased died 04-08-04, 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.
☒ 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 MAY 14, 2004.

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 120,000.00 dollars.

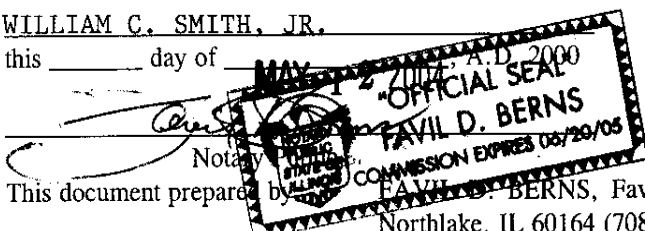
Affiant makes this affidavit for that purpose of inducing the title insurance company to issue its title insurance policy, describing
the above mentioned property.

Subscribed and sworn to before me by the said

WILLIAM C. SMITH, JR.

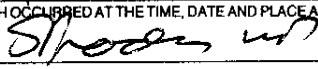
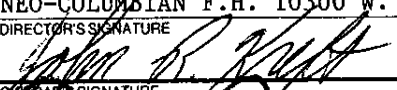
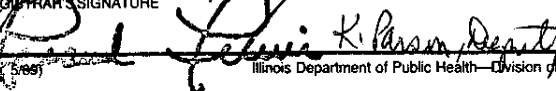
this _____ day of _____

William C Smith Jr
(affiant's signature)



This document prepared by FAVIL D. BERNS, Favil David Berns & Associates, Attorneys at Law, 30 E. North Ave.,
Northlake, IL 60164 (708) 562-1076

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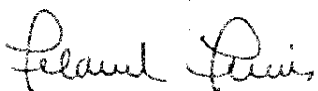
REGISTRATION DISTRICT NO. 22.0		STATE OF ILLINOIS				STATE FILE NUMBER	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH					
DECEASED-NAME FIRST MARY C MIDDLE SMITH LAST		SEX FEMALE		DATE OF DEATH (MONTH, DAY, YEAR) APRIL 8, 2004			
COUNTY OF DEATH 4. DUPAGE		AGE-LAST BIRTHDAY (YRS) 5a. 89		UNDER 1 YEAR MOS. DAYS		DATE OF BIRTH (MONTH, DAY, YEAR) 5d. AUGUST 22, 1914	
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. ELMHURST		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. ELMHURST MEMORIAL HOSPITAL				IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM, INPATIENT (SPECIFY) 6c. INPATIENT	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. SPRING VALLEY, IL		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. WIDOWED		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. *****		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. NO	
SOCIAL SECURITY NUMBER 10. 339-34-5907		USUAL OCCUPATION 11a. HOMEMAKER		KIND OF BUSINESS OR INDUSTRY 11b. OWN HOME		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 12	
RESIDENCE (STREET AND NUMBER) 13a. 2404 ERNST ST.		CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. FRANKLIN PARK		INSIDE CITY (YES/NO) 13c. YES		COUNTY 13d. COOK	
STATE 13e. ILLINOIS		ZIP CODE 13f. 60131		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. WHITE		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
FATHER-NAME FIRST GEORGE C MIDDLE PELLEGRINO LAST		MOTHER-NAME FIRST ROSE C MIDDLE QUARTUCCI LAST					
INFORMANT'S NAME (TYPE OR PRINT) 17a. WILLIAM C. SMITH		RELATIONSHIP 17b. SON		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 2404 ERNST ST., FRANKLIN PARK, IL 60131			
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.		(a) CARCINOMA CECUM		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 WEEK			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DIFFUSED METASTATIC DISEASE		1 WEEK			
		(c) ACUTE RENAL FAILURE		2 DAYS			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				AUTOPSY (YES/NO) 19a. NO		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.	
DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 04-08-04		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO		HOUR OF DEATH 21c. 19:55 P. M.			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.				DATE SIGNED (MONTH, DAY, YEAR) 22b. 04-10-04			
22a. SIGNATURE 		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. S. PRADHAN, MD 9722 W GRAND FRANKLIN PARK, IL 60131		ILLINOIS LICENSE NUMBER 22d. 036-056560			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23.		BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL		CEMETERY OR CREMATORY-NAME 24b. ROSEHILL CEMETERY		LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) 24c. CHICAGO, ILLINOIS 24d. 4-13-2004	
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP		25a. CUNEO-COLUMBIAN F.H. 10300 W. GRAND AVE. FRANKLIN PARK, ILLINOIS 60131		FUNERAL DIRECTOR'S SIGNATURE 25b. 		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 34-014751	
LOCAL REGISTRAR'S SIGNATURE 26a. 		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. APR 13 2004					



DuPage County
Health
Department

111 North County Farm Road
Wheaton, Illinois 60187

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



Local Registrar

Not valid without the embossed seal of
DuPage County Health Department