

CO 137848-87
Davis, Joseph

TICOR TITLE INSURANCE CO.
Merrillville, Indiana



Intercounty Title Company of Illinois



SUITE 515 • 100 FIRST NATIONAL PLAZA • CHICAGO HEIGHTS, ILL. 60411
(312) 756-5000

943787

AFFIDAVIT RE DECEASED JOINT TENANT

STATE OF ~~ILLINOIS~~ INDIANA
COUNTY OF LAKE

} SS

RE: YOUR ORDER NO. _____

JOSEPH A. BALLARINO

TICOR TITLE
~~XXXXXXXXXXXX~~

INSURANCE
~~XXXXXXXXXXXX~~
Company of ~~Illinois~~ to issue the subject policy covering the hereinafter-described land, state:

- 1. That he resides at 20623 Corinth, Olympia Fields, Illinois
- 2. That he was acquainted with Joseph P. Ballarino, who died on 11/25/71

~~XX~~

- 3. That said decedent was one of the owners of land described:
 - in the subject order number;
 - in the following legal description;

LOT #136 IN UNIT TWO OF THE LAKES OF THE FOUR SEASONS,
PLAT BOOK 37, PAGE 76, LAKE COUNTY, INDIANA.

DEED MASTER
 ORDER
 SS. NO.
 COUNTY, IN.
 FOR RECORD
 15 9 09 AM '87

#10-46-30

FILED

OCT 14 1987

- 4. That said decedent died:
 - leaving no last will and testament;
 - leaving a last will and testament, a copy of which is attached;

Anna N. Anton
AUDITOR LAKE COUNTY

5. That the total value of the estate of said decedent for State of ^{Indiana} ~~Illinois~~ inheritance tax ~~XXXXXXXXXXXX~~ purposes does not exceed \$ 4,000.00.

6. That there is no Federal estate tax or Indiana inheritance tax due upon the estates of Joseph P. Ballarino and Julia Rita Ballarino, a/k/a Julia R. Ballarino.

Subscribed and sworn to before me by the said affiant affiant
this 5th day of October, 19 87.

Joseph A. Ballarino
(affiant's signature)

Melanie S. Lange
Notary Public
Melanie S. Lange
My commission expires on 11/2/89

Ji
700
754

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

ESTATE OF)	NO.	87P07622
JULIA RITA BALLARINO , a/k/a)	DOCKET 942	
Julia R. Ballarino)	PAGE 94	
Deceased.)		

AFFIDAVIT OF HEIRSHIP--SURVIVING SPOUSE OR DESCENDANT

JOSEPH A. BALLARINO on oath says:

a/k/a Julia R. Ballarino

1. The decedent, JULIA RITA BALLARINO/died at Homewood, Illinois, on December 20, 1984, at the age of 71 years.
2. I am of legal age. I reside at 20623 Corinth, Olympia Fields, Illinois. I am a child of the decedent.
3. The decedent was married once.

The following is the information with respect thereto:

Key # 10-46-30

<u>Name of Spouse</u>	<u>Marriage Terminated (by death or divorce)</u>	<u>Predeceased Decedent--P</u>
Joseph P. Ballarino	death	P

4. The following children and no others were born to or adopted by decedent:

<u>Name of Child</u>	<u>Minor--M Incompetent--I Adopted--A</u>	<u>Predeceased Decedent--P</u>	<u>Spouse's name if married</u>
Joseph A. Ballarino			Jeanette M. Ballarino
Mary Inez Gipson			Jay Henderson
Virginia Carol Mulligan			John Mulligan

Based on the foregoing, decedent left surviving as her only heirs the following, all of whom survived the decedent, and, the absence of an indication to the contrary, are of legal age, are mentally competent, and, if children, are natural children:

JOSEPH A. BALLARINO, MARY INEZ GIPSON, and VIRGINIA CAROL MULLIGAN

Subscribed and Sworn to before me
this 24th day of August, 1987.

Melanie S. Lange
NOTARY PUBLIC

FILED
SEP - 3 1987
JOSEPH A. BALLARINO
DULY ENTERED
FOR TAXATION

OCT 14 1987

Anna M. Anton
AUDITOR LAKE COUNTY 755

I HEREBY CERTIFY THAT the foregoing is a 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 statute relating to the registration of births, stillbirths and deaths

DATE December 21 1984 SIGNED Evelyn A. Kersten Official Title Chief Deputy Registrar
 At Cook County Department of Public Health
 1500 S. Maybrook Drive, - Maywood, Illinois 60153

REGISTRATION DISTRICT NO. <u>16.0</u>		STATE OF ILLINOIS		NUMBER		
REGISTERED NUMBER						
MEDICAL CERTIFICATE OF DEATH						
DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. JULIA RITA BALLARINO					2. FEMALE	3. DECEMBER 20, 1984
RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)		ORIGIN OR DESCENT	AGE—LAST BIRTHDAY (YRS.)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MO., DAY, YEAR)
4a. WHITE		4b. ITALIAN	5a. 71	5b.	5c.	6. JANUARY 8, 1913
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 DOA OP/EMER. RM. INPATIENT (SPECIFY)	
7a. HOMEWOOD		7c. 18211 HART DRIVE			7b. COOK 7d. AT HOME	
STATE OF BIRTH (IF NOT U.S.A. NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
8. PENNSYLVANIA		9. USA		10. WIDOWED		11. NONE
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO)
12. 317-09-3283		13a. HOMEMAKER		13b. OWN HOME		13c. NO 13d. NONE
RESIDENCE STREET AND NUMBER		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	COUNTY	STATE
14a. 18211 HART DR. APT 2A		14b. HOMEWOOD		14c. YES	14d. COOK	14e. ILLINOIS
FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST			
15. UNAVAILABLE			16. UNAVAILABLE			
INFORMANT NAME (TYPE OR PRINT)			RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE ZIP)		
17a. JOE BALLARINO			17b. SON	17c. 20623 CORINTH RD., OLYMPIA FIELDS, IL 60461		
18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. IMMEDIATE CAUSE						
(a) CARCINOMATOSIS - MARROW APLASIA						
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.						
(b) CARCINOMA OF BREAST						
(c)						
PART II. OTHER SIGNIFICANT CONDITIONS; CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION			AUTOPSY (YES/NO)	IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH?
20a.		20b.			19a. NO	19b.
1 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		(MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO)	HOUR OF DEATH	
21a.		12-14-84		21b.	21c. 8:27 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 (MO., DAY, YR.)	
22a. SIGNATURE		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)			ILLINOIS LICENSE NUMBER	
22a. <u>H. Velasco MD</u>		22c. 333 DRIE HWY. CHICAGO HPS. 12 60411			22b. 12-21-84 22d. 36-39414	
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.	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION	CITY OR TOWN	STATE
24a. BURIAL		24b. CALUMET PARK CEMETERY		24c. MERRILLVILLE, INDIANA	24d. DEC. 22, 1984	
FUNERAL HOME		NAME		STREET AND NUMBER OR R. F. D.	CITY OR TOWN	STATE
25a. WEST END FUNERAL HOME, 1340 OTTO BLVD., CHICAGO HEIGHTS, ILLINOIS 60411						
FUNERAL DIRECTOR'S SIGNATURE				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		
25b. <u>James C. Cull</u>				25c. 6744		
LOCAL REGISTRAR'S SIGNATURE				DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		
26a. KAREN L. SCOTT, M.D. <u>Evelyn A. Kersten</u>				26b. <u>December 21 1984</u>		

FILED
 OCT 14 1987
 Dawn M. Anton
 AUDITOR LAKE COUNTY
 756
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