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2001-02-14 11:04:22  
Cook County Recorder 25.50



#40774

**AFFIDAVIT REGARDING DECEASED JOINT TENANT**

STATE OF ILLINOIS  
COUNTY OF COOK

DATE: 1-23-01  
COMMITMENT NUMBER: 440774 **3**

Juan Garcia, BEING FIRST DULY SWORN, FOR THE PURPOSE OF INDUCING UNITED GENERAL TITLE INSURANCE COMPANY TO ISSUE ITS TITLE INSURANCE POLICY COVERING THE LAND DESCRIBED IN THE ABOVE CAPTIONED COMMITMENT, DEPOSES AND SAYS:

1. THAT HE/~~SHE~~ RESIDES AT: 2731 W. Monticello, Chicago

2. THAT HE/~~SHE~~ WAS ACQUAINTED WITH Delia Garcia WHO DIED ON 8-3-99, AS EVIDENCED BY THE ATTACHED CERTIFIED COPY OF THE DEATH CERTIFICATE.

3. THAT SAID DECEDENT WAS ONE OF THE OWNERS OF THE LAND DESCRIBED IN THE ABOVE CAPTIONED COMMITMENT.

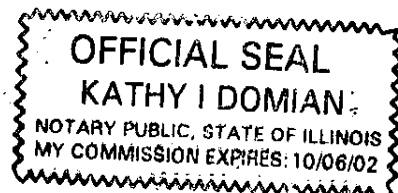
4. THAT SAID DECEDENT DIED:  
 LEAVING NO LAST WILL AND TESTAMENT.  
 LEAVING A LAST WILL AND TESTAMENT, A COPY OF WHICH IS ATTACHED.

5. THAT THE TOTAL VALUE OF SAID DECEDENT'S ESTATE FOR STATE OF ILLINOIS INHERITANCE TAX AND FEDERAL ESTATE PURPOSES DOES NOT EXCEED \$ 50.00

Juan Garcia  
AFFIANT'S SIGNATURE

SUBSCRIBED AND SWORN BEFORE ME THIS 23 DAY OF Jun 2001

Kathy I Domian  
NOTARY PUBLIC



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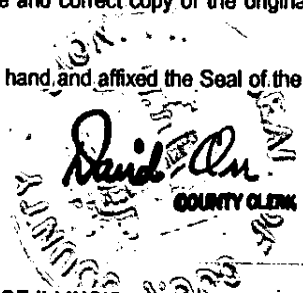
STATE OF ILLINOIS )  
County of Cook )

DAVID ORR, County Clerk

JAN 12 2001

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.



DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO. 16.10  
REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

413030

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

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)  
1. Delia Garcia 2. female 3. August 3, 1999  
COUNTY OF DEATH 4. Cook AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)  
5a. 54 5b. 5c. 5d. November 20, 1944  
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. Chicago 6b. St. Mary of Nazareth Hospital Center 6c. Inpatient  
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOW, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)  
7. Puerto Rico 8a. MARRIED 8b. LUAN J. Garcia 9.  
SOCIAL SECURITY NUMBER 10. 334548652 11a. Homemaker 11b. Home 12. 8 13. yes 13d. Cook  
RESIDENCE (STREET AND NUMBER) 13a. 2731 N. Monticello 13b. Chicago 13c. yes 13d. Cook  
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 13f. 60647 14a. White 14b. NO YES SPECIFY: Puerto Rican

DECEASED

PARENTS

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST  
15. JOSE CRUZ RIVERA CARMEN SALGADO FERRE  
INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)  
17a. L. Valtierra 17b. med/rec 2233 W. Division Chgo, IL 60622

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. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  
Immediate Cause (Final disease or condition resulting in death) (a) Ventricular Tachycardia refractory Few hours  
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) (b) coronary artery disease Few years  
STATING THE UNDERLYING CAUSE LAST. (c) Renal Failure Few years  
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

CAUSE

CERTIFIER

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION  
20a. 20b.  
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES NO  
20c. YES NO  
DID (OR DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 21a. 8/2/99  
WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. YES  
HOUR OF DEATH 21c. 11:10 a.m.  
22a. SIGNATURE John P. Monteverde  
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22b. 8/3/99  
22c. John P. Monteverde, M.D. 2222 W. Division Chgo, IL 60622  
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 22d. 36-48006  
NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

CERTIFIER

DISPOSITION

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)  
24a. Removal 24b. Local 24c. Dorado, Puerto Rico 24d. 8-9-99  
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP  
25a. Carter F.H. 3314 W. Armitage, Chicago, IL 60647  
FUNERAL DIRECTOR'S SIGNATURE 25b. [Signature] 25c. 134-009202  
LOCAL REGISTRAR'S SIGNATURE 26a. [Signature] 26b. AUG 04 1999

DISPOSITION

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File Number: H40774

Legal Description:

LOT 6 IN BLOCK 1 IN CRATTY AND KIRKEBY'S SUBDIVISION OF LOT 1 IN KIMBELL'S SUBDIVISION OF THE EAST 1/2 OF THE SOUTH WEST 1/4 AND WEST 1/2 OF THE SOUTH EAST 1/4 OF SECTION 26, TOWNSHIP 40 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Pin # 1526-306-015 /



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