

# UNOFFICIAL COPY



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Chicago Title Insurance Company

**WARRANTY DEED  
ILLINOIS STATUTORY  
INDIVIDUAL TO INDIVIDUAL**

0010638275

6319/0035 20 001 Page 1 of 5  
2001-07-18 10:40:31  
Cook County Recorder 29.50



GIT

Sole AN UNMARRIED MAN

THE GRANTOR(S), LUIS H. RODRIGUEZ, as heir at law, of the City of CHICAGO HEIGHTS, County of COOK, State of Illinois for and in consideration of TEN & 00/100 DOLLARS, and other good and valuable consideration in hand paid, CONVEY(S) and Warrant(s) to MIGUEL A. GUTIERREZ, INDIVIDUAL TO INDIVIDUAL, (GRANTEE'S ADDRESS) 238 EAST 22ND STREET, CHICAGO HEIGHTS, Illinois 60411 of the County of COOK, all interest in the following described Real Estate situated in the County of COOK in the State of Illinois, to wit:

LOT 12 IN BLOCK 144 IN CHICAGO HEIGHTS, A SUBDIVISION OF SECTION 28, TOWNSHIP 35 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

**SUBJECT TO:** covenants, conditions and restrictions of record

hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois.

Permanent Real Estate Index Number(s): 32-28-108-012-0000

Address(es) of Real Estate: 238 EAST 22ND STREET, CHICAGO HEIGHTS, Illinois 60411

Dated this 30<sup>th</sup> day of MAY, 2001

*Luis H. Rodriguez*  
\_\_\_\_\_  
LUIS H. RODRIGUEZ

CITY OF CHICAGO  
HCTS. TRANSFER TAX

224 DOLS 00 CTS

# UNOFFICIAL COPY

STATE OF ILLINOIS, COUNTY OF Cook ss.

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, CERTIFY THAT LUIS H. RODRIGUEZ, as heir at law, personally known to me to be the same person(s) whose name(s) are subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that they signed, sealed and delivered the said instrument as their free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and official seal, this 30<sup>th</sup> day of MAY, 2001

OFFICIAL SEAL  
LUIS C. MARTINEZ  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES 4-16-2003

*[Signature]*  
LUIS C. MARTINEZ  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES 4-16-2003  
(Notary Public)

0010638275

**Prepared By:** Luis C. Martinez  
3744 West 26th Street  
Chicago, Illinois 60623

**Mail To:**  
MAURICE SONE  
2030 WEST ARMITAGE  
CHICAGO, Illinois 60647

**Name & Address of Taxpayer:**  
MIGUEL A. GUTIERREZ  
238 EAST 22ND STREET  
CHICAGO HEIGHTS, Illinois 60411

STATE OF ILLINOIS  
REAL ESTATE TRANSFER TAX

DEPT. OF REVENUE  
JAN-2'01  
\$ 56.00

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Cook County  
REAL ESTATE TRANSACTION TAX

REVENUE STAMP JAN-2'01  
p.a. 11421  
\$ 28.00

# UNOFFICIAL COPY

## AFFIDAVIT OF HEIRSHIP

0010638275

I, LUIS H. RODRIGUEZ, attest under oath as follow:

1. That I am the son of Luis Rodriguez and Concepcion G. Rodriguez.
2. That I am the only son born to the marriage.
3. That Luis Rodriguez and Concepcion G. Rodriguez never adopted any children.
4. That no children were ever born outside the marriage.

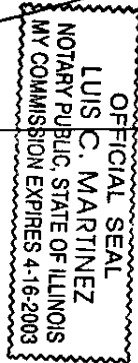
Therefore, I Luis H. Rodriguez am the sole heir as a matter of law.

affidavit further sayeth naught.

Luis H. Rodriguez  
LUIS H. RODRIGUEZ

Subscribed and Sworn to me  
this 30th day of May 2001.

Luis C. Martinez



Prepared by:

Luis C. Martinez  
Attorney At Law  
3744 West 26th Street  
Chicago, IL 60623

FILE COPY

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death and record of 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.

DATE August 20, 1999

SIGNED

*[Signature]*

At Cook County Dept. of Public Health  
1010 Lake Street  
Oak Park, IL 60301

Official Title Chief Deputy Registrar

STATE OF ILLINOIS  
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 16.0  
REGISTERED NUMBER

DECEASED-NAME FIRST MIDDLE LAST CONCEPCION RODRIGUEZ

SEX 2 FEMALE DATE OF DEATH 3 AUGUST 18, 1999

1. COUNTY OF DEATH COOK AGE-LAST BIRTHDAY (M/D/Y) 21/71 UNDER 1 YEAR 1 MONTHS 2 DAYS UNDER 1 DAY 1 HOUR 5 MIN DATE OF BIRTH 3 DECEMBER 8, 1927

4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HAZEL CREST HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER ONE, GIVE STREET AND NUMBER) SOUTH SUBURBAN HOSPITAL

6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7 CORPUS CHRISTI, TX. 8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (SPECIFY) WIDOWED 8b. NAME OF SURVIVING SPOUSE (LAST NAME IF WIFE) NONE

7. SOCIAL SECURITY NUMBER 1341-28-9199 8a. USUAL OCCUPATION 11a. HOUSE KEEPER 8b. KIND OF BUSINESS OR INDUSTRY 11b. HOSPITAL

13. RESIDENCE (STREET AND NUMBER) 238 EAST 22ND STREET 13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO HEIGHTS 13c. INSIDE CITY (YES/NO) YES 13d. COUNTY COOK

13e. STATE ILLINOIS 13f. ZIP CODE 60411 14a. RACE (WHITE, BLACK, AMERICAN INDIAN, HISPANIC) WHITE 14b. HISPANIC ORIGIN? (SPECIFY NO OR YES) YES 14c. SPECIFY: MEXICAN

15. FATHER-NAME FIRST MIDDLE LAST JOSE GONZALEZ 16. MOTHER-NAME FIRST MIDDLE LAST MARIA JUAREZ

17a. LUIS H. RODRIGUEZ 17b. FRELATIONSHIP SON 17c. 238 E. 22ND ST., CHICAGO HEIGHTS, IL. 17d. MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP)

18. PART I. Immediate Cause (Final disease or condition resulting in death) Enter the diagnosis or complication(s) that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Shock, or heart failure. List only the cause on each line. (a) Liver Failure (b) Cirrhosis of liver (c) Diabetes Mellitus

19. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

20a. DATE OF OPERATION, IF ANY 20b. MAJOR FINDINGS OF OPERATION

21a. DID NOT ATTEND THE DECEASED AND LAST SAID WAS NEVER ALIVE ON 08/18/1999 21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) NO 21c. HOUR OF DEATH 10:00 P. M. 21d. DATE SIGNED 8-20-99

22. SIGNATURE AND ADDRESS OF CERTIFIER (TYPE OR PRINT) Abrehem P. Mathew, MD 5320 Oak Forest, IL 60452 22a. ILLINOIS LICENSE NUMBER 036088194

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

24a. BURIAL, CREMATION, REMOVAL, OR OTHER 24b. CEMETERY OR CREMATORY-NAME SKYLINE MEMORIAL PARK 24c. LOCATION MONEE, ILLINOIS 24d. DATE 8-23-99

25a. HIRSCH FUNERAL HOMES, WEST END CHAPEL, 1340 OTTO BLVD., CHICAGO HEIGHTS, IL 60411 25b. FUNERAL DIRECTOR'S SIGNATURE 25c. 034-014509

26a. LOCAL REGISTRAR'S SIGNATURE KAREN L. SCOTT, MD. 26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) August 20 1999

REGISTRATION DISTRICT NO. 16.32

UNOFFICIAL COPY MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

0010638275

REGISTERED NUMBER 887

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR) 1. LUIS R. RODRIGUEZ MALE 3. JUNE 20, 1992

COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) 4. COOK 5a. 55 5b. 5c. 5d. OCTOBER 24, 1936

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 D.O.A. OPENER, INPATIENT (SPECIFY) 6a. CHICAGO HEIGHTS 6b. ST JAMES HOSPITAL & HEALTH CENTERS 6c. INPATIENT

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 7. NUEVO LOREDO 8a. MARRIED 8b. CONCEPTION GONZALEZ 9. NO

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 10. 454-76-1020 11a. WELDER 11b. RAILCAR MFR. 12. 2

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY 13a. 238 EAST 22ND STREET 13b. CHICAGO HEIGHTS 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. 60411 14a. WHITE 14b. YES SPECIFY: MEXICAN

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 15. ANDRE RODRIGUEZ 16. ERNESTINA GARZA

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17a. CONCEPTION RODRIGUEZ 17b. WIFE 17c. 238 E. 22ND ST., CHGO. HTS., IL 60411

18. PART I. Enter the disease, 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) Lymphoma DUE TO, OR AS A CONSEQUENCE OF 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 cause given in PART I. Renew Failure Cardiovascular Nerve Damage 19a. AUTOPSY (YES/NO) 19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (YES/NO) 19c.

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20a. 20b. 20c. YES NO

17(D) DID NOT ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH 21a. 6/20/92 21b. NO 21c. 6:48 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) 22a. SIGNATURE 22b. 6/21/92

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER 22c. John F. Smallwood M.D., 2605 W. Lincoln Highway, Chicago, IL 22d. 36-57317

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 DATE (MONTH, DAY, YEAR) 24a. BURIAL 24b. SKYLINE MEMORIAL PARK 24c. MONEE, ILLINOIS 24d. JUNE 23, 1992

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. HIRSCH FUNERAL HOMES WEST END CHAPEL, 1340 OTTO BLVD., CHICAGO HEIGHTS, ILLINOIS 60411

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25b. 25c. 034-011708

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26a. 26b. June 23-92

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD FOR THE DECEASED IN ITEM NO. 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.

DATE: SIGNED: John R. Costabile AT: CHICAGO HEIGHTS, IL 60411 TITLE: LOCAL REGISTRAR