

UNOFFICIAL COPY 001127143

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2001-11-30 13:02:03  
Cook County Recorder 27.50



CHICAGO TITLE INSURANCE COMPANY  
DECEASED JOINT TENANCY AFFIDAVIT



001127143

Property of Cook County Clerk's Office

State of Illinois  
County of COOK

Order No. \_\_\_\_\_

Eusebio Diaz being duly sworn states  
that he resides at 2121 N. Monitor  
the City of Chicago in

That he was acquainted with  
Noeida Diaz  
deceased who, at the time of her death, was one of the owners of the land  
in Cook County, Illinois, described as:

See Exhibit 'A' attached hereto and made a part hereof

That the deceased died on April 14, 2001, as evidenced  
by a certified copy of 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 \_\_\_\_\_ County, Illinois about \_\_\_\_\_.

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 \_\_\_\_\_ dollars.

Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

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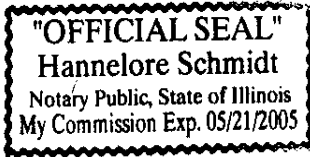
001127143

this 29th day of NOV, A.D. 2001

Hannelore Schmidt  
Notary Public

X Eusebio Diaz  
(affiant's signature)

Eusebio Diaz



Property of Cook County Clerk's Office

EXHIBIT 'A'

Legal Description

LOT 92 IN THE RESUBDIVISION OF PARTS OF GRAND VIEW, BEING JOHN T. KELLY AND OTHER'S SUBDIVISION OF THAT PART OF THE WEST 1/2 OF THE NORTHEAST 1/4 OF SECTION 32, TOWNSHIP 40 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, BEING SOUTH OF THE CENTER LINE OF GRAND AVENUE AND NORTH OF THE SOUTH LINE OF DICKEN'S AVENUE PRODUCED WEST ACCORDING TO THE PLAT THEREOF RECORDED OF ASID SUBDIVISION RECORDED JANUARY 31, 1914 AS DOCUMENT NO. 5349766, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office

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## OAK PARK, ILLINOIS

### OAK PARK HEALTH DEPARTMENT - OFFICE OF VITAL RECORDS

DECEASED'S BIRTH NO.		REGISTRATION DISTRICT NO. <b>1629</b>	STATE OF ILLINOIS		STATE FILE NUMBER
REGISTERED NUMBER <b>255</b>		<b>MEDICAL CERTIFICATE OF DEATH</b>			
DECEASED - NAME (FIRST, MIDDLE, LAST) <b>Noeida Diaz</b>		SEX <b>Female</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>April 14, 2001</b>		
COUNTY OF DEATH <b>Cook</b>	AGE - LAST BIRTHDAY (YRS) <b>5a. 70</b>	UNDER 1 YEAR MOS. <b>5b.</b>	UNDER 1 DAY HOURS <b>5c.</b>	DATE OF BIRTH (MONTH, DAY, YEAR) <b>5d. December 13, 1930</b>	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>6a. Oak Park</b>		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>6b. West Suburban Hospital</b>		IF HOSP. OR INST. INDICATE D.O.A. OR EMER. RM. INPATIENT (SPECIFY) <b>6c. Inpatient</b>	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>7. Puerto Rico</b>	MARRIED: NEVER MARRIED, WIDOWED, DIVORCED, (SPECIFY) <b>8a. Married</b>	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <b>8b. Eusebio Diaz</b>		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) <b>9. No</b>	
SOCIAL SECURITY NUMBER <b>10. 582-09-3215</b>	USUAL OCCUPATION <b>11a. Seamstress</b>	KIND OF BUSINESS OR INDUSTRY <b>11b. Clothing Co.</b>	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) <b>12. 8</b> College (1-4 or 5+) <b>13c. Yes</b>		
RESIDENCE (STREET AND NO. IF APPLICABLE) <b>13a. 2121 N. Monitor</b>		CITY, TOWN, TWP. OR ROAD DISTRICT NO. <b>13b. Chicago</b>	INSIDE CITY (YES/NO) <b>13c. Yes</b>	COUNTY <b>13d. Cook</b>	
STATE <b>13e. IL</b>	ZIP CODE <b>13f. 60639</b>	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <b>14a. Hispanic</b>	OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <b>14b. YES SPECIFY: Puerto Rican</b>		
FATHER - NAME (FIRST, MIDDLE, LAST) <b>15. Enrique Miranda-Diaz</b>		MOTHER - NAME (FIRST, MIDDLE, LAST) (MAIDEN) <b>16. Santos Rodriguez</b>			
INFORMANT'S NAME (TYPE OR PRINT) <b>17a. Hector Diaz</b>		RELATIONSHIP <b>17b. son</b>	MAILING ADDRESS (STREET AND NO. OR R.F.D.; CITY OR TOWN, STATE, ZIP) <b>17c. 2121 N. Monitor, Chicago, IL 60639</b>		
<b>PART I</b> Enter the diseases, or complications that caused a death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause or condition. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>(a) CARDIOPULMONARY ARREST</b>		DUE TO, OR AS A CONSEQUENCE OF <b>(b) CARDIOVASCULAR DISEASE</b>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE (LAST) <b>(c)</b>		DUE TO, OR AS A CONSEQUENCE OF			
<b>PART II</b> Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO) <b>19a. YES</b>		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) <b>19b.</b>	
DATE OF OPERATION: IF ANY <b>20a.</b>	MAJOR FINDINGS OF OPERATION <b>20b.</b>		IF FEMALE: WAS THERE A PREGNANCY IN PAST THREE MONTHS? <b>20c. YES NO X</b>		
I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON <b>21a. April 13, 2001</b>		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <b>21b. NO</b>	HOUR OF DEATH <b>21c. 2:43 p.m.</b>		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THIS TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR) <b>22. April 17, 2001</b>		IL NO'S LICENSE NUMBER <b>22c. 005 368</b>	
SIGNATURE <b>22a.</b>		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>22c. Alexander Wu MD 5359 W Fullerton Chicago IL 60639</b>		NOTE: IF A N.Y. WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) <b>22c.</b>					
BURIAL/CREMATION REMOVAL (SPECIFY) <b>24a. Burial</b>	CEMETERY OR CREMATORY - NAME <b>24b. Acacia Park Cemetery</b>	LOCATION - CITY OR TOWN <b>24c. Chicago, IL</b>	DATE (MONTH, DAY, YEAR) <b>24d. April 19, 2001</b>		
FUNERAL HOME - NAME <b>25a. Alvarez Funeral Directors PC, 2500 N. Cicero Avenue, Chicago, IL 60639</b>		STREET AND NUMBER OR R.F.D. <b>25b.</b>		CITY OR TOWN <b>25c.</b>	
FUNERAL DIRECTOR'S SIGNATURE <b>25b.</b>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>25c. 034-011737</b>			
LOCAL REGISTRAR'S SIGNATURE <b>26a.</b>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>26b. APR 10 2001</b>			
This is to certify that this is a true and correct copy from the official record.					

DECEASED

PARENTS

CAUSE

CERTIFIER

DISPOSITION

LOCAL REGISTRAR



*Georgina Polynk, MD*  
LOCAL REGISTRAR



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