CHICAGO TITLE INSURANCE COMPANY

0011202523

P.O. BOX 827, WHEATON, IL 60189-0827

DECEASED JOINT TENANCY AFFIDAVIT

(1)

STATE OF ILLINOIS }
COUNTY OF } ss.
COOK

mail to/pupby
Liberty Bank for Savings
7111 W Foster Ave
Chicago, IL 60656

Order No.: 021010719 a

MARIA S VARELA

being duly sworn states that SHE resides at 6010 CORNELIA AVE
in the City of CHICAGO, IL.

3 pp

That SHE was acquainted with CORLOS R VARELA SR. deceased who, at the time of death, was one of the owners of the land in COOK County, Illinois, described as:
LOT 37 IN BLOCK 3 IN AUSTIN GARDENS SUBDIVISION OF THE EAST 20 ACRES OF THE NORTH 1/2 OF THE SOUTHWEST 1/4 AND THE NORTH 1/2 OF THE WEST 1/2 OF THE WEST 1/2 OF THE SOUTH EAST 1/4 OF SECTION 20, TOWNSHIP 40 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

P.I.N. 13-20-307-035-0000

P/A: 6010 w Cornelia Ave
Chicago, IL 60634

0011202523
9678/0295 07 001 Page 1 of 3
2001-12-18 14:22:46
Cook County Recorder 47.00

That the deceased died JANUARY 12, 1999, 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 Cook 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 the purpose of inducing Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

MARIA S VARELA

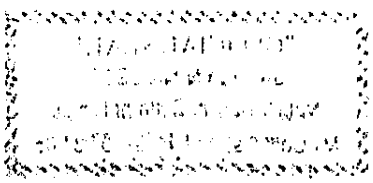
this 30TH day of NOVEMBER, A.D. 19XX 2001

"OFFICIAL SEAL"
JACKLYN NIBLETT
Notary Public, State of Illinois
My Commission Expires 07/31/05

Notary Public

X Maria S. Varela
(Affiant's Signature)

BOX 333-CTI



STRATION DISTRICT NO. 16.10
STERED BER

MEDICAL EXAMINER'S – CORONER'S CERTIFICATE OF DEATH

#306 Jan 90 600892

JAN 1 6 1990

ASED–NAME FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
Carlos	R	Varela SR	2. MALE	3. JAN-12-1990	
TY OF DEATH	AGE–LAST BIRTHDAY (YRS)	UNDER 1 YEAR MOS / DAYS	UNDER 1 DAY HOURS / MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	
Cook	5a. 56	5b.	5c.	5d. JAN-6-1934	
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., OP. EMER. RM., INPATIENT (SPECIFY)	
1-Hica Go	6b. Our Lady of Resurrection			6c. D.O.A.	
PLACE (CITY AND STATE OR SN 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)	
Puerto Rico	8a. Married	8b. Maria Negron		9. Yes	
AL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12)	College (1-4 or 5+)	
53-62-0021	10a. Plant Inspector	10b. Electrical	12.	2 yrs	
DENCE (STREET AND NUMBER)	CITY, TOWN, OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY		
6010 W. Cornelia	13b. Chicago	13c. Yes	13d. Cook		
E	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES – IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)		
Illinois	13. 60634	14a. White	14b. ☐ NO ☒ YES SPECIFY: Puerto Rican		
ER–NAME FIRST	MIDDLE	LAST	MOTHER–NAME FIRST	MIDDLE	LAST
Rodolfo		Varela	16. Antonia		Hernandez
RMANT'S NAME (TYPE OR PRINT)	RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP CODE)			
Maria Varela	17a. Wife	17c. 6010 W. Cornelia Chicago Ill 60634			

PART I. Enter the diseases, injuries, 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) Hanging	
	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.

		AUTOPSY (YES/NO) 19a. No	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.

URAL, ACCIDENT, HOMICIDE, CIDE, UNDETERMINED (SPECIFY) Suicide	DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c. M.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18) 20d. Hanging
URY AT WORK NO)	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY) 20f.	LOCATION (CITY, VIL. OR TOWN; OR TWP.; OR R.D. NO.; COUNTY; STATE) 20g.	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20h. YES ☐ NO ☐

I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUISITION, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT .....

THE DECEDENT WAS PRONOUNCED DEAD ON (MONTH, DAY, YEAR) 21b. January 12 1990 AT 21c. 4:55 P.M.

RONER'S – MEDICAL EXAMINER'S SIGNATURE 22a. ▶ R.J. Evans, M.D.	DATE SIGNED (MONTH, DAY, YEAR) 22b. Jan. 13, 1990
RONER'S PHYSICIAN'S SIGNATURE 23a. ▶	DATE SIGNED (MONTH, DAY, YEAR) 23b.

RIAL, CREMATION, MOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY–NAME 24b. Mary Hill	LOCATION CITY OR TOWN 24c. Niles	STATE Illinois	DATE (MONTH, DAY, YEAR) 24d. Jan 16-1990
NERAL HOME NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE	ZIP
25a. Casey-Laskowski & Sons	4540-50 W. Diversey Av	Chicago	Ill	60639
NERAL DIRECTOR'S SIGNATURE 25b. ▶ Casimir C. Laskowski	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 4906			
CAL REGISTRAR'S SIGNATURE 26a. ▶ James W. Masterson M.P.H.	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. JAN 14 1990			

202 (Rev. 1-89) Illinois Department of Public Health – Office of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

STATE OF ILLINOIS
COUNTY OF COOK SS
CITY OF CHICAGO

I, JAMES W. MASTERSON, M.P.H., ACTING LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS OF THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY AS A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

ACTING LOCAL REGISTRAR

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED

DEPARTMENT OF HEALTH - CITY OF CHICAGO

UNOFFICIAL COPY 11202523

LAST WILL AND TESTAMENT
(Illinois)

FORM No. 320
APRIL, 1980

GEORGE E. COLE®
LEGAL FORMS

LAST WILL AND TESTAMENT

I, CARLOS RODOLFO VARELA, SR., of Chicago in the State of Illinois, declare this to be my last WILL and TESTAMENT, and I revoke all Wills and Codicils heretofore made by me.

FIRST: I order and direct my Executor, hereinafter named, to pay all my just debts and funeral expenses as soon after my death as practicable.

SECOND: I give, devise and bequeath any and all real* and personal property held in my name, to my wife, MARIA S. VARELA, if she survives me; or if she does not survive me, to my sons, CARLOS RODOLFO VARELA, JR. and CARLOS RUBEN VARELA, or the survivor of them, to share as equally as possible in cash or in kind.

*The legal description of the real property held in my name and my wife's name, as joint tenants, is as follows.

Lot 37 in Block 3 in Austin Gardens Subdivision of the East 20 acres of the North ½ of the Southwest ¼ and the North ½ of the West ½ of the West ½ of the Southeast ¼ of Section 20, Township 40 North, Range 13, East of the Third Principal Meridian, Cook County, Illinois. Commonly known as 6010 West Cornelia, Chicago, Illinois.

LASTLY: I hereby nominate and appoint MARIA S. VARELA as Executor, and CARLOS RODOLFO VARELA, JR. as Successor Executor of this, my Last Will and Testament, and I direct that my Executor shall not be required to furnish a surety bond to act as such Executor.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 24th day of July 19 82.

Carlos Rodolfo Varela Sr. (SEAL)
Carlos Rodolfo Varela, Sr.

This instrument was, on the date thereof, signed, sealed, published and declared by the Testator as and for his Last Will and Testament, in our presence, who, at his request and in his presence and in the presence of each of us, have subscribed our names hereto as witnesses thereof. And we do hereby certify that at the time of the execution thereof the Testator was of sound and disposing mind and memory.

Residence 6119 W. Winchester Chgo.

Nina Kappick Residence 655 W. Grace Chicago

Boyd A. Wagenaar Residence 310 Walnut - Thornton Ill.

11202523