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1538/0003 33 001 Page 1 of 2
2002-01-29 09:03:54
Cook County Recorder 23.50
0020115304

DECEASED JOINT TENNANCY AFFIDAVIT

STATE OF ILLINOIS)
)
) SS
COUNTY OF COOK)

I, MARIA RODRIGUEZ being duly sworn that she resides at 2300 W. North Ave,

in the City of Chicago, State of Illinois, County of Cook.

That she was the wife of APOLONIO C. RODRIGUEZ, deceased who, at the time of his

death, was one of the owners of the land in Cook County, Illinois, described as:

LOT 11 IN J. N. MASON'S SUBDIVISION OF THE PART OF LOT 5 AND THE SOUTH 33 FEET OF LOT 3 IN ASSESSOR'S DIVISION OF UNSUBDIVION LANDS IN THE SOUTH 1/2 OF THE SOUTHWEST 1/4 OF SECTION 31, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N. 14-31-327-047-0000

That the decease died December 15, 2001.

As evidenced by a certified copy of death certificate of the deceased attached hereto.

Subscribed and sworn to before me by the said
MARIA J. RODRIGUEZ this 28th day of December, 2001.

NOTARY PUBLIC

"OFFICIAL SEAL"
FRANCISCO LOPEZ
COMMISSION EXPIRES 11/07/03

X Maria Rodriguez

Frank Lopez
2327 N. Milwaukee Ave.
Chgo. IL 60647

Property of Cook County Clerk's Office

STATE OF ILLINOIS

STATE FILE NUMBER 619572

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 1610

REGISTERED NUMBER

1. DECEDENT'S NAME — FIRST: Cosonio — MIDDLE: — LAST: Rodriguez
2. SEX: Male
3. DATE OF DEATH (MONTH, DAY, YEAR): December 15, 2001
4. COUNTY OF DEATH: Cook
5a. AGE LAST BIRTHDAY (YRS): 78
5b. UNDER 1 YEAR — MOS. — DAYS
5c. UNDER 1 DAY — HOURS — MIN.
5d. DATE OF BIRTH (MONTH, DAY, YEAR): April 19, 1923
6a. CITY, TOWN, TWP. OR DISTRICT NUMBER: Chicago
6b. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Vencor - North
6c. IF HOSP. OR INST., INDICATE IF D.O.A. (EMER., IPA, INPATIENT) (SPECIFY): Inpatient
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): Mexico
8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE): Maria Rodriguez
9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO): No
10. SOCIAL SECURITY NO.: 339-3703
11a. USUAL OCCUPATION: Laborer
11b. KIND OF BUSINESS OR INDUSTRY: General
12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): Elementary/Secondary (0-12): 6 — College (1-4 or 5+):
13a. RESIDENCE (STREET AND NUMBER): 23[illegible] W. North Ave
13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: Chicago
13c. INSIDE CITY LIMITS (YES/NO): Yes
13d. COUNTY: Cook
13e. STATE: IL
13f. ZIP CODE: 60647
14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): White
14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES. IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): ☐ NO ☒ YES SPECIFY: Mexican
15. FATHER'S NAME — FIRST: Jose — MIDDLE: — LAST: Campos
16. MOTHER'S NAME — FIRST: Ana — MIDDLE: — MAIDEN LAST: Lopez
17a. INFORMANT (TYPE OR PRINT): Lilia Banda
17b. RELATIONSHIP: daughter
17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 3402 W. Hirsch, Chicago IL

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.

Immediate Cause (a) Pneumonia
Due to, or as a consequence of (b) Pneumoconiosis Interstitial Lung disease
Due to, or as a consequence of (c) Cardiopulmonary Arrest

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

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

19a. AUTOPSY (YES/NO):
19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO):
20a. DATE OF OPERATION, IF ANY:
20b. MAJOR FINDINGS OF OPERATION:
20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES ☐ NO ☒
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. I HAVE SEEN AND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HER ALIVE ON 12-15-2001
21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO):
21c. HOUR OF DEATH: 2100 P.M.
22a. SIGNATURE OF CERTIFIER (TYPE OR PRINT): Robert Salgia
22b. DATE SIGNED (MONTH, DAY, YEAR): 12-16-2001
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): Salgia 45 N. 111th St. Chicago, IL
22d. ILLINOIS LICENSE NUMBER: 036-068002
23. 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.

24a. BURIAL, CREMATION, REMOVAL: Burial
24b. CEMETERY OR CREMATORY—NAME: Queen of Heaven
24c. LOCATION — CITY OR TOWN: Hillside — STATE: Illinois
24d. DATE (MONTH, DAY, YEAR): 12-19-01
25a. FUNERAL DIRECTOR — NAME: Lotto — STREET AND NUMBER OR R.F.D.: 3314 N. Armitage — CITY OR TOWN: Chicago — STATE: IL — ZIP: 60647
25b. FUNERAL DIRECTOR'S SIGNATURE:
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 034-009202
26a. LOCAL REGISTRAR'S SIGNATURE: John L. Wilhelm, M.D.
26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): DEC 18 2001

Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

DEC 18 2001

I, JOHN L. WILHELM M.D., 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 FOR 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 OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

John L. Wilhelm, MD
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

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