



BY AGENT LAW
STATE AVE.
COUNTY OF COOK
IL 60634
76

OF ILLINOIS)
) SS
)
COUNTY OF COOK)

DECEASED JOINT TENANCY AFFIDAVIT

FELIX ARCE A/K/A FELIX ARCE LOPEZ, hereinafter referred to as the affiant, states under oath that the affiant resides at 1717 N MARSHFIELD in the City of CHICAGO, Illinois; that the affiant was acquainted with ZORAIDA ARCE LOPEZ, the decedent; that at the time of death, the decedent was one of the owners of property, by virtue of a properly recorded joint tenancy warranty deed, said property, located in COOK County, Illinois, and legal described as follows:

THE NORTH 13 FEET OF LOT 43 AND THE SOUTH 12 FEET OF LOT 44 KENNON'S SUBDIVISION OF BLOCK 24 IN SHEFFIELD'S ADDITION TO CHECAGO, IN SECTION 33, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

C/K/A 1717 N MARSHFIELD - CHICAGO IL TAX ID 3 14 31 423 011 0000

That the decedent has no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent died on NOVEMBER 24, 1995, leaving no/a last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$200,000.00, and that the value of the above property individually was \$100,000.00.

That the Illinois Inheritance Tax and the Federal Estate Tax, if any, was due from the decedent's estate, has been paid in full;

That the affiant makes this affidavit to induce Attorneys' Title Guaranty Fund, Inc. to issue its policy of title insurance on the above described property.

The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold Attorneys' Title Guaranty Fund, Inc. harmless and to reimburse the Fund for all loss, costs, damages, suite, attorney fees

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and expenses of every kind and nature which the Fund may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

- 1) Claims against the estate of ZORAIDA ARCE LOPEZ, the decedent;
- 2) Illinois State Inheritance Tax and Federal Estate Tax which any be charged against the estate of said decedent.
- 3) Legacies, if any, created by the Will of said decedent;
- 4) Rights to contribution.

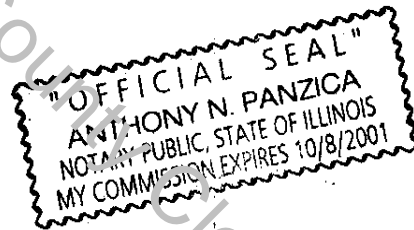
Felix Arce
Felix Arce Lopez

FELIX ARCE A/K/A FELIX ARCE LOPEZ

[SEAL]

Subscribed and sworn to before me this 10th day of April, 2001.

[Signature]
Notary Public



ATCF - Pro-OPTION Dept.
35 N. Dearborn, 2nd Floor
Chicago, IL 60602-3100

Clerk's Office

00270895

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

NOV 27 1995

I, SHEILA LYNE, RSW, 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 PURSUANCE OF SAID LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

Sheila Lyne

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16.10**
REGISTERED NUMBER

STATE FILE NUMBER **622082**

DECEASED—NAME: **Zoraida** FIRST MIDDLE LAST

1. COUNTY OF DEATH: **Chicago** DATE OF DEATH (MONTH, DAY, YEAR): **November 24, 1995**

2. **Female** SEX

3. **November 24, 1995** DATE OF BIRTH (MONTH, DAY, YEAR)

4. **Cook** CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

5a. **54** AGE—LAST BIRTHDAY (YRS)

5b. **54** HOURS

5c. **54** MIN

5d. **July 7, 1941** DATE OF BIRTH (MONTH, DAY, YEAR)

5e. **1941** YEAR

6a. **Chicago** CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

6b. **Ravenswood Hospital Medical Center** HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

6c. **Yes** WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)

7. **Puerto Rico** BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)

8a. **Married** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

8b. **Felix Arce** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)

9. **No** WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)

10. **581-80-9734** SOCIAL SECURITY NUMBER

11a. **Home Maker** KIND OF BUSINESS OR INDUSTRY

11b. **Own home** CITY, TOWN, TWP. OR ROAD DISTRICT NO.

12. **6 years** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)

13a. **North Marshfield** CITY, TOWN, TWP. OR ROAD DISTRICT NO.

13b. **Chicago** CITY, TOWN, TWP. OR ROAD DISTRICT NO.

13c. **135 Year** INSIDE CITY (YES/NO)

13d. **Cook** COUNTY

13e. **Illinois** STATE

13f. **60622** ZIP CODE

13g. **White** RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)

14a. **White** RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)

14b. **NO** OF HISPANIC ORIGIN? (SPECIFY NO OR YES—YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.)

14c. **Puerto Rican** SPECIFY: **Puerto Rican** (MAIDEN) LAST

15. **Benito** FATHER—NAME FIRST MIDDLE LAST

16. **Alejandrina Ferreris** MOTHER—NAME FIRST MIDDLE LAST

17a. **Felix Arce** INFORMANT'S NAME (TYPE OR PRINT)

17b. **Husband** RELATIONSHIP

17c. **1717 No. marshfield Chicago, Ill.** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)

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.

Immediate Cause (Final disease or condition resulting in death): **Mitral Valve Stenosis**

(a) **Mitral Valve Stenosis** DUE TO, OR AS A CONSEQUENCE OF

(b) **Rheumatic Fever** WHICH GIVE RISE TO IMMEDIATE CAUSE (a)

(c) **Stating the underlying cause last.**

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

20a. **11/24/95** DATE OF OPERATION, IF ANY

20b. **NO** MAJOR FINDINGS OF OPERATION

20c. **NO** WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)

20d. **NO** IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?

21a. **NO** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)

21b. **NO** HOUR OF DEATH

21c. **11:30 P.M.** DATE SIGNED (MONTH, DAY, YEAR)

21d. **M.D.** ILLINOIS LICENSE NUMBER

22a. **Asad Redjai, M.D.** SIGNATURE

22b. **1945 W Wilson, Chicago, IL 60640** NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)

22c. **Asad Redjai, M.D., 1945 W Wilson, Chicago, IL 60640** NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER

23. **Irving Park Cemetery** BURIAL, CREMATION, REMOVAL (SPECIFY)

24a. **Irving Park Cemetery** CEMETERY OR CREMATORY—NAME

24b. **Chicago, Illinois** CITY OR TOWN

24c. **Illinois** STATE

24d. **Chicago, Illinois** LOCATION

25a. **2114 W. Irving Park Rd. Chicago, Illinois 60618** FUNERAL HOME

25b. **Grein Funeral Directors** FUNERAL DIRECTOR'S NAME

25c. **250334-011980** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

25d. **November 28, 1995** DATE (MONTH, DAY, YEAR)

26a. **Asad Redjai** LOCAL REGISTRAR'S SIGNATURE

26b. **NOV 27 1995** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26c. **NOV 27 1995** DATE (MONTH, DAY, YEAR)

26d. **NOV 27 1995** DATE (MONTH, DAY, YEAR)

26e. **NOV 27 1995** DATE (MONTH, DAY, YEAR)

26f. **NOV 27 1995** DATE (MONTH, DAY, YEAR)

26g. **NOV 27 1995** DATE (MONTH, DAY, YEAR)

26h. **NOV 27 1995** DATE (MONTH, DAY, YEAR)

26i. **NOV 27 1995** DATE (MONTH, DAY, YEAR)

26j. **NOV 27 1995** DATE (MONTH, DAY, YEAR)

26k. **NOV 27 1995** DATE (MONTH, DAY, YEAR)

26l. **NOV 27 1995** DATE (MONTH, DAY, YEAR)

26m. **NOV 27 1995** DATE (MONTH, DAY, YEAR)

26n. **NOV 27 1995** DATE (MONTH, DAY, YEAR)

26o. **NOV 27 1995** DATE (MONTH, DAY, YEAR)

26p. **NOV 27 1995** DATE (MONTH, DAY, YEAR)

26q. **NOV 27 1995** DATE (MONTH, DAY, YEAR)

26r. **NOV 27 1995** DATE (MONTH, DAY, YEAR)

26s. **NOV 27 1995** DATE (MONTH, DAY, YEAR)

26t. **NOV 27 1995** DATE (MONTH, DAY, YEAR)

26u. **NOV 27 1995** DATE (MONTH, DAY, YEAR)

26v. **NOV 27 1995** DATE (MONTH, DAY, YEAR)

26w. **NOV 27 1995** DATE (MONTH, DAY, YEAR)

26x. **NOV 27 1995** DATE (MONTH, DAY, YEAR)

26y. **NOV 27 1995** DATE (MONTH, DAY, YEAR)

26z. **NOV 27 1995** DATE (MONTH, DAY, YEAR)

BASED ON 1989 U.S. STANDARD CERTIFICATE

ILLINOIS DEPARTMENT OF PUBLIC HEALTH—Division of Vital Records

VR2007 (Rev. 5/89)