

UNOFFICIAL COPY



DECEASED JOINT TENANCY AFFIDAVIT

Eugene "Gene" Moore Fee: \$26.50
Cook County Recorder of Deeds
Date: 05/05/2003 09:42 AM Pg: 1 of 2

STATE OF ILLINOIS]
]]
COUNTY OF]

Amelia N. Arredondo being duly sworn states that I resides at 3029 S. Avers Ave in the city of Chicago

That I was acquainted Martin Arredondo deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

*Legal: LOT 32 IN SHERIDAN'S SUBDIVISION OF BLOCK 16 IN GOODWIN, BALESTIER AND PHILLPS' SUBDIVISION OF THE WEST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 26, TOWNSHIP 39 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

*P.I.N. 16-26-327-011

That the deceased died 2-15-97 as evidenced by a certified copy of death certificate of the deceased attached hereto.

Subscribed and sworn to before me by the said AMELIA N. ARREDONDO

this 2ND day of MAY, A.D. ~~19~~ 2003

Alicia Perez
Notary Public

Amelia N. Arredondo
(affiant signature)

Amelia N. Arredondo
3029 S. Avers Ave
Chicago ILS 60623



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MAY 02 2003

STATE OF ILLINOIS)
County of Cook)

DAVID ORR, County Clerk

I, DAVID ORR, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David Orr
COUNTY CLERK

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

602860

DECEASED'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.10	REGISTERED NUMBER	STATE OF ILLINOIS		STATE FILE NUMBER
DECEASED NAME: FIRST MARTIN MIDDLE LAST ARREDONDO		SEX: 2 MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3 FEBRUARY 15, 1997		
COUNTY OF DEATH: 4 COOK	AGE LAST BIRTHDAY (YMO): 5a 45	UNDER 1 YEAR: 5b	UNDER 1 DAY: 5c	DATE OF BIRTH (MONTH, DAY, YEAR) 5d June 12, 1951	
CITY, TOWN, TWP OR ROAD DISTRICT NUMBER: 6a CHICAGO	HOSPITAL OR OTHER INSTITUTION: NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b MERCY HOSPITAL MEDICAL CENTER			IF HOSP. OR INST. INDICATE D.O.A. OR EMER. RM. INPATIENT (SPECIFY) 6c INPATIENT	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): 7 MEXICO	MAR. (M), NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): 8a Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b Amelia N. Nevarez		WAS DECEASED EVER IN ARMED FORCES? (YES) 9 NO	
SOCIAL SECURITY NUMBER: 10 326-82-5837	USUAL OCCUPATION: 11a Tractorman	KIND OF BUSINESS, JR. INDUSTRY: 11b Railroad	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): 12 -3-		
RESIDENCE (STREET AND NUMBER): 13a 2641 S AVERS Avenue	CITY, TOWN, TWP. OR ROAD DISTRICT NO.: 13b CHICAGO	INSIDE CITY (YES-NO): 13c YES	COUNTY: 13d COOK		
STATE: 13e ILLINOIS	ZIP CODE: 13f 60623	RACE (WHITE, BLACK, AMERICAN INDIAN, OR OTHER SPECIFY): 14a WHITE	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN): 14b YES MEXICAN		
FATHER NAME: 15a Teobardo	FIRST MIDDLE LAST: Arredondo	MOTHER NAME: 15b Concepcion	FIRST MIDDLE LAST (MAIDEN) LAST: Ramirez		
INFORMANT'S NAME (TYPE OR PRINT): 17a SILVESTRE B. SARROZA JR	RELATIONSHIP: 17b HOSPITAL RECORDS	MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP): 17c 2525 S MICHIGAN AVE, CHGO, IL 60611			
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.					APPROXIMATE PERIOD BETWEEN ONSET AND DEATH:
IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) INTRACEREBRAL BLEEDING					1 WEEK
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST (b) ADULT RESPIRATORY DISTRESS SYNDROME					WEEKS
(c) CHRONIC RENAL FAILURE					YEARS
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
DATE OF OPERATION, IF ANY: 20a	MAJOR FINDINGS OF OPERATION: 20b				IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c YES NO
(DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON: 21a FEBRUARY 14, 1997	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): 21b NO		TIME OF DEATH: 21c 05:00 A.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): 22b FEBRUARY 15, 1997
22a SIGNATURE: <i>Juanita Valverde</i>			ILLINOIS LICENSE NUMBER: 22d 036-074259		
NAME AND ADDRESS OF CERTIFIER: 22c JUANITA VALVERDE, M.D. 5241 S CICERO, CHICAGO, ILLINOIS 60632			NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED		
23 BURIAL CREMATION REMOVAL (SPECIFY): 24a Burial		CEMETERY OR CREMATORY-NAME: 24b Mount Auburn	LOCATION: 24c Stickney, IL	CITY OR TOWN: CHICAGO	STATE: IL
FUNERAL HOME: 25a Frank Marik and Sons FH PC, 2534 S. Pulaski Road, Chicago, IL 60623		DATE: (MONTH, DAY, YEAR) 24d FEB. 18, 1997			
FUNERAL DIRECTOR'S SIGNATURE: <i>Robert F. Marik</i>			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 25c 11207		
LOCAL REGISTRAR'S SIGNATURE: <i>Shirley Ann RSM</i>			DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): 25d FEB 18 1997		