



0334339126

DECEASED JOINT
TENANCY AFFIDAVIT

Doc#: 0334339126
Eugene "Gene" Moore Fee: \$26.50
Cook County Recorder of Deeds
Date: 12/09/2003 01:26 PM Pg: 1 of 2

STATE OF ILLINOIS

SS

COUNTY OF COOK

I, BERNABEL BELTRAN, being duly sworn, hereby states that he resides at 814 North Racine Avenue in the City of Chicago, State of Illinois, County of Cook.

That he was the husband of ANA CELIA BELTRAN, deceased who, at the time of her death, was one of the owners of the land in Cook County, Illinois, described as:

PARCEL #1

THE SOUTH 47 FEET 3 INCHES OF THE NORTH 88 FEET 3 INCHES OF THE EAST 42 FEET 3 INCHES OF LOTS 73, 74, AND 75 (TAKEN AS A TRACT) IN BLOCK 26 IN CANAL TRUSTEES SUBDIVISION IN THE WEST HALF OF SECTION 5, TOWNSHIP 39 NORTH RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL #2

THE SOUTH 12 FEET OF THE NORTH 100 FEET 3 INCHES OF THE EAST 42 FEET 3 INCHES OF LOTS 73, 74, AND 75 (TAKEN AS A TRACT) ALSO THE EAST 52 FEET 3 INCHES LYING SOUTH OF THE NORTH 100 FEET 3 INCHES OF SAID LOTS IN THE 73, 74 AND 75 (TAKEN AS A TRACT) ALL IN BLOCK 26 IN THE CANAL TRUSTEES SUBDIVISION IN THE WEST HALF OF SECTION 5, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

P.I.N. 17-05-329-055-0000 C/K/A 818-20 N. Racine Ave, CHICAGO, ILLINOIS
That the deceased died December 13, 1998.

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

Subscribed and sworn to before me by the said
BERNABEL BELTRAN this 5th day of November, 2002.

[Signature]
NOTARY PUBLIC

Bernabel Beltran
BERNABEL BELTRAN

UNOFFICIAL COPY

CITY OF CHICAGO

DEC 15 1998

L SHEILA LYNE, RSM, 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.

MEDICAL CERTIFICATE OF DEATH

DISTRICT NO. 1037 REGISTERED NUMBER 620656

DECEASED-NAME: FIRST Ana MIDDLE Celia LAST Beltran SEX 2 Female DATE OF DEATH (MONTH, DAY, YEAR) 3 December 13, 1998

CITY OF DEATH Cook UNDER 1 YEAR: 3 DAYS 72 HOURS 5c DATE OF BIRTH (MONTH, DAY, YEAR) 5d October 20, 1926

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER Chicago HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT NEITHER, GIVE STREET AND NUMBER) Northwestern Memorial Hospital

6a. Chicago BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 8b. Bernabe Beltran NAME OF SURVIVING SPOUSE (MARRIAGE NAME, IF WIFE) 5c. Inpatient

7. Puerto Rico MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married KIND OF BUSINESS OR INDUSTRY 9. No WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)

SOCIAL SECURITY NUMBER 10.582-20-4403 USUAL OCCUPATION 11a. Homemaker 11b. Home 12. 8 EDUCATION (SPECIFY OR HIGHEST GRADE COMPLETED) 13c. Yes COUNTY Cook

RESIDENCE (STREET AND NUMBER) 13a. 814 North Racine CITY, TOWN, TWP, OR ROAD DISTRICT NO. Chicago INSIDE CITY (YES/NO) 13c. Yes COUNTY Cook

STATE 13b. Illinois RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14b. Hispanic YES NO SPECIFY: Puerto Rican (MAY DENY LAST MOTHER-NAME FIRST MIDDLE LAST Julian Velez)

FATHER-NAME FIRST MIDDLE LAST Julian Velez MOTHER-NAME FIRST MIDDLE LAST Julia Mendez

15. INFORMANT'S NAME (TYPE OR PRINT) 16. Julia Mendez RELATIONSHIP 17a. Medical Records MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN STATE ZIP) 17b. Records 7303 F. Superior, Chicago, IL 60611

17a. Susan Rogacki 17b. Records 7303 F. Superior, Chicago, 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.

Immediate Cause (Final disease or condition resulting in death) (a) Ischemic Cardio Myopathy

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DUE TO, OR AS A CONSEQUENCE OF

(c) DUE TO, OR AS A CONSEQUENCE OF

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

DATE OF OPERATION, IF ANY 20b. MAJOR FINDINGS OF OPERATION 20c. YES NO

20a. (1010) (DID NOT ATTEND THE DECEASED AND LAST SAW HIM/LER ALIVE ON) 20c. YES NO

21a. I did last attend alive December 13, 1998 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED 21c. 6:28PM HOUR OF DEATH M

22a. SIGNATURE [Signature] (TYPE OR PRINT) 22b. December 13, 1998 DATE SIGNED (MONTH, DAY, YEAR)

22c. Dr. Steven B. Newman NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22d. 25034314 ILLINOIS LICENSE NUMBER

23. Dr. Steven B. Newman NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23c. 034-011737 NOTE IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED

BURIAL, CREMATION, REMOVAL (SPECIFY) 24b. Burial CEMETERY OR CREMATORY-NAME 24c. Hillside, Illinois LOCATION CITY OR TOWN STATE 24d. Oakridge CITY OR TOWN STATE

FUNERAL HOME 25a. Alvarez Funeral Directors, P.C., 2500 North Cicero Avenue, Chicago, IL 60639 STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP

FUNERAL DIRECTOR'S SIGNATURE [Signature] FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-011737

LOCAL REGISTRAR'S SIGNATURE [Signature] DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 25d. 17, 1998

6a. [Signature]