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AFFIDAVIT OF HEIRSHIP

219424

Vicente Uribe being duly sworn, state that Vicente Uribe resides at 7519 N. Claremont in the City of Chicago.

That Vicente Uribe was acquainted with Maria Del Carmen Romero, deceased, who at the time of her death, was the owner of the land in Cook County, Illinois described as:

(See Attached Legal Description)

That Maria Del Carmen Romero died 12-18-01 intestate (testate, a copy of his/her will is attached) as evidenced by a certified copy of death certificate of the deceased attached hereto.

That decedent was not adopted.

[If the decedent was adopted, the following facts, should be included:

That MA was adopted on _____ by _____ and _____ at which time the decedent was of the age of _____.]

[If the decedent was 18 or older when adopted, the following facts should be included:

Before reaching the age of 18 the decedent (had not lived with his/her adopting parents) or (had lived with his/her adopting parents from the time he/she was _____ years of age.)]

That Maria Del Carmen Romero, deceased, was married, but once and then to Vicente Uribe (state if now living, if not the affiant, or if deceased, date of death).



0404949069

Doc#: 0404949069

Eugene "Gene" Moore Fee: \$54.00

Cook County Recorder of Deeds

Date: 02/18/2004 09:18 AM Pg: 1 of 4

[Handwritten signature]

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That of that marriage the following children were born:

N/A

(Give age or at least the same is adult under no legal disability — if deceased, date of death and add heirship information of same, spouse, children, etc.)

That no other children were born to or adopted by the deceased.

[If the decedent adopted someone, the following facts, should be included;

The decedent adopted N/A, on _____, at which time said adoptee was of the age of _____.

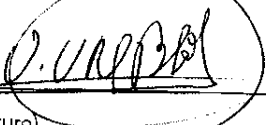
[If the adoptee was 18 years of age or older when adopted, the following facts should be included:

Before reaching the age of 18, N/A the adoptee, (had not resided with his/her adopting parents) or (had resided with his/her adopting parents from the time said adoptee was _____ years of age.])

That the total value of the estate of the deceased, including both real and personal property owned by the deceased with either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \$ 112 000.


Affiant makes this affidavit for the purpose of inducing Home Equity Title Services, Inc. to issue its Title Policy, describing the above-mentioned property.

Subscribed and sworn to before me by the said,


(Affiant's Signature)

PREPARED BY
MAIL TO:
HOME EQUITY TITLE
SERVICES, INC.
855 E. GOLF RD. #2140
ARLINGTON HEIGHTS, IL 60005

this 11 day of February, 2003 A.D.


(Notary Public)
SEAL



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CITY OF CHICAGO

DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

619810

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

JAN 07 2002

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 OBDINANCE OF SAID LAW AND ORDINANCES.

John L. Wilhelm, M.D.
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

REGISTRATION DISTRICT NO. 1610	DECEASED-NAME Maria del Carmen Romero Ramirez	DATE OF DEATH (MONTH, DAY, YEAR) December 18, 2001
REGISTERED NUMBER	AGE - LAST BIRTHDAY (YRS) MOS. 50	DATE OF BIRTH (MONTH, DAY, YEAR) July 16, 1951
CITY, TWP., OR ROAD DISTRICT NUMBER Chicago	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Northwestern Memorial	IF HOSP. OR INST. INDICATE D.O.A. OPERMER, RM, INPATIENT (SPECIFY)
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Mexico	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
SOCIAL SECURITY NUMBER 352-50-9986	USUAL OCCUPATION Administrative Assistant	9. No
RESIDENCE (STREET AND NUMBER) 7519 N. Claremont	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) vicente Uribe	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) 12 College (1-4 or 5+) College
STATE Illinois	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) White	INSIDE CITY (YES/NO) 13c. Yes COUNTY 13d. Cook
FATHER-NAME Juan Romero	14b. <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES SPECIFY: Mexican	14c. Mexican (MAIDEN) AST
INFORMANT'S NAME (TYPE OR PRINT) Jackie Smith	16. Maria R. Rodriguez	16. 251 E. Huron Chicago 645
17a. Jackie Smith	17b. 251 E. Huron Chicago 645	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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. (a) intracranial hemorrhage (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF		
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.		
DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION	20b.
20a. (TOD) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE Did not attend Dec 18, 2001	20c. YES <input type="checkbox"/> NO <input type="checkbox"/>	20c. YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. burm Vols	21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) no	21c. HOUR OF DEATH 8:10 p.m.
22a. SIGNATURE John L. Wilhelm	22b. DATE SIGNED (MONTH, DAY, YEAR) 12/19/2001	22c. ILLINOIS LICENSE NUMBER 125-40405
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) Dr. Slav Velimirovic MD 931 E. Huron	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
23. BURIAL CEMETERY OR CREMATORY-NAME Burial	24a. STREET AND NUMBER OR R.F.D. Holy Cross Cem.	24b. CITY OR TOWN Chicago, Illinois
24a. CEMETERY OR CREMATORY-NAME	24c. CITY OR TOWN	24d. DATE (MONTH, DAY, YEAR) 12/22/01
25a. FUNERAL HOME Elmwood Chapel	25b. STREET AND NUMBER OR R.F.D. 11200 S. Ewing Ave.	25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 60617
25a. FUNERAL HOME	25b. STREET AND NUMBER OR R.F.D.	25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b. FUNERAL DIRECTOR'S SIGNATURE John L. Wilhelm, M.D.	25c. FUNERAL DIRECTOR'S SIGNATURE NUMBER 012040	25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) DEC 21 2001
25b. LOCAL REGISTRAR'S SIGNATURE	25c. FUNERAL DIRECTOR'S SIGNATURE NUMBER	25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
25c. LOCAL REGISTRAR'S SIGNATURE NUMBER	25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	25e. LOCAL REGISTRAR'S SIGNATURE J.L.H.

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EXHIBIT A

LEGAL DESCRIPTION

UNIT GARDEN-S TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN CONDOMINIUMS OF CLAREMONT CONDOMINIUM AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NO. 96310763, IN THE SOUTHWEST 1/4 OF SECTION 30, TOWNSHIP 41 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

TAX MAP/ID NUMBER: 11-30-301-045-1008

COMMONLY KNOWN AS: 7519 NORTH CLAREMONT AVENUE, UNIT GARDEN-S
CHICAGO, IL 60645