



# UNOFFICIAL COPY

## HERITAGE TITLE COMPANY

5849 West Lawrence Avenue

Chicago, Illinois 60630

Telephone (773) 545-8100



0405139070

Doc#: 0405139070  
Eugene "Gene" Moore Fee: \$26.50  
Cook County Recorder of Deeds  
Date: 02/20/2004 01:43 PM Pg: 1 of 2

### AFFIDAVIT REGARDING DECEASED JOINT TENANT

STATE OF ILLINOIS  
COUNTY OF COOK

DATE:  
COMMITMENT NUMBER:

EMMA A. PADILLA

BEING FIRST DULY SWORN, FOR THE PURPOSE OF INDUCING UNITED GENERAL TITLE INSURANCE COMPANY TO ISSUE ITS TITLE INSURANCE POLICY COVERING THE LAND DESCRIBED IN THE ABOVE CAPTIONED COMMITMENT, DEPOSES AND SAYS:

1. THAT HE/SHE RESIDES AT: 1927 West Balmoral Avenue, Chicago, Illinois 60640-1003

2. THAT HE/SHE WAS ACQUAINTED WITH JORGE A. PADILLA WHO DIED ON JANUARY 21, 2003 AS EVIDENCED BY THE ATTACHED CERTIFIED COPY OF THE DEATH CERTIFICATE.

3. THAT SAID DECEDENT WAS ONE OF THE OWNERS OF THE LAND DESCRIBED IN THE ABOVE CAPTIONED COMMITMENT.

4. THAT SAID DECEDENT DIED:  
XXX LEAVING NO LAST WILL AND TESTAMENT.  
           LEAVING A LAST WILL AND TESTAMENT, A COPY OF WHICH IS ATTACHED.

5. THAT THE TOTAL VALUE OF SAID DECEDENT'S ESTATE FOR STATE OF ILLINOIS INHERITANCE TAX AND FEDERAL ESTATE PURPOSES DOES NOT EXCEED \$ 5,000.00

Emma A. Padilla  
AFFIANT'S SIGNATURE

SUBSCRIBED AND SWORN BEFORE ME THIS 14th DAY OF February ~~1999~~ 2004

[Signature]  
NOTARY PUBLIC

RETURN TO:  
LAW OFFICE OF JONAS A. MARRERO, P.C.  
134 North Dearborn Street, Suite 2112  
Chicago, Illinois 60602  
(312) 641-1344

**MEDICAL CERTIFICATE OF DEATH**

STATE OF ILLINOIS  
 COUNTY OF COOK  
 CITY OF CHICAGO

JAN 24 2003

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 FOR THE CITY OF CHICAGO AND DEATHS FOR THE LAWS OF THE STATE 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.

*John L. Wilhelm, MD*  
 LOCAL REGISTRAR

RETURN TO:

100 North LaSalle Street, Room 2112  
 Chicago, Illinois 60602  
 (312) 841-1344

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

REGISTRATION NO. 16.10  
 REGISTERED NUMBER 101092

DECEASED NAME: **Torge A. Padilla** FIRST MIDDLE LAST SEX: **Male** DATE OF DEATH: **3 January 21, 2003**

COUNTY OF DEATH: **Cook** AGE-LAST BIRTHDAY (YRS): **58** UNDER 1 DAY: **2** UNDER 1 YEAR: **1** UNDER 1 MONTH: **3** DATE OF BIRTH: **3 November 2, 1925**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **Chicago** HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **Advocate Illinois Masonic Med. Ctr. Inpatient**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **Ecuador** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **Married** NAME OF SURVIVING SPOUSE (Maiden Name, If Wife): **Emma Paredes**

SOCIAL SECURITY NUMBER: **353-46-6512** USUAL OCCUPATION: **Machine Operator** KIND OF BUSINESS OR INDUSTRY: **Factory** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **College (14 or 3+)**

RESIDENCE (STREET AND NUMBER): **1927 W. Balmoral** CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **Chicago** INSIDE CITY: **Yes** COUNTY: **Cook**

STATE: **Illinois** ZIP CODE: **131 60640** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): **White** OF HISPANIC ORIGIN? (SPECIFY AND OR YES-F, YES, SPECIFY CUBAN, MEXICAN, ETC.): **Yes**

FATHER-NAME: **Manuel M. Padilla** MOTHER-NAME: **Agatha Gavilanes**

DECEASED'S NAME (TYPE OR PRINT): **Manuel M. Padilla** RELATIONSHIP: **Wife** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): **176 Riverside 170 896 W. Wellington Chicago Illinois 60657**

17a. **Intoxicated**

14. PART I. IMMEDIATE CAUSE (Final disease or condition resulting in death) Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory, etc. (a) **Small cell lung cancer.** (b) **Small cell lung cancer.** (c) **Small cell lung cancer.**

15. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I. **Hypothyroidism**

19a. AUTOPSY: **NO** 19b. WERE AUTOPSY FINDINGS AVAILABLE BEFORE TO CORONER OR MEDICAL EXAMINER? (YES/NO): **NO**

20a. DATE OF OPERATION, IF ANY: **11/21/03** MAJOR FINDINGS OF OPERATION: **Hypothyroidism**

21a. DID YOU NOT ATTEND THE DECEASED? (MONTH, DAY, YEAR): **11/21/03** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **NO**

21b. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. HOUR OF DEATH: **18:58** DATE SIGNED: **1/22/03**

22a. SIGNATURE: **Torge A. Padilla** NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): **Fernando Striedinger Ave. Chicago 60657** ILLINOIS LICENSE NUMBER: **036-090341**

22c. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT): **Fernando Striedinger M.D.** NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

23. RITUAL CREMATION, REMOVAL (SPECIFY): **Burial** CEMETERY OR CREMATORY NAME: **Rosehill Cemetery** LOCATION: **Chicago** STATE: **Illinois** DATE: **01-25-2003**

24a. FUNERAL HOME: **Herdegen-Brieske Funeral Home 1356 W. Wellington Ave. Chicago Illinois 60657** CITY OR TOWN: **Chicago** STATE: **Illinois** DATE: **01-25-2003**

25a. FUNERAL DIRECTOR'S SIGNATURE: **John A. Wilhelm, MD** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **034-014227**

25b. LOCAL REGISTRAR'S SIGNATURE: **John A. Wilhelm, MD** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **JAN 24 2003**

26a. ZIP: **60657**