

UNOFFICIAL COPY
DECEASED JOINT TENANCY AFFIDAVIT
O'CONNOR TITLE COMPANY



State of Illinois) S.S.
County of Cook

Doc#: 0411711236
Eugene "Gene" Moore Fee: \$46.00
Cook County Recorder of Deeds
Date: 04/26/2004 12:55 PM Pg: 1 of 2

DECEASED JOINT TENANCY AFFIDAVIT

Esther M. Gonzales being duly sworn states that
She resides at 10627 Hoxie Avenue, Chicago, Il 60617

That She was acquainted with Ramon M. Gonzales
Deceased who, at the time of His death, was one of the owners of the land in
Cook County, Illinois, described as:

Lot 36 in Block 1 in Irondale, a Subdivision of the East half of Section 13, Township
37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

P.I.N #25-13-203-011

That the deceased died April 11, 1996, as evidenced by a Certified Copy of Death
Certificate of the deceased attached hereto.

That the deceased died:

Leaving no Last Will & Testament
 Leaving a Last Will & Testament, a copy of which is attached hereto. The
Original of the Unproven Will should be filed with the Clerk of the Probate Division
of the Circuit Court of COOK, County, Illinois.

Leaving a Last Will & Testament, which was filed, in the Unproven Will
Box of the Probate Division of the Circuit Court of _____.

That the total value of the Estate of the deceased, including both Real and
Personal Property owned by the deceased either individually or in Joint Tenancy at
the time of the death of the deceased, does not exceed the sum of \$ _____
Dollars.

Affiant makes this affidavit for the purpose of inducing the Real Estate Index
to issue its Title Insurance Policy describing the above-mentioned property.

Subscribed and sworn to before me by the said:
Esther M. Gonzales

this 12th day of — April A.D. 2004

Kathryn E Morici
Notary Public

Esther M. Gonzales
Esther M. Gonzales



O'Connor Title
Services, Inc.

4117-0055

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STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO 16.10 REGISTERED NUMBER

STATE FILE NUMBER

606462

Form with fields for DECEASED-NAME (RAMON M. GONZALES), COUNTY OF DEATH (Cook), DATE OF DEATH (April 11, 1996), SEX (Male), DATE OF BIRTH (August 31, 1903), HOSPITAL OR OTHER INSTITUTION (South Hoxie), NAME OF SURVIVING SPOUSE (None), KIND OF BUSINESS OR INDUSTRY (Grain Elevator), CITY, TOWN, OR ROAD DISTRICT NO. (Chicago), RACE (White), MOTHER-NAME (Maria Rosa Molina), RELATIONSHIP (Daughter), MAILING ADDRESS (170627 S. Hoxie, Chicago, IL 60617), IMMEDIATE CAUSE OF DEATH (Postate CA), DUE TO OR AS A CONSEQUENCE OF (Coronary artery disease), DUE TO OR AS A CONSEQUENCE OF (Aortic stenosis), DATE OF OPERATION (4/6/96), MAJOR FINDINGS OF OPERATION (Aortic stenosis), SIGNATURE OF CERTIFIER (Zaki Lababidi), NAME OF ATTENDING PHYSICIAN (Zaki Lababidi), FUNERAL HOME (Ruzich Funeral Home), STREET AND NUMBER OR R.F.D. (9725 South Commercial Ave. Chicago, Ill. 60617), CITY OR TOWN (Chicago), STATE (Illinois), ZIP (60617), DATE FILED BY LOCAL REGISTRAR (April 12, 1996).

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

APR 12 1996

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.

25b. LOCAL REGISTRAR'S SIGNATURE (Sheila Lyne) 26a. DATE FILED BY LOCAL REGISTRAR (April 12, 1996)