

UNOFFICIAL COPY



0413445147

AFFIDAVIT AS TO JOINT TENANCY

Doc#: 0413445147
Eugene "Gene" Moore Fee: \$46.50
Cook County Recorder of Deeds
Date: 05/13/2004 12:33 PM Pg: 1 of 2

STATE of IL
COUNTY OF COOK }

On this 13TH day of FEBRUARY, 2004 before me

Personally appeared: MAGDALENA MARTINEZ

To me personally known, who being duly sworn on oath did say: ISIDORO MARTINEZ IS DECEASED.

Affiant is the owner of the following property:

6542 S. KOMENSKY

CHICAGO IL 60629

Index# 19-22-220 035-

LOT 15 BLOCK 10 IN ARTHUR T MCINTOSH'S CRAFTON AVE ADDITON TO CHICAGO IN THE EAST 1/2 OF THE NORTHEAS 1/4 OF SECTION 22 TOWNSHIP 38 NORTH RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

And that said property was formerly owned as joint tenants and not as tenants in common

By ISIDORO MARTINEZ (AND) MAGDALENA MARTINEZ

And that said: ISIDORO MARTINEZ

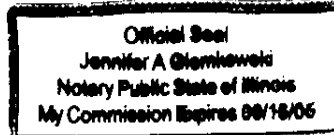
Died on the 26TH day of JANUARY 2003

That the value of the estate of the deceased was less than \$600,000.00 including joint tenancies, tenancies by the entireties, individual ownerships and insurance, and that the joint tenancy had not been severed prior to the death of said deceased.

Margdalena Martinez
Signature

Subscribed and sworn to before me the day and year above written.

Jennifer A. Glenskewelski
Notary Public



My Commission Expires: 08/16/05

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PERMANENT CERTIFICATE

REGISTRATION DISTRICT NO. 22.0

STATE OF ILLINOIS

STATE FILE NUMBER

TEMPORARY CERTIFICATE

REGISTERED NUMBER 459

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

Type, or Print in PERMANENT INK See Coroner's or Funeral Directors Handbook for INSTRUCTIONS

DECEASED-NAME FIRST MIDDLE LAST ISIDORO MARTINEZ SEX 2. MALE DATE OF DEATH (MONTH DAY, YEAR) 3. JANUARY 26, 2003

COUNTY OF DEATH 4. DUPAGE AGE- LAST BIRTHDAY (YEARS) 5a. 36 UNDER 1 YEAR 5b. UNDER 1 DAY 5c. DATE OF BIRTH (MONTH DAY YEAR) 5d. SEPTEMBER 10, 1966

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. NAPERVILLE HOSPITAL OR OTHER INSTITUTION- NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. EDWARD HOSPITAL IF HOSP. OR INST. INDICATE ID OR A OF EMER. RM. INPATIENT (SPECIFY) 6c. EMER. RM.

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. MEXICO MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. MARRIED NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. IRMA BARRAGAN WAS DECEASED EVER IN U.S. ARMED FORCES? (YES-NO) 9. NO

SOCIAL SECURITY NUMBER 10. 345-78-4869 USUAL OCCUPATION 11a. CONSTRUCTION WORKER KIND OF BUSINESS OR INDUSTRY 11b. CONSTRUCTION CO. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 11

RESIDENCE (STREET AND NUMBER) 13a. 6542 S. KOMENSKY CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. CHICAGO INSIDE CITY (YES/NO) 13c. YES COUNTY 13d. COOK

STATE 13e. IL ZIP CODE 13f. 60629 RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. WHITE OF HISPANIC ORIGIN? (SPECIFY NO OR YES. IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. YES SPECIFY: MEXICAN

FATHER-NAME FIRST MIDDLE LAST LUIS MARTINEZ MOTHER-NAME FIRST MIDDLE LAST NATALIA MENDOZA

INFORMANT'S NAME (TYPE OR PRINT) 17a. ALFONSO MARTINEZ RELATIONSHIP 17b. BROTHER MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 10021 W. PALMER, MELROSE PARK, IL 60164

18. PART I. Enter the diseases, injuries, 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 INTERVAL BETWEEN ONSET AND DEATH MONTHS/YEARS

Immediate Cause (Final disease or condition resulting in death) (a) ATHEROSCLEROTIC CORONARY ARTERY DISEASE

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

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

NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY) 20a. NATURAL DATE OF INJURY (MONTH, DAY, YEAR) 20b. HOUR 20c. M. 20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18)

INJURY AT WORK (YES/NO) 20e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY) 20f. LOCATION (CITY, VILLAGE, TOWN, OR TWP., OR RD. DIST. NO., COUNTY, STATE) 20g. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20h. YES [] NO []

I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT THE DECEASED WAS PRONOUNCED DEAD ON DATE SIGNATURE DATE SIGNED

CORONER'S - MEDICAL EXAMINER'S SIGNATURE 22a. RICHARD R. BALLINGER DEPUTY DATE SIGNED MARCH 20, 2003

CORONER'S PHYSICIAN'S NAME (Type or Print) 23a. JEFF HARKEY, M.D. (FORENSIC PATHOLOGIST) DATE SIGNED MARCH 20, 2003

BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL CEMETERY OR CREMATORY-NAME 24b. RESURRECTION LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP FORTUNA BROS. F.H., 4401 S. KEDZIE AVE., CHICAGO, IL 60632

FUNERAL DIRECTOR'S SIGNATURE 25b. DAVID FISHER, JR. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-014435

LOCAL REGISTRAR'S SIGNATURE 26a. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. MAR 27 2003

VH202 (Rev. 5/89)

Illinois Department of Public Health - Division of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)



DuPage County Health Department

111 North County Farm Road Wheaton, Illinois 60187

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

Local Registrar signature

Local Registrar

Not valid without an embossed seal of DuPage County Health Department