

UNOFFICIAL COPY

RECORDING REQUESTED BY



AND WHEN RECORDED MAIL TO

Doc#: 0413926085
Eugene "Gene" Moore Fee: \$28.00
Cook County Recorder of Deeds
Date: 05/18/2004 11:51 AM Pg: 1 of 2

Recording requested by: LSI
When recorded return to:
Custom Recording Solutions
2550 N. Redhill Ave.
Santa Ana, CA. 92705
800-756-3524 ext. 5011

780073

Wheatland Title Guaranty Co
39 Mill Street
Montgomery IL 60538

AFFIDAVIT OF DEATH OF JOINT TENANT

State of Illinois
County of Cook

Myrna J. Salazar, of legal age, being first duly sworn, deposes and says:
That Felix Salazar the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Felix Salazar named as one of the parties in that certain Warranty Deed dated December 13th, 1995, executed by Donald R. Meersman and Catherine A. Meersman to Felix Salazar and Myrna J. Salazar, as joint tenants, recorded as Instrument No. 3932688 on December 14th, 1990, of Official Records of Cook County, Illinois, covering the following described property situated in the said County, State of Illinois:

THE FOLLOWING DESCRIBED REAL ESTATE, TO-WIT:

LOT NINETEEN (19) IN BLOCK SIX (6), IN ARLINGTON ADDITION TO ARLINGTON HEIGHTS, A SUBDIVISION OF LOT TWELVE (12) (EXCEPT THE NORTH TWO AND ONE HALF (2 1/2) CHAINS OF THE EAST 2.0 CHAINS THEREOF) IN SECTION 32, IN THE ASSESSOR'S DIVISION OF SECTIONS 29, 30, 31 AND 32, IN TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN.

APN: 03-32-119-006-0000

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$~~200,000.00~~

Myrna J. Salazar

myrna J. Salazar

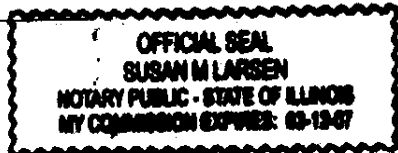
Subscribed and Sworn to before me

this 31st day of March, 2004

Susan M. Larsen

Signature Susan M. Larsen

Notary Public Commissioned for said County and State



UNOFFICIAL COPY

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

DATE: APRIL 24, 2000

SIGNED:

Mary Ann Rizzo

at Cook County Department of Public Health Official Title, Chief Deputy Registrar

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 1601 DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH 2 Male April 21, 2000 1 COUNTY OF DEATH Cook 2a. Myrna J. Salazar 3 DATE OF BIRTH 3 April 11, 1939 4 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 4a. Arlington Heights 5b. 421 S. Vall 5d. August 11, 1939 6a. Arrington Heights 6b. Myrna J. Myers 6c. 1 7. Scott, Ohio 7a. Married 7b. Myrna J. Myers 8 EDUCATION 12 13. Yes 13d. Cook 10. 275-36-3833 11a. Self Employed 11b. Barber 12. 1 13a. 421 S. Vall 13b. Arrington Heights 13c. Yes 13d. Cook 13e. Illinois 13f. 60005 14a. White 14b. X NO 14c. YES 14d. SPECIFY: 15. Pedro Salazar 16. Nancy Nieto 17a. Myrna J. Salazar 17b. Spouse 17c. 421 S. Vall, Arrington Hts. IL 60005 18. PART I Immediate Cause (final disease or condition resulting in death) (a) METASTATIC CARCINOMA OF Colon 18b. PART II Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. 19a. DATE OF OPERATION, IF ANY 19b. MAJOR FINDINGS OF OPERATION 19c. AUTOPSY (YES/NO) 19d. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (YES/NO) 19e. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20. DATE OF OPERATION, IF ANY 20a. MAJOR FINDINGS OF OPERATION 20b. DATE OF OPERATION, IF ANY 20c. HOUR OF DEATH 20d. DATE SIGNED 21. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 21a. NAME AND ADDRESS OF CORONER (TYPE OR PRINT) 21b. ILLINOIS LICENSE NUMBER 21c. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CORONER) (TYPE OR PRINT) 21d. NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED. 22. SIGNATURE 22a. NAME AND ADDRESS OF CORONER (TYPE OR PRINT) 22b. ILLINOIS LICENSE NUMBER 22c. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CORONER) (TYPE OR PRINT) 23. BURIAL, CREMATION, REMOVAL (SPECIFY) 23a. GEMETERY OR CREMATORY-NAME 23b. LOCATION 23c. CITY OR TOWN 23d. STATE 23e. DATE 24. Cremation 24a. Twin Pines Crematory 24b. Dundee, Illinois 24c. Dundee, Illinois 24d. April 24, 2000 25. FUNERAL HOME 25a. Glueckert Funeral Home, 1520 N. Arlington Hts. Rd. Arlington Hts. IL 60004 25b. FUNERAL DIRECTOR'S SIGNATURE 25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 25e. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26a. REGISTRAR 26b. APRIL 24, 2000 (BASED ON 1999 U.S. STANDARD CERTIFICATE)