## **UNOFFICIAL COPY**



Doc#: 0416329050

Clort's Office

Eugene "Gene" Moore Fee: \$30.00 Cook County Recorder of Deeds Date: 08/11/2004 09:17 AM Pg: 1 of 4

# DECEASED JOINT TENANCY AFFIDAVIT

Prepared by and after recording return to:

John Granado 3140 N. Laramie Chicago, IL 60641 the

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### CHICAGO TITLE INSURANCE COMPANY

**DECEASED JOINT TENANCY AFFIDAVIT** 

State of Ilino	ois	)		ATG	
County of	Cook	) ss.			lo. <u>1320643</u>
		)			
c	armen Rivera			being duly	sworn states that
she resides	at 2223				in the City of
	o, IL. 60639				
That she w	as acquainted with	Luis River	a		
deceased who, County, Illinois	at the time of his	death, was one of	the owners of the lan	d in Cook	
	See Ex	ubit A attached her	eto and made a part	hereof	
That the decea	sed died	December 16	. 1996		, as evidenced
		ate of the deceased a			, as evidenced
That the deceas	sed died:	04			
<u>x</u> ]	Leaving no Last Wi	il & Testament.	<u></u>		
1	hereto. The origina	al of the unproven v	copy of which is a will should be filed with the Circuit Con.	vith the	
			was filed in the Unput of the Circuit Courty, Illinois	rt of	
deceased either	value of the estate individually or in justice.	oint tenancy at the t	cluding both real and ime of the death of t	l personal proper he deceased, doe	ty owned by the
Affiant makes th	nis affidavit for that Policy, describing th	purpose of inducing ne above mentioned	the Chicago Title Insproperty.	surance Company	y to issue its
	sworn to before me				
his 21stdayc	of May,		<b>2</b> 2004	1	- Pivera
1/1/2		PAY	The state of the s	L.	- were
No	otary Public	EMY DOMMISS	BUC-STATE OF LLINOIS ION EXPERTS JULY 18, 20		it's signature)

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**Legal Description** 

LOT 33 IN THE RESUBDIVISION OF LOTS 73 TO 120 BOTH INCLUSIVE IN SAM BROWN JR.'S PENNOCK SUBDIVISION IN THE NORTHEAST 1/4 OF SECTION 34, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PN# 13-34-211-013 Property Address. 2223 N. Kildare, Chicago , TL 60639

Property of Cook County Clark's Office

<	DISPOSITION	Type of Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS  A  DECEASED  B  C  C  C  C  C  C  C  C  C  C  C  C
FUNERAL DIRECTORS AGNATURE  25b. LOCAL REGISTRAR'S SIGNATURE  10CAL REGISTRAR'S SIGNATURE  26a. LOCAL REGISTRAR'S SIGNATURE  26a. LOCAL REGISTRAR'S SIGNATURE  27c. LOCAL REGIST	208.  [OIDI (DID NOT) ATTEND THE DECEASED MONTH, DAY, YEAR) AND LAST SAW HIMMHER ALIVE ON 2 / C - 9 C.  TO THE BEST OF MY KNOWLEDGE, DEATH OCCUPRED ATT 16 / MADE  228. SIGNATURE CONTROL OF THE MANE AND ADDRESS OF CERTIFIER (TYPE ORI FIN.)  229. FLUPK CONTROL OF THE MONTH OF THE MANE AND ADDRESS OF CERTIFIER (TYPE ORI FIN.)  220. FLUPK CONTROL OF THE MONTH OF THE MANE AND ADDRESS OF CERTIFIER (TYPE ORI FIN.)  221. SIGNATURE CONTROL OF THE MONTH OF THE MANE AND ADDRESS OF CERTIFIER (TYPE ORI FIN.)  222. FLUPK CONTROL OF THE MONTH OF THE MANE ORI FOR THE MONTH OF THE MO	REGISTRATION DISTRICT NO.  REGISTERED 7 ONLY NUMBER 7 ONLY NUMBER 7 ONLY COUNTY OF DEATH  4. COUNTY OF DEATH  4. COUNTY OF DEATH  4. COUNTY OF DEATH  4. COUNTY OF DEATH  6a. Mello S. e. NITHHELACE (CITYANDSIA)  7. PUELLO. Ri SOCIAL SECURITY NUMBER  7. PUELLO. Ri SOCIAL SECURITY NUMBER  10. 581-38-4  HESIDENCE (STREET AND NUMBER  10. SEATE  10. AGUSE LAST.  11. Inmediate Cause (Final disease or condition resulting in death)  CONDITIONS, IF ANY WHICH GIVE RISE TO INMEDIATE CAUSE (A)  STATING THE UNDERLYING CAUSE LAST.  PART II. Ome symboration, IF ANY WALLOUGH GIVE RISE TO STATING THE UNDERLYING CAUSE LAST.  PART III. Ome symboration, IF ANY  DATE OF OPERATION, IF ANY
Mario Paparty ent of Public Health	E IME DATE  WALL  INVEOR	NET TO STATE THE TOTAL TENTON TO STATE THE TOTAL THE TOT
Mais Duce 2 Health-Division of Vilal Records	WAS CORONE EXAMINER NO DDUE TO THE CAUSE (S) STI  AL SEE  L. P. A. C. P. A. C. P. A. C. P. A. C. P. P. C. P. A. C. P. C.	TIFICATE OF ILLINOIS  TIFICATE OF ILLINOIS  LAST  SEX  YERA  HIVEAR LUNDER TOAY  BAYS HOURS  HOURS HOURS WINDER  CA rmen Roldan  OF BUSINESS OTHNOUSTRY  CA rpeting  CA rpeting  CA rpeting  MOTHER NAME FRST  MAILING ADDRESS  SSHIP
MERAL DIRECTOR'S ILLINO'S LICENSE  034-010370  SC.  034-010370  BD.  D	D. D	DATE OF DEATH (MONTH, DAY, YEAR)  DATE OF DEATH (MONTH, DAY, YEAR)  LIL NO. 19 PECH YORK YHIGHE; IGIN 130, YES, YES, YES, YES, YES, YES, YES, YES
I HEREBY C	CERTIEV THAT I	True and correct copy of the death record for the decedent named as them 1, and that this cordance with the provisions of the Illinois Vital Records Act.
AT	MELROSE PARK	SIGNED DEPUTY REGISTRAR  DEPUTY REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facte evidence in all courts and places of the facts therein stated.

VR-201'C /1978/

OFFICE OF VITAL RECORDS - ILLINOIS DEPARTMENT OF PUBLIC HEALTH - SPRINGFIELD 62761