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HE # 24021825 CTI

**UNOFFICIAL COPY**



**CHICAGO TITLE INSURANCE COMPANY**  
505 E. NORTH AVE., CAROL STREAM, IL 60188

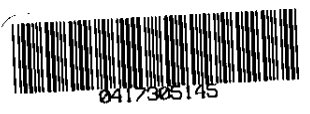
**DECEASED JOINT TENANCY AFFIDAVIT**

Order No.: 1408 TEST0000 HE

STATE OF ILLINOIS }  
COUNTY OF } ss.

being duly sworn states that RICHARD PAGAN HE resides at 1321 N HAMLIN, CHICAGO, IL 60651  
in the City of CHICAGO.

That HE was acquainted with GLORIA PAGAN deceased who, at the time of death,  
was one of the owners of the land in 1321 N HAMLIN County, Illinois, described as:



Doc#: 0417305145  
Eugene "Gene" Moore Fee: \$50.00  
Cook County Recorder of Deeds  
Date: 06/21/2004 10:43 AM Pg: 1 of 3

That the deceased died SEPTEMBER 25, 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 \_\_\_\_\_ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of \_\_\_\_\_ County, Illinois about \_\_\_\_\_.

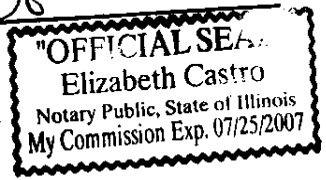
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \_\_\_\_\_ dollars.

Affiant makes this affidavit for the purpose of inducing Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

RICHARD PAGAN  
this 8th day of JUNE, A.D. 2004

Elizabeth Castro  
Notary Public



[Signature]  
(Affiant's Signature)

**BOX 333-CTI**

# UNOFFICIAL COPY

05/07/2004 09:43 FAX 708 788 9416

HARRIS BERWYN CERMAK

001

## Certified Copy of a Death Record

REGISTRATION DISTRICT NO. <u>16.92</u>		STATE OF ILLINOIS		STATE FILE NUMBER
REGISTERED NUMBER <u>1276</u>		<b>MEDICAL CERTIFICATE OF DEATH</b>		
DECEASED-NAME FIRST MIDDLE LAST <u>GLORIA PAGAN</u>		SEX <u>2. FEMALE</u>	DATE OF DEATH MONTH DAY YEAR <u>3. SEPTEMBER 25, 1996</u>	
COUNTY OF DEATH <u>4. COOK</u>		AGE-LAST BIRTHDAY (YAS) 5a. <u>63</u>	UNDER 1 YEAR 5b. <u>5d.</u>	DATE OF BIRTH (MONTH DAY YEAR) 5c. <u>5d. MAY 12, 1933</u>
CITY, TOWN, TWP OR ROAD DISTRICT NUMBER <u>6a. PROVISO TOWNSHIP</u>		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <u>6b. FOSTER G. MCGAW HOSPITAL</u>		IF HOSP. OR INST. INDICATE O.O.A. OR EMER. RM. INPATIENT (SPECIFY) <u>6c. INPATIENT</u>
BIRTH-PLACE (CITY AND STATE OR FOREIGN COUNTRY) <u>7. PUERTO RICO</u>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>8a. Never Married</u>	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <u>8b. None</u>	
SOCIAL SECURITY NUMBER <u>10. 066-25-9386</u>		USUAL OCCUPATION <u>11a. Health Aid</u>	KIND OF BUSINESS OR INDUSTRY <u>11b. HEALTH</u>	EDUCATION (SPECIFY ONE IF HIGHEST GRADE COMPLETED) Elementary Secondary (0-12) <u>12. N/A</u> College (1-4 or B.S.)
RESIDENCE (STREET AND NUMBER) <u>13a. 1321 NORTH HAMLIN</u>		CITY, TOWN, OR ROAD DISTRICT NO. <u>13b. CHICAGO</u>		INSIDE CITY (YES/NO) <u>13c. YES</u>
STATE <u>13a. ILLINOIS</u>		ZIP CODE <u>13b. 60651</u>	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN MEXICAN PUERTO RICAN, ETC.) <u>14b. YES SPECIFY: PUERTO RICAN</u>	
FATHER-NAME FIRST MIDDLE LAST <u>15. FELIPE PAGAN</u>		MOTHER-NAME FIRST MIDDLE LAST <u>16. LUZ MARIA RIVERA</u>		
INFORMANT'S NAME (TYPE OR PRINT) <u>17a. GAIL HAMILTON</u>		RELATIONSHIP <u>17b. SISTER</u>	MAILING ADDRESS (CITY OR TOWN, STATE, ZIP) <u>17c. 2160 SOUTH FIRST AVENUE MAYWOOD, ILLINOIS 60153</u>	
18. PART I. Enter the (disease, injury, or complication) that caused death. Do not enter the results of dying, such as cardiac or respiratory arrest, shock, or multi-organ failure (only the final condition).		24 hours		
Immediate Cause (Final disease or condition resulting in death) CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(a) <u>intracerebral hemorrhage</u> (b) <u>pulmonary vascular disease</u>		
PART II. Other episodes or conditions contributing to death but not resulting in the underlying cause of death.		19a. <u>NO</u> 19b. <u>NO</u>		
DATE OF OPERATION, IF ANY <u>20a.</u>		MAJOR FINDINGS OF OPERATION <u>20b.</u>		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? <u>20c. YES ( ) NO (X)</u>
19. (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON <u>21a. 9/25/96</u>		WAS CORONER OR MEDICAL EXAMINER NOTIFIED (YES/NO) <u>21b. NO</u>		HOUR OF DEATH <u>21c. 3:00 P.M.</u>
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED <u>22a. [Signature]</u>		DATE SIGNED (MONTH DAY YEAR) <u>22b. 9/26/96</u>		
NAME AND ADDRESS OF CERTIFIER <u>22a. Alvarez Funeral Directors, P.C., 2500 North Cicero Avenue, Chicago, IL 60639</u>		ILLINOIS LICENSE NUMBER <u>22d. 125034226</u>		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) <u>23. Dr. Fred LITVUDY</u>		NOTE: IF AMBULATORY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
BURIAL, CREMATION, REMOVAL (SPECIFY) <u>24a. Burial</u>		CEMETERY OR CREMATORY-NAME <u>24b. Oakridge</u>	LOCATION CITY OR TOWN STATE <u>24c. Hillside, Illinois</u>	DATE (MONTH DAY YEAR) <u>24d. Sept. 28, 1996</u>
FUNERAL HOME <u>25a. Alvarez Funeral Directors, P.C., 2500 North Cicero Avenue, Chicago, IL 60639</u>		FUNERAL DIRECTOR'S SIGNATURE <u>25b. [Signature]</u>		
LOCAL REGISTRAR'S SIGNATURE <u>26a. [Signature]</u>		DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) <u>26b. September 27, 1996</u>		

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

SEP 27 1996

SIGNED

[Signature]

LOCAL REGISTRAR OF VITAL STATISTICS

BROADVIEW, ILLINOIS 60153

Illinois. OFFICIAL TITLE

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 reproductions from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health at the local registrar or the county clerk shall be considered as prima facie evidence of the facts therein stated.

002/006

ILLINOIS DEPARTMENT OF PUBLIC HEALTH - SPRINGFIELD 62761

05/11/2004 TUE 16:21 FAX 773 276 8545 HARRIS BR Washington SQ

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## CHICAGO TITLE INSURANCE COMPANY



ORDER NUMBER: 1408 H24021825 HE  
 STREET ADDRESS: 1321 HAMLIN  
 CITY: CHICAGO COUNTY: COOK  
 TAX NUMBER: 16-02-119-014-0000

### LEGAL DESCRIPTION:

LOTS 33 AND 34 IN BLOCK 13 IN BEEBE'S SUBDIVISION OF THE EAST 1/2 OF THE NORTHWEST 1/4 (EXCEPT THE 5 ACRES IN THE NORTHEAST CORNER THEREOF) OF SECTION 2, TOWNSHIP 39 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

PREPARED BY:  
 MAIL TO:

Harris Bank PLC  
 3800 Golf Rd  
 Suite 300  
 Rolling Meadows, IL 60008