

# UNOFFICIAL COPY

## JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS )  
 ) SS  
COUNTY OF COOK )



Doc#: 0424405024  
Eugene "Gene" Moore Fee: \$28.00  
Cook County Recorder of Deeds  
Date: 08/31/2004 09:39 AM Pg: 1 of 3

THERESA PADILLA,  
hereby referred to as the affiant, states under  
oath that the affiant resides at  
4608 So. EMERALD

In the City of CHICAGO,  
State of ILLINOIS;  
that the affiant was acquainted with  
ANGEL PADILLA,  
the decedent; at the time of death, the  
decedent was one of the owners of property,  
by virtue of a properly recorded joint  
tenancy deed, said property located in  
COOK County, State of  
ILLINOIS, and legally  
described as follows:

The South 25 feet of the North 100 feet of Lot 1, in the Subdivision of the East 2 chains of the West 4.50 chains of the North 5 chains of the South 10 chains of the Southwest 1/4 of Section 4, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Index Number(s): 20-04-326-040-0000  
Property Address: 4608 S. EMERALD, CHICAGO, IL 60609

The decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

The decedent died on 6-19-2004, leaving no/a last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ 224,900, and that the value of the above property individually was \$ 224,900

The State and Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from the decedent's estate, has been paid in full;

The affiant makes this affidavit to induce Attorneys' Title Guaranty Fund, Inc. (ATGF) to issue its policy of title insurance on the above described property.

ATGF INC.

1322536 S/S

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## JOINT TENANCY AFFIDAVIT

(continued)

The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATG harmless and to reimburse ATG for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature that ATG may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of ANGEL PADILLA, the decedent;
2. State Estate/Inheritance Tax and Federal Estate Tax that may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

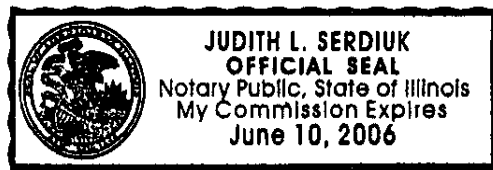
Teresa Padilla (Seal)

\_\_\_\_\_ (Seal)

Subscribed and sworn to before me this

13 day of February, 2004  
(Month) (Year)

Judith L. Serdiuk  
(Notary Public)



**Note:** If the decedent left a will, it will be necessary that the original or certified copy thereof be presented to ATG for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

This instrument prepared by:

MICHAEL J. VITALE  
(Name)

6332 W. 26TH ST.  
(Address)

BERWYN IL 60402  
(City, State, Zip)

Return to:

\_\_\_\_\_ (Name)

\_\_\_\_\_ (Address)

\_\_\_\_\_ (City, State, Zip)

# Certified Copy of a Death Record

## UNOFFICIAL COPY

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <u>16.92</u>	STATE OF ILLINOIS				STATE FILE NUMBER
		REGISTERED NUMBER <u>769</u>	<b>MEDICAL CERTIFICATE OF DEATH</b>				
Type or Print in PERMANENT INK See Funeral Directors, Hospitals, or Physicians Handbook for INSTRUCTIONS	DECEASED-NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)			
	1. ANGEL R. PADILLA		2. MALE	3. JUNE 19, 2004			
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		AGE-LAST BIRTHDAY (YRS) 5a. 67	UNDER 1 YEAR MOS. 5b.	UNDER 1 DAY HOURS 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. SEPTEMBER 3, 1936	
	4. COOK		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. FOSTER G MCGAW HOSPITAL			IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY) 6c. INPATIENT	
	6a. PROVISO TOWNSHIP		BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Puertti Rico			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married	
	B. DECEASED		SOCIAL SECURITY NUMBER 10. 580-56-3563			NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Teresa Guzman	
	C. DECEASED		USUAL OCCUPATION 11a. Maintenance			KIND OF BUSINESS OR INDUSTRY 11b. Electrical	
	D. DECEASED		RESIDENCE (STREET AND NUMBER) 13a. 4606 South Emerald			EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 12 yrs	
	E. DECEASED		CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. Chicago			INSIDE CITY (YES/NO) 13c. Yes	
	PARENTS		FATHER-NAME FIRST MIDDLE LAST 15. Rufino Padilla			MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16. Maria Otero	
1. DECEASED		INFORMANT'S NAME (TYPE OR PRINT) 17a. NATALIA KEVO			RELATIONSHIP 17b. HOSPITAL RECORDS		
2. DECEASED		Mailing Address (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 2160 SOUTH FIRST AVE MAYWOOD, ILLINOIS 60153			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
3. DECEASED		18. PART I. Enter the diseases, 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.					
CAUSE		Immediate Cause (Final disease or condition resulting in death) (a) Pulmonary Embolism DUE TO, OR AS A CONSEQUENCE OF CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) SVC Stroke DUE TO, OR AS A CONSEQUENCE OF PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. (c)					
4. DECEASED		DATE OF OPERATION, IF ANY 20a.			MAJOR FINDINGS OF OPERATION 20b.		
5. DECEASED		I (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON 21a. June 19, 2004			WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO		
N. DECEASED		TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.			HOUR OF DEATH 21c. 2:30 PM		
P. DECEASED		22a. SIGNATURE > Cyerrian A. Gardine III			DATE SIGNED (MONTH, DAY, YEAR) 22b. 06/22/2004		
CERTIFIER		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 2160 SOUTH FIRST AVENUE			ILLINOIS LICENSE NUMBER 22d. 125-044943		
		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23. Dr. Foisy the			NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
DISPOSITION		BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		CEMETERY OR CREMATORY-NAME 24b. Mount Auburn Cemetery			
		FUNERAL HOME NAME 25a. MOUNT AUBURN FUNERAL HOME 4101 SOUTH OAK PARK AVENUE		LOCATION CITY OR TOWN STATE 24c. Stickney, Illinois			
		FUNERAL DIRECTOR'S SIGNATURE 25b. Debbie Zefran-Jerry		DATE (MONTH, DAY, YEAR) 24d. June 23, 2004			
		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-015786		ZIP 25. 60402			
		LOCAL REGISTRAR'S SIGNATURE 26a. Michael A. McDermott		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. June 23, 2004			
		BROADVIEW ILLINOIS 60155					

VR200 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

BASED ON 1969 U.S. STANDARD CERTIFICATE

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.

DATE JUN 23 2004 SIGNED Michael A. McDermott  
AT BROADVIEW, ILLINOIS, Illinois OFFICIAL TITLE LOCAL REGISTRAR OF VITAL STATISTICS

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 facie evidence of the facts therein stated.