## **UNOFFICIAL COPY**

The Talon Group
TITLE AND SETTLEMENT SERVICES

A Division of First American Title Insurance Company



Doc#: 0425216060 Eugene "Gene" Moore Fee: \$28.00 Cook County Recorder of Deeds Date: 09/08/2004 10:41 AM Pg: 1 of 3

## DECEASED JOINT TENANCY AFFIDAVIT

State of Ininois )	
County of ) SS	Talon file#:
- Janloy	being duly sworn states that
in the city of	resides at 129 m/ ochmont No
	Montebelle, CA. 90640.
That he was acquainted with deceased who at the time of death was are after	V Tiqueroa
deceased, who, at the time of death, was one of the County, Illinois, as described as:	ne sworn owners of the land in
SEE LEGAL DEVOLUTE	(O) I ATTIMA CIVIDIN
SEE LEGAL DESCRIPTI	_
That the deceased died on. 26,0	) 00 s as
evidenced by a certified copy of death certificate	of the deceased attached hereto.
That the deceased died leaving no Last Will an	d Testame:it.
[] Leaving a Last Will and Testament a copy of v the unproven will should be filed with the Circuit	Court of County Illinois
I Leaving a Last Will and Testament which was	filed in the Unproven Will Box of the
Probate Division of the Circuit Court of	
That the total value of the estate of the deceased,	including both real and personal
property owned by the deceased either individual death of the deceased, does not exceed the sum of	ly or in joint tenancy at the time of the
Affiant makes this affidavit for the purpose of ind Insurance Policy, describing the above mentioned	lucing The Talon Group to issue its Title
	· property.
Subscribed and sworn to before me by the said	
this 30 day of	
DO SALIT	1. 1. t
Notary Public State of State o	Affiant's signature
LEONARD & WHITTING	
NOTARY PUBLIC, STATE OF ILLINOIS	

MULTICOLOR SIGNATURE SEAL IS AFFIXED.

THIS CERTIFICATE COPY VALID WHEN

/R200 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

Cen

26b

JAN

(BASED ON 1989 U.S. STANDARD CERTIFICATE) 2 9 2003 5%

26a.

## DEPARTMENT OF PUBLIC HEALTH CITY OF CHICAGO

Willelm, no

KEPT BY ME IN ORDINANCE OF SAID SHEET IS A TRUE COPY OF A RECORD ACCOMPANYING CERTIFICATE ON THIS THE CITY OF CHICAGO; THAT THE OF ILLINOIS AND THE ORDINANCES OF BY VIRTUE OF THE LAWS OF THE STATE AND DEATHS FOR THE CITY OF CHICAGO THE RECORDS OF BIRTHS, STILLBIRTHS CERTIFY THAT I AM THE KEEPER OF FEGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY JOHN L. WILHELM M.D., LOCAL JAN 2 9 2003 CITY OF CHICAGO

COUNTY OF COOK STATE OF ILLINOIS

tors, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART t. FUNERAL DIRECT 25a. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER NAME AND ADDRESS OF CERTIFIER 255 FUNERAL HOME BURIAL, CREMATION, REMOVAL (SPECIFY)
24a. BULLal O THE BEST OF MYKNOWLEDGE, DEATH OCCURRED AT THE TIME, DAIFE AND PLACE AND DUE TO THE CAUSE(S) STATED. WHICH GIVE RISE TO MMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. STATE BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 13a. 828 N. RESIDENCE (STREET AND NUMBER) SOCIAL SECURITY NUMBER 6a 13e. COUNTY OF DEATH ATE OF OPERATION, IF ANY CONDITIONS, IF ANY 10. 582-28-8072 NDLAST SAW HIM/HERALIVE ON THE DECI disease or condition 8. PART I DECEASED-NAME esulting in death) Immediate Cause (Final CRMANT'S NAME (TYPE OF PRINT) SIGNATURE > Puerto Rico De Illinois Hermelinda Rivera Godwin H. Pedro La Chicago. Cook Torre California NATUR Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respira, my arrest, shock, or heart failure. List only one cause on each line. 13f. 60622 ZIP CODE Victor 24bValle ECEASED CEMETERY OR CHEMATORY-NAME <u>ত</u> DUE TO, OR AS A CONSEQUENCE OF <u>(a</u> DUE TO, OR AS A CONSEQUENCE OF W Funeral MIDDLE FIRST D'Souza, MD MAJOR FINDINGS OF OPERATION 11a. Disabled USUAL OCCUPATION 8a. Married MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) CRYL Gro Lasafal (TYPE OR PRINT) (MONTH, DAY, YEAR) de 14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) AGE-LAST BIRTHDAY (YRS) нозрпасовоп Home, Rivera Los Cedros<sub>kac</sub>San White MIDDLE STREET AND NUMBER ( Chicago, ( YP. OR PRINT) 5600 W. Š <u>ξ</u> 135 Rivera į HERINSTITUTION-NAME (IF NOT INEITHER, GIVE STREET AND NUMBER)

PLISTON NURSING AND

Abilitation Centre TOWN, TWP, OR ROAD DISTRICT NO. MOS DAYS Chicago N.A. KIND OF BUSINESS OR INDUSTRY NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Wife Hermelinda Santoyo LOCATION Addison, SuiteLL001 Disabled. OF HISPANIC ORIGIN? (SPECIFYNOOR YES-IF YES, SPECIFY CUBAN, MEXIC IN, FUERTORICAN, etc.) MOTHER-NAME Illinois 14b. Western Ave., Chicago, IL. 60647 HOURS UNDER 1 DAY MAILING ADDRESS (STREET AND NO. OR R.F.D., CIT YOR TOWN, STATE, ZIP) Carmen Luis Potosi, S.L.P 24Feb.1-2003 WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO CITY OR TOWN Ž かとして 2 Male Centre z CITY OR TOWN FIRST X YES 60634 ğ DATE OF BIRTH (MONTH, DAY, YEAR) EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
Elementary/Secondary (0-12)
College (1-4 or 5+)
12.
06 California, Chgo. IL. 60622 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, 250 FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER Jan. INSIDE CITY (YES/NO) 031-009189 specify: Puerto Rican 13c. (YES/NO) DATE OF DEATH MIDDLE 19a. Yes 01, Jan 26-,2003 000 IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? No NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER ILLINOIS LICENSE NUMBER DATE SIGNED HOUR OF DEATH MUST BE NOTIFIED. 21c. 1-27-03 YES | NO | 036-091000 Fiqueroa 13d. Cook 1931 COUNTY &Inpatient. IF HOSP, OR INST, INDICATE D.O.A. OP/EMER. RM, INPATIENT (SPECIFY) 9. 195 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/N/) DATE Ü WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO. 9. NO. APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH (MONTH, DAY, YEAR) (MONTH, DAY, YEAR) P, Z

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STATE FILE

STATE OF ILLINOIS

MEDICAL CERTIFICATE

OF DEATH

DISTRICT NO. 16.10

REGISTERED

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## UNOFFICIAL COPY LEGAL DESCRIPTION - EXHIBIT A

Legal Description: LOT 43 IN OSGOOD AND MUIR'S SUBDIVISION OF THE EAST HALF OF THE SOUTHEAST QUARTER OF THE SOUTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 1, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index #'s: 16-01-326-044-0000 Vol. 535

Property Address: 828 N. California, Chicago, Illinois 60622

Property of Cook County Clark's Office