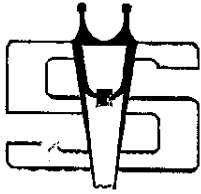


UNOFFICIAL COPY



Sanctity of Contract

Stewart Title Company of Illinois



Doc#: 0434205204
Eugene "Gene" Moore Fee: \$28.00
Cook County Recorder of Deeds
Date: 12/07/2004 12:10 PM Pg: 1 of 3

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK SS

STCI File Number: 403025

403025

ESABEL NEVAREZ

being duly sworn states that ESABEL NEVAREZ resides at 2242 KILPATRICK in the City of CHICAGO

ESABEL NEVAREZ was acquainted with FRANCISCUITO deceased who, at the time of death, was one of the owners of the land in COOK County, Illinois, describes as:

Lot 255 in Edington Park, a subdivision of the Northwest Quarter of the Northwest Quarter of Section 34, Township 40 North, Range 13, East of the Third Principal meridian, (except railroad right of way), in Cook County, Illinois.

That the deceased died OCTOBER 23, 2004, 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 Stewart Title Company to issue its Title Insurance Policy, describing the above mentioned property.

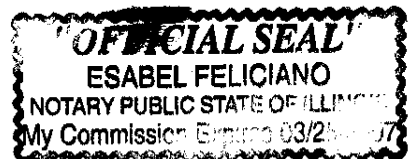
Subscribed and sworn to before me by the said

Esabel Feliciano

this 18th day of NOVEMBER, A.D. 192004

Esabel Feliciano
Notary Public

Esabel Nevarez
(Affiant's Signature)



STEWART TITLE OF ILLINOIS
2 N. LaSALLE STREET
SUITE 1928
CHICAGO, IL 60602
NOV. 17. 2004 1:50PM

UNOFFICIAL COPY

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS

STATE FILE NUMBER

614828

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO
OCT 25 2004

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

LOCAL REGISTRAR
John L. Wilhelm, M.D.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

REGISTRATION DISTRICT NO. **16.10**

REGISTERED NUMBER

DECEASED-NAME 1. FRANCISCO	FIRST	MIDDLE	LAST	SEX 2. MALE	DATE OF DEATH 3. OCTOBER 23, 2004
COUNTY OF DEATH 4. COOK	AGE-LAST BIRTHDAY 5a. 59	UNDER 1 YEAR 5b. 59	UNDER 1 DAY 5c. 59	DATE OF BIRTH 5d. APRIL 25, 1945	IF HOSP. OR INST. INDICATE D.O.A. OPENED BY HEALTH OFFICIAL (SPECIFY) 6c. INPATIENT
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. CHICAGO	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. ST. ELIZABETH HOSPITAL	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. NONE	KIND OF BUSINESS OR INDUSTRY 11a. DISH WASHER	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 6	WAS DECEASED EVER IN U.S. ARMED SERVICES? (YES/NO) 9. NO
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. MEXICO	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. NEVER MARRIED	USUAL OCCUPATION 11a. DISH WASHER	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. CHICAGO	INSIDE CITY (YES/NO) 13c. YES	COUNTY 13d. COOK
SOCIAL SECURITY NUMBER 10. 546-88-7648	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) 14a. WHITE	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) 14b. NO	MOTHER-NAME FIRST MIDDLE LAST 16. MODESTA		
RESIDENCE (STREET AND NUMBER) 13a. 1241 W. CHICAGO AVE.	RELATIONSHIP 17b. SISTER	MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN, STATE, ZIP) 17c. 5159 S. WHIPPLE; CHGO, IL 60632			
STATE 13b. ILLINOIS	ZIP CODE 13c. 60622				
FATHER-NAME FIRST MIDDLE LAST 15. JUAN MELERO					
INFORMANT'S NAME (TYPE OR PRINT) 17a. MARIA DE JESUS MELERO					
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. Immediate Cause (Final disease or condition resulting in death) (a) <i>Stomach Cancer</i> DUE TO, OR AS A CONSEQUENCE OF (b) _____ DUE TO, OR AS A CONSEQUENCE OF (c) _____					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
DATE OF OPERATION, IF ANY 20b. _____	MAJOR FINDINGS OF OPERATION 20c. _____	AUTOPSY (YES/NO) 19a. NO	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/> DNA	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b. DNA	
(DID YOU NOT ATTEND THE DECEASED AND AT LEAST SAW HIM/HER ALIVE ON 21a. 10/22/04	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO	HOUR OF DEATH 21c. 0348	DATE SIGNED (MONTH, DAY, YEAR) 22b. 10/23/04	ILLINOIS LICENSE NUMBER 22a. 036072013	
22. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND, DUE TO THE CAUSE(S) STATED.					
22a. SIGNATURE NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <i>Humber to Veobana</i> 22c. <i>Chicago</i>					
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) <i>431 N Webster Ave 305</i>					
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) <i>Chicago 60622</i>					
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL	CEMETERY OR CREMATORY-NAME 24b. SANDIAS MUNICIPIO	LOCATION 24c. TEPEHUANES, DURANGO	CITY OR TOWN 24d. CHICAGO	STATE 24e. ILLINOIS	DATE (MONTH, DAY, YEAR) 24f. NOV. 3, 2004
FUNERAL HOME 25a. FORTUNA FUNERAL HOME	STREET AND NUMBER OR R.F.D. NAME 25b. 4401 S. KEDZIE; CHICAGO, ILLINOIS 60632				
25. FUNERAL DIRECTOR'S SIGNATURE <i>John L. Wilhelm</i>					
25a. FUNERAL DIRECTOR'S SIGNATURE <i>John L. Wilhelm</i>					
25b. LOCAL REGISTRAR'S SIGNATURE <i>John L. Wilhelm</i>					
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-014533					
25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) OCT 25 2004					
25e. DATE OF DEATH (MONTH, DAY, YEAR) OCT 23 2004					

UNOFFICIAL COPY STEWART TITLE

GUARANTY COMPANY
HEREIN CALLED THE COMPANY

ALTA COMMITMENT
Schedule A - Legal Description
File Number: TM159849
Assoc. File No: 0215808605/REV1

COMMITMENT - LEGAL DESCRIPTION

Lot 255 in Edington Park, a subdivision of the Northwest Quarter of the Northwest Quarter of Section 34, Township 40 North, Range 13, East of the Third Principal meridian, (except railroad right of way), in Cook County, Illinois.

13-24-108-027

2242 N. Kilpatrick

Chicago, IL 60639

Property of Cook County Clerk's Office