

STATE of

COUNTY of

Affidavit As To Joint Tenancy  
**UNOFFICIAL COPY**

Cook

ss.

On this 31 day of JANUARY, 2005 before me  
personally appeared: DAVID VEGA

to me personally known, who being duly sworn on oath did say:

Affiant is the owner of the following property:

See attached legal



Doc#: 0503905485  
Eugene "Gene" Moore Fee: \$50.00  
Cook County Recorder of Deeds  
Date: 02/08/2005 03:45 PM Pg: 1 of 3

And that said property was formerly owned as joint tenants and not as tenants  
in common

by DAVID VEGA  
and JOSEFFINA VEGA

and that said: JOSEFFINA VEGA  
died on the 31 day of MARCH, 2003.

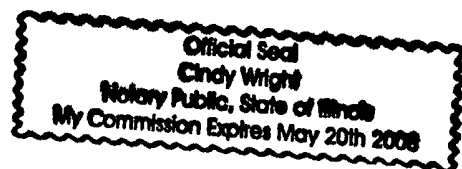
That the value of the estate of the deceased was less than \$600,000.00 including  
joint tenancies, tenancies by the entireties, individual ownerships and insurance,  
and that the joint tenancy had not been severed prior to the death of said  
deceased.

Signature

Subscribed and sworn to before me the day and year above written.

Notary Public

My Commission Expires:



# UNOFFICIAL COPY

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## Appendix A

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LOT 2 BLOCK 1 IN WARREN J. PETERS CASTLETOWN SUBDIVISION UNIT 1, BEING A SUBDIVISION OF THE NORTHEAST QUARTER (1/4) OF THE NORTHEAST QUARTER (1/4) OF SECTION 17, TOWNSHIP 36 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO PLAT THEREOF REGISTERED IN THE OFFICE OF THE REGISTRAR OF TITLES OF COOK COUNTY, ILLINOIS ON JANUARY 21, 1960, AS DOCUMENT NO. 1905259

COMMONLY KNOWN AS: 5747 W 151 ST, OAK FOREST, IL, 60452  
PARCEL: 28-17-205-002

Property of Cook County Clerk's Office

STATE OF ILLINOIS  
County of Cook

**UNOFFICIAL COPY**

DAVID ORR, County Clerk

APR 03 2003

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

*David Orr*  
County Clerk

DECEDENT'S BIRTH NO.  
REGISTRATION DISTRICT NO. **16.0**  
REGISTERED NUMBER

STATE OF ILLINOIS  
**MEDICAL CERTIFICATE OF DEATH**  
STATE FILE NUMBER

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED  
1. DECEASED-NAME: **Josefina** FIRST MIDDLE LAST  
2. SEX: **Female**  
3. DATE OF DEATH (MONTH, DAY, YEAR): **March 31, 2003**

4. COUNTY OF DEATH: **Cook**  
5a. BIRTHDAY (MOS, DAYS, HOURS, MIN): **62**  
5b. AGE AT LAST BIRTHDAY (YRS): **62**  
6. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN OTHER, GIVE STREET AND NUMBER): **Advocate Christ Medical Center**  
6c. IF HOSP. OR INST. INDICATE D.O.A., OPERM, RM, INPATIENT (SPECIFY): **Inpatient**

7. MEXICO  
8. MARRIED  
9. NO  
10. SOCIAL SECURITY NUMBER: **1844-50-0516**  
11. USUAL OCCUPATION: **Homemaker**  
12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **8**  
13. RESIDENCE (STREET AND NUMBER): **1325747 W. 151 st St.**  
14. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **11072 Home**  
15. STATE: **ILL**  
16. ZIP CODE: **60452**  
17. INSIDE CITY (YES/NO): **Yes**  
18. COUNTY: **Cook**

19. FATHER-NAME: **Gus** FIRST MIDDLE LAST  
20. MOTHER-NAME: **Eivira** FIRST MIDDLE LAST  
21. FATHER'S NAME (TYPE OR PRINT): **David Vega**  
22. MOTHER'S NAME (TYPE OR PRINT): **Martha Sanchez**  
23. RELATIONSHIP: **Husband**  
24. MAILING ADDRESS (STREET AND NUMBER OR P.O. BOX, CITY OR TOWN, STATE, ZIP): **5747 W. 151st St. Oak Forest, Illinois 60452**

25. IMMEDIATE CAUSE (Final disease or condition resulting in death): **Stroke**  
26. IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **Stroke**  
27. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **Stroke**  
28. DUE TO OR AS A CONSEQUENCE OF: **Stroke**

29. DATE OF OPERATION, IF ANY: **3-31-03**  
30. MAJOR FINDINGS OF OPERATION: **Stroke**  
31. (TODD) (D) ATTEND THE DECEASED (MONTH, DAY, YEAR): **3-31-03**  
32. NAME(S) OF WHIM/HER ALIVE ON: **Stroke**

33. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.  
34. SIGNATURE (TYPE OR PRINT): **Gary Steinecker**  
35. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): **MD 4400 W 95th St, Oak Lawn, IL 60453**

36. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **MEXICO**  
37. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **MARRIED**  
38. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): **VEGA**  
39. KIND OF BUSINESS OR INDUSTRY: **Home**  
40. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **8**  
41. OFF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.): **Yes**  
42. SPECIFY MEXICAN (MAIDEN) LAST: **Not Available**

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44. MAJOR FINDINGS OF OPERATION: **Stroke**  
45. (TODD) (D) ATTEND THE DECEASED (MONTH, DAY, YEAR): **3-31-03**  
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62. SPECIFY MEXICAN (MAIDEN) LAST: **Not Available**