

UNOFFICIAL COPY

CHICAGO TITLE

171 North Clark Street, Chicago, IL 60601

312/223-2619



Doc#: 0513234085
Eugene "Gene" Moore Fee: \$26.50
Cook County Recorder of Deeds
Date: 05/12/2005 04:33 PM Pg: 1 of 2

JOINT TENANCY AFFIDAVIT

Alicia Trujillo hereinafter referred to as the affiant, states under oath that the affiant resides at ,Thirty three forty five West Pierce Avenue in the City of Chicago, Illinois; that the affiant was married to ANTONIO TRUJILLO, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of properly recorded joint tenancy warranty deed, said property located in, County, Illinois, and legally described as follows:

Permanent Index Number: 16-02-206-004-0000

Commonly Known As: Thirty three forty five West Pierce, Chicago, Illinois, 60651

Legal: LOT 18 IN BLOCK 3 IN PIERCE'S HUMBOLDT PARK ADDITION BEING A SUBDIVISION OF THE EAST 1/2 OF THE NORTH 1/2 OF THE WEST 1/2 OF THE NORTHEAST 1/4 OF NORTHEAST 1/4 OF SECTION 2, TOWNSHIP 39 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

That 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;

That the decedent died on October 4, 2004, leaving no last will and testament;

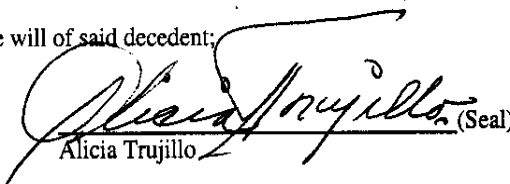
That the total value of decedent's estate, including the taxable interest in the above property was \$340,000.00; and

That the value of the above property individually was \$340,000.00.

That the affiant makes this affidavit to induce CHICAGO TITLE to issue its policy of title insurance on the above described property.

The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold CHICAGO TITLE, harmless and to reimburse the Fund for all loss, costs, damages, suites, attorney's fees and expenses and every kind and nature which the fund 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 Antonio Trujillo, the decedent;
2. Illinois State Inheritance Tax and Federal Tax which may be charges against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights to contribution.

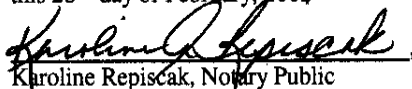

Alicia Trujillo (Seal)

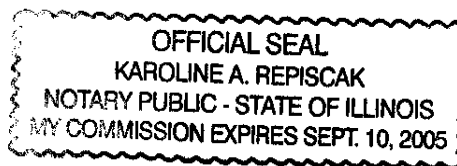
STATE OF ILLINOIS

SS

COUNTY OF COOK

Subscribed and Sworn to before me
this 28th day of February, 2005


Karoline Repiscak, Notary Public



My Commissions Expires: September 10, 2005

ROCK FUSCO, LLC
321 N. Clark, Suite 2200
Chicago, IL 60610

REGISTRATION DISTRICT NO. **16.10**

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER
613900

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

OCT 06 2004

DECEASED-NAME: **ANTONIO TRUJILLO** SEX: **MALE** DATE OF DEATH: **OCTOBER 4, 2004**

COUNTY OF DEATH: **COOK** AGE-LAST BIRTHDAY (YRS): **66** UNDER 1 YEAR: **0** UNDER 1 DAY: **0** DATE OF BIRTH (MONTH, DAY, YEAR): **June 13, 1938**

CITY, TOWN, TWP. OR ROAD/DISTRICT NUMBER: **CHICAGO** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **MIRIAM MOCTEZUMA MEDICAL CENTER**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **Mexico** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **Married** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): **Alicia Galindo**

SOCIAL SECURITY NUMBER: **10 466 58 9022** USUAL OCCUPATION: **Butcher** KIND OF BUSINESS OR INDUSTRY: **Retail** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **6**

RESIDENCE (STREET AND NUMBER): **1935 NORTH NEWCASTLE** CITY, TOWN, TWP. OR ROAD/DISTRICT NO.: **CHICAGO** INSIDE CITY (YES/NO): **YES** COUNTY: **COOK**

STATE: **ILLINOIS** ZIP CODE: **60707** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.): **Hispanic** OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): **NO**

DECEASED-NAME: **MIRIAM MOCTEZUMA** MOTHER-NAME: **Santiaja Carrera**

DECEASED-NAME: **Daniel Trujillo** MOTHER-NAME: **Miriam Moctezuma**

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DECEASED-NAME: **MIRIAM MOCTEZUMA** MOTHER-NAME: **Santiaja Carrera**

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

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 FOR THE 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.

John L. Wilhelm, M.D.
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

Immediate Cause (Final disease or condition resulting in death):
ASPIRATION PNEUMONIA

Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respir. arrest, shock, or heart failure. List only one cause on each line.
ANOXIC ENCEPHALOPATHY
SEPSIS

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
ASPIRATION PNEUMONIA

Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respir. arrest, shock, or heart failure. List only one cause on each line.
ANOXIC ENCEPHALOPATHY
SEPSIS

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respir. arrest, shock, or heart failure. List only one cause on each line.

1. COUNTY OF OPERATION, IF ANY: **COOK**

2. MAJOR FINDINGS OF OPERATION: **NO**

3. (a) DID NOT ATTEND THE DECEASED (MONTH, DAY, YEAR): **10/4/04**

4. (b) LAST SAW HIM/HER ALIVE ON: **10/4/04**

5. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

6. SIGNATURE: *Mario Salazar, MD*

7. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): **MARIO SALAZAR, MD, 3048 N. HALEM, CHICAGO, ILLINOIS 60634**

8. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): **MARIO SALAZAR, MD, 3048 N. HALEM, CHICAGO, ILLINOIS 60634**

9. BURIAL, CREMATION, REMOVAL (SPECIFY): **24a. Cremation**

10. CEMETERY OR CREMATORY-NAME: **C.S.I. Crematory**

11. FUNERAL HOME: **24b. C.S.I. Crematory**

12. LOCATION: **24c. Schiller Park, IL**

13. FUNERAL DIRECTOR'S SIGNATURE: *John A. Wilhelms, M.D.*

14. FUNERAL DIRECTOR'S SIGNATURE: *John A. Wilhelms, M.D.*

15. LOCAL REGISTRAR'S SIGNATURE: *John A. Wilhelms, M.D.*

16. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **OCT 06 2004**

17. LOCAL REGISTRAR'S SIGNATURE: *John A. Wilhelms, M.D.*

18. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **OCT 06 2004**

VR2000 (Rev. 5/89) Illinois Department of Public Health—Division of Vital Records