



UNOFFICIAL COPY

Law Title

Insurance Company, Inc.

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF IL

PROPERTY ADDRESS 8140 South Brandon Ave.
Chicago IL 60617

COUNTY OF COOK

Land Described in Title Commitment / Policy # _____

The undersigned affiant being first duly sworn and under penalty of perjury on oath states that he or she resides at the address below.

That (he) or (she) was acquainted with John R. Ontiveros deceased who, at the time of (his or her) death, was one of the owners of the land described in the above Title Commitment and described as:

- See legal description in the above referenced Title Commitment / Policy and / or
- Address of the said land and / or
- Legal description attached or typed below and / or on reverse side hereof for additional or complete legal description.

That the deceased died January 11, 2004 (Date) as evidenced by a certified copy of the 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 is to 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, on about _____ (date)
- Leaving a Last Will & Testament which was probated in the Probate Division of the Circuit Court of _____ County, State of _____, on about _____ as Case # _____ (date)

That from the Estate of the deceased:

- All State Inheritance and / or Federal Estate Taxes which were due have been paid and evidence thereof is attached hereto.
- No State Inheritance and / or Federal Estate Taxes were due.

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 the Law Title Insurance Company, Inc., to issue a Title Insurance Policy(s), describing the above mentioned property and / or referenced in the above Title Commitment / Policy and agrees to indemnify said company or its assigns against any false statement(s) willfully made herein.

Subscribed and sworn to before me by the said

RICHARD ESCOBEDO
(name of affiant)

this 21 day of MAY, A.D. 2005

Dated: 5-21-05

[Signature] (Seal)
(affiant's signature)

Affiant's Address: _____

[Signature]
(Notary Public)

Refer to:
1300 Iroquois Drive, Suite 200, Naperville, IL 60563
Phone: (630) 717-7500 Fax: (630) 717-7538



Doc#: 0515105221
Eugene "Gene" Moore Fee: \$50.00
Cook County Recorder of Deeds
Date: 05/31/2005 12:25 PM Pg: 1 of 3

UNOFFICIAL COPY

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.10 STATE OF ILLINOIS STATE FILE NUMBER 60974

REGISTERED NUMBER JOHN FIRST MIDDLE LAST ONTIVEROS SEX 2 MALE DATE OF DEATH 11, 2004

DECEASED-NAME JOHN FIRST MIDDLE LAST ONTIVEROS SEX 2 MALE DATE OF BIRTH 11, 1930

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER CHICAGO HOSPITAL OR OTHER INSTITUTION-NAME THE UNIVERSITY OF CHICAGO HOSPITALS

BIRTH-AGE (GYMNASIUM STATE OR FOREIGN COUNTRY) 62 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED

RESIDENCE (STREET AND NUMBER) 10338 N. 22.8505 SOCIAL SECURITY NUMBER 11A LABOREE

STATE ILL. ZIP CODE 1306617 RACE WHITE, BLACK, AMERICAN INDIAN, (SPECIFY) OTHER

FATHER-NAME FIRST MIDDLE LAST (N/A) MOTHER-NAME FIRST MIDDLE LAST (N/A)

INFORMANT'S NAME (TYPE OR PRINT) MARIYX DAWSON RELATIONSHIP HOSPITAL RECORDS

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.

Immediate Cause (final disease or condition resulting in death) (a) MYOCARDIAL INFARCTION

CONDITIONS, IF ANY WHICH GIVE RISE TO RAISED DATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF

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

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION

20a. DID NOT ATTEND THE DECEASED (MONTH, DAY, YEAR) 20b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)

21a. 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) OF THE OR PRINT: ALEX ULITSKY, MD 5841 S. MARYLAND AVENUE CHICAGO, ILLINOIS 60637

23. TINA R. DESAI, MD (NAME AND ADDRESS OF PHYSICIAN IF OTHER THAN CERTIFIER) (TYPE OR PRINT)

24a. BURIAL CREMATION (SPECIFY) CEMETERY OR CREMATORY-NAME St. Marys LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO JAN 14 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 FOR THE CITY OF CHICAGO 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 OBTAINANCE OF SAID LAW AND ORDINANCES.

John L. Wilhelm, MD LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

UNOFFICIAL COPY

Law Title Insurance Agency Inc.-Naperville
2900 Ogden Ave., Suite 108
Lisle, Illinois 60532
(630)717-7500

Authorized Agent For: Lawyers Title Insurance Corporation
Commitment Number: 240741L.REV 5/18

SCHEDULE C - PROPERTY DESCRIPTION

The land referred to in this Commitment is described as follows:

LOT 32 IN BLOCK 1 IN MEEKER'S ADDITION TO HYDE PARK, SUBDIVISION OF THE SOUTHEAST 1/4 OF THE NORTHEAST 1/4 (EXCEPT THE WEST 25 FEET THEREOF) OF SECTION 31, TOWNSHIP 38 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Pin #: 21.31.224.037

Property of Cook County Clerk's Office