UNOFFICIAL COPY

AFFIDAVIT REGARDING DECEASED JOINT TENANT

STATE OF ILLINOIS)	DATE:
COUNTY OF COOK) SS)	COMMITMENT NO:050729600018
covering the land described in the	PRNEYS' TITLE above captioned	, being first duly sworn, GUARANTY FUND INC. to issue it's title insurance policy commitment, deposes and says;
1. That she resides at: 3546 S	outh Damen, Ch	icago, IL 60609
2. That she was acquainted with	and the survi	ring spouse of DAVID LA , as evidenced by the attached , as evidenced by the attached
who died on November 23, 20	04	, as evidenced by the attached
3. That the said account was one commitment.	cate. of the owners of	he land described in the above captioned
4. That said decedent died.		
Intestate, , leavin	g no last will and	I testament
5. That the total value of said deceder Tax and Federal Estate Tax purposed Subscribed and sworn to	ent') estates for oses does not example. Affiant's Sign	1 de da Doc#: 0516620100 Eugene "Gene" Ma
Before me this 31st	8	Cook County Recorder of Deeds Date: 06/15/2005 to the control of Deeds
day of May	,	Date: 06/15/2005 12:49 PM Pg: 1 of 3
Notary Public		FICIAL SEAL" To-On Ng Public, State of Illinois mission Fap. 07/22/2006
		0.0



First American Title Insurance Company

DEPARTMENT OF PUBLIC HEALTH CITY OF CHICAGO

1. 1. BY VIRTUE OF THE LAWS OF THE STATE SHEET IS A TRUE COPY OF A RECORD ACCOMPANYING CERTIFICATE ON THIS THE CITY OF CHICAGO, DO HEREBY LAW AND ORDINANCES. KEPT BY ME IN ORDINANCE OF SAID THE CITY OF CHICAGO; THAT THE OF ILLINOIS AND THE ORDINANCES OF AND DEATHS FOR THE CITY OF CHICAGO CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS 3EGISTRAR OF VITAL STATISTICS OF I. JOHN L. WILHELM M.D., LOCAL

2007 CITY OF CHICAGO COUNTY OF COOK STATE OF ILLINOIS NOV 2 6 2004

CONDITIONS, IF ANY
WHICH GIVE RISE TO
IMMEDIATE CAUSE (a)
STATING THE UNDERLYING
CAUSE LAST. /H200 (Rev. 5/89) BURIAL CREMATION, REMOVAL (SPECIFY) 24a BUL'Lal FUNERAL DIRECT FUNERAL HOME DATE OF OPERATION, IF ANY 25b. TO THE BEST OF MY KNOWLEDGE, DEATH OCCUPRED AT THE TIME, DATE A NAME OF ATTENDING PHYSICIAN IN OTHER THAN CERTIFIER PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I 22a. SIGNATURE > (DID)(DID NOT) ATTEND THE DECEASED 17a. STATE IAME AND ADDRESS OF CERTIFIER INFORMANT'S NAME (TYPEOSPRINT) SOCIAL SECURITY NUMBER FOREIGN COUNTRY) Immediate Cause (Final disease or condition resulting in death) 8. PARTI RESIDENCE (STREET AND N Dalcamo Funeral Chi Vuong La A STATE Vietnam となべ 23-439 Fong FIRST Y ENERY GMATURE M Enter the diseases, or complication shock, or heart failure. List only 24b. CEMETERY OR CREMATORY_MAN S 3160609 0 DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (a) Kim MIDDLE MAJOR FINDINGS OF OPERATION スシスの 11a.Shipping Mngr. USUAL OCCUPATION MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIF) Mt. TOPE OF PRINT Married BROSIS Home 7 Auburn wilsom シシ tions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory anes. If one cause on each line. WHITE, BLACK, AMERICAN 1833 & Junaouay STREET AND NUMBER OR R.F.D. ž Ţ LSA. Wan FFIS 470 17b. Wife RELATIONSHIP TO NET C Micaga OWN, TWP, OR ROAD DISTRICT NO. = KIND OF BUSINESS OF INDUSTRY M.D Division of Vital Records West 24c LOCATION Food 5 OF HISPANIC ORIGIN? (SPECIFYNOOR YES JIF YES, SPECIFY CUBAN, MEXIC, N. P. IFRTO RICAN, MC. AND DUE TO THE CAUSE(S) STATED. MOTHER-NAME 26th HEMORREY AGE Stickney Vuong MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY C.... OWN, STATE, ZIP) _{17,2}3546 So. Chicaco leava EXAMINER 216 CITY OR TOWN st. Kieu CHY OR TOWN FIRST EDUCATION (SPECIFYONLY HIGHEST GRADE COMPLETED)

Elementary/Secondary (0-12)

College (1-4 or 5 +) Chicago Illinois Damen, DATE FILEDBY LOCAL REGISTE NOV 2 6 FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 2000 (YES/NO) 34-010588 SPECIFY ဌ (YES/NO AUTOPSY MIDDLE 19a A Chgo., ည ဂ IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE COROMER OR MEDICAL EXAMINER MUST BE NOTIFIED. 224.03606 HOUR OF DEATH ILLINOIS LICENSE NUMBÉR DATE SIGNED 210. (BASED ON 1989 U.S. STANDARD CERTIFICATE) 220. Illinois YES | NO | 8 ALNOO 11/24/04 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 240NOV. DATE 2004 Ħ MI.IDEN) LAST (MONTH, DAY, YEAR) APPROXIMATE INTERVAL υtΩ VAS DECEASED EVER IN U. (MONTH DAY YEAR) velier 60609 60616 S 6

Milhelm,

Z.

CALEBOYST BAR

AFFIXED. MULTICOLOR SIGNATURE SEAL IS THIS CERTIFICATE COPY VALID WHEN

2

0516620100 Page: 2 of 3

in to a

COUNTY OF

DECEASED-NAI REGISTERED DISTRICT NO.

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE

6a

1cago

WP, OR ROAD DISTRICT NUMBER

0

BIRTHDAY GRS)

MOS.

HOURS MIN

DATE OF BIRTH (MONTH, DAY, YEAR)

WOUMDOS

DATE OF DEATH

616478

MIDDLE

LSA

HOSPITAL OR OTHER INSTITUTION

(IFNOT INEITHER, GIVE STREET AND NUMBER)

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1 W Ke

0516620100 Page: 3 of 3

NOFFICIAL C ATTORNEYS' TITLE GUARANTY FUND, INC.

LEGAL DESCRIPTION

Legal Description:

LOT 25 IN BLOCK 1 IN LARNDED'S SUBDIVISION OF THE EAST 1/2 OF THE NORTHEAST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 31, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, **ILLINOIS**

Permanent Index Number

Property ID:

Or Cook County Clerk's Office 17-31-307-044-0000

Property Address:

3546 S. Damen Avenue Chicago, IL 60609