



CHICAGO TITLE INSURANCE COMPANY
DECEASED JOINT TENANCY AFFIDAVIT

Doc#: 0522234026
Eugene "Gene" Moore Fee: \$40.50
Cook County Recorder of Deeds
Date: 08/10/2005 10:29 AM Pg: 1 of 4

Property of Cook County Clerk's Office

State of Illinois)
County of) ss.

Order No. TM180730

INOS DOMINGUEZ being duly sworn states
that she resides at 3929 W. 65th St.
the City of CHICAGO

That she was acquainted with JESUS DOMINGUEZ
deceased who, at the time of his death, was one of the owners of the land
in Cook County, Illinois, described as:

SEE ATTACHED LEGAL

PIN# 19-23-116-060-0000
That the deceased died OCTOBER 5, 2002, 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 less than \$1000 dollars.

Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

UNOFFICIAL COPY

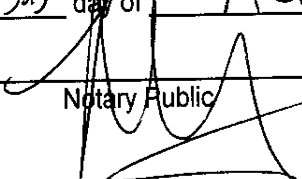
LEGAL DESCRIPTION FOR 3929 WEST 65TH STREET, CHICAGO, IL 60629

THE EAST THIRD OF THAT PART OF THE NORTH 1/2 OF LOT 3 LYING WEST OF THE EAST 30 FEET OF SAID LOT 3 (EXCEPT THE SOUTH 8 FEET THEREOF) IN BLOCK 4 IN MANDELL'S SUBDIVISION OF THE NORTH 1/2 OF THE SOUTH 1/2 OF THE NORTH WEST 1/4 OF SECTION 23, TOWNSHIP 38, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY ILLINOIS.

Property of Cook County Clerk's Office

UNOFFICIAL COPY

this 30th day of AUGUST, A.D. 2005



Notary Public

+ 

(affiant's signature)

Property of Cook County Clerk's Office

UNOFFICIAL COPY

REGISTRATION DISTRICT NO. **16.10**

REGISTERED NUMBER

STATE OF ILLINOIS STATE FILE NUMBER **615172**

MEDICAL CERTIFICATE OF DEATH

DECEASED-NAME **JESUS** FIRST MIDDLE **DOMINGUEZ** LAST SEX **MALE** DATE OF DEATH (MONTH, DAY, YEAR) **OCTOBER 5, 2002**

COUNTY OF DEATH **COOK** CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **CHICAGO**

AGE-LAST BIRTHDAY (YRS) **50** UNDER 1 YEAR MONTHS **0** DAYS **0** UNDER 1 DAY HOURS **0** MIN **0** DATE OF BIRTH (MONTH, DAY, YEAR) **August 1, 1942**

HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN OTHER, GIVE STREET AND NUMBER) **RESURRECTION MEDICAL CENTER**

IF HOSP. OR INST. INDICATE D.O.A. OR NUMBER AND DEPARTMENT (SPECIFY) **INPATIENT**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **Mexico** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **Married** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) **Ines Lopez** WAS DECEASED/SPERMATOPHYTES (YES/NO) **9 No**

SOCIAL SECURITY NUMBER **454-88-9931** USUAL OCCUPATION **Shader** KIND OF BUSINESS OR INDUSTRY **Ink Mfg.** EDUCATION (SPECIFY HIGHEST GRADE COMPLETED) **12** COUNTY **COOK**

RESIDENCE (STREET AND NUMBER) **3929 W. 65th St.** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **Chicago** INSIDE CITY (YES/NO) **Yes** COUNTY **COOK**

STATE **Illinois** ZIP CODE **60629** FACE (WHITE, BLACK, AMERICAN INDIAN, etc.) **White** OF HISPANIC ORIGIN? (SPECIFY ON YES, IF YES SPECIFY COUNTRY, YEAR, PUERTO RICAN, etc.) **Mexican**

FATHER-NAME **Jose Dominguez** MOTHER-NAME **Felicitas Solis**

INFORMANT'S NAME (TYPE OR PRINT) **Ines Dominguez** RELATIONSHIP **Wife** MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY, TOWN, STATE, ZIP) **1701 W. 3929 W. 65th St., Chicago, IL**

18 PART I: Enter the disease(s), or complications that caused the death. Do not enter the mode of dying, such as cardiac or renal, by arrest. (a) **PROSTATE CANCER** (b) **1 1/2 YEARS**

Immediate Cause (Final) **Prostate Cancer** (c) **1 1/2 YEARS**

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

DATE OF OPERATION, IF ANY **2002** MAJOR FINDINGS OF OPERATION **19a. NO** AUTOPSY (YES/NO) **NO** WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO CORONER EXAMINATION (YES/NO) **NO**

19a. **NO** 19b. **NO** 19c. **NO** 19d. **NO**

20a. **NO** 20b. **NO** 20c. **NO** 20d. **NO**

21a. **OCTOBER 4, 2002** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) **NO** HOUR OF DEATH **3:45 A.M.**

21b. **NO** DATE SIGNED (MONTH, DAY, YEAR) **OCTOBER 5, 2002**

22a. SIGNATURE **Mark Karides** (TYPE OR PRINT) ILLINOIS LICENSE NUMBER **036-081870**

22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **MARK KARIDES MD 6321 N. WINDALE CHICAGO, IL 60631**

22c. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)

23. BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** CEMETERY OR CREMATORY-NAME **Queen of Heaven** LOCATION **Hillside, IL** DATE (MONTH, DAY, YEAR) **24 Oct 10/02**

24a. **Burial** 24b. **Queen of Heaven** 24c. **Hillside, IL** 24d. **24 Oct 10/02**

25a. GOGOLINSKI-TROFIMUK FUNERAL HOME 1850 N. WOOD ST., CHICAGO, IL 60622 FUNERAL DIRECTOR'S SIGNATURE **34-1489B**

25b. LOCAL REGISTRAR'S SIGNATURE **John X. Wilhelms, M.D.** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **OCT 08 2002**

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO
OCT 8 2002

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 ORDINANCE OF SAID LAW AND ORDINANCES.


John X. Wilhelms, M.D.
VITAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.