

UNOFFICIAL COPY



Doc#: 0532935507 Fee: \$26.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 11/25/2005 02:07 PM Pg: 1 of 2

Counselors' Title
Company, L.L.C.
Deceased Joint Tenant
Affidavit

0504862
1 of 2

Now comes **Gloria Vasquez**, being duly sworn and for the purposes of inducing Counselors' Title Company, L.L.C. to delete all title exceptions caused by the death of **Ernesto Vasquez**, states:

1. That the Affiant resides at **2500 North Hardy, Chicago IL 60647**;
2. That the Affiant was acquainted with said decedent who died on 11-21-1997 as evidenced by the certified copy of death certificate attached hereto;
3. That said decedent was one of the owners of land;

___ described in the subject file, or;

Legally described as follows:

The South 45 feet of Lot 28 in Block 20 in Pennock in the West Half of the Southwest Quarter of Section 26, Township 40 North, Range 13 East of the Third Principal Meridian, in Cook County, Illinois.

4. That said decedent died:
 - Leaving no Last Will and Testament;
 - ___ leaving a Last Will and Testament, a copy of which is attached hereto;
 - ___ leaving a last Will and Testament, which was filed in the unproven will box of the Probate Division of the circuit Court of Cook County, IL on _____.
5. That the total value of the estate of said decedent, including both real and personal property owned by said decedent either individually or in joint tenancy at the date of death, does not exceed \$_____.
6. Affiant further sayeth not.

zab

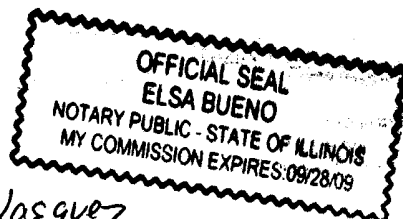
Gloria Vasquez
Affiant Signature

STATE OF IL
COUNTY OF COOK

Subscribed and sworn to before me a Notary Public, by the said Affiant this 19 day of

OCTOBER, 2005

Elsa Bueno
Notary Public (Seal)



This instrument prepared by
and upon recording, return to: Gloria Vasquez
2500 N. Hardy
Chicago, IL 60647

UNOFFICIAL COPY

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

NOV 25 1997

L SHEILA LYNE, RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF 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 PURSUANCE OF SAID LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID WHEN MULTICOLOR OR SIGNATURE SEAL IS AFFIXED.

MEDICAL CERTIFICATE OF DEATH NUMBER **619286**

1. DECEASED NAME: **ERNESTO** FIRST, **VASQUEZ** LAST, SEX: **2 MALE**

2. COUNTY OF DEATH: **COOK**

3. DATE OF BIRTH: **3 NOVEMBER 21, 1997**

4. DATE OF DEATH: **3 NOVEMBER 21, 1997**

5. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: **CHICAGO**

6. HOSPITAL OR OTHER INSTITUTION NAME: **ST. ELIZABETH'S HOSPITAL**

7. BIRTHPLACE: **PUERTO RICO**

8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: **8a MARRIED**

9. USUAL OCCUPATION: **11a STORE OWNER**

10. SOCIAL SECURITY NUMBER: **132-26-8048**

11. RESIDENCE: **2500 N. HARDING**

12. CITY, TOWN, TWP, OR ROAD DISTRICT NO.: **CHICAGO**

13. RACE: **13a WHITE**

14. MOTHER'S NAME: **14a WHITE**

15. INFORMANT'S NAME: **N/A**

16. RELATIONSHIP: **JULIA DIAZ ROLDAN**

17. MAILING ADDRESS: **17c 1431 N. CLAREMONT, CHGO, IL 60622**

18. PART I: Immediate Cause (Final disease or condition resulting in death): **(a) ADVANCED Carcinoma OF PANCREAS**

19. PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in PART I: **(b) DUE TO, OR AS A CONSEQUENCE OF**

20. MAJOR FINDINGS OF OPERATION: **20b. (ID/DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 11/21/97**

21. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED: **21b. NO**

22. SIGNATURE: **Sheila Lyne** (TYPE OR PRINT)

23. NAME AND ADDRESS OF ATTENDING PHYSICIAN: **23c. KORATHU THOMAS M.D. 4014 N. CENTRAL AVE., CHGO, IL 60635**

24. BIRTHPLACE: **24b. ARLINGTON**

25. FUNERAL HOME: **25a. DE VRIENDT FUNERAL HOME**

26. LOCAL REGISTRAR'S SIGNATURE: **Sheila Lyne**

27. DATE OF DEATH: **NOV 25 1997**

28. ILLINOIS LICENSE NUMBER: **036053507**

29. DATE SIGNED: **11/22/97**

30. HOUR OF DEATH: **4:00 P.M.**

31. DATE OF BIRTH: **NOVEMBER 21, 1997**

32. CITY OR TOWN: **ELMHURST, ILLINOIS**

33. STATE: **ILLINOIS**

34. ZIP: **60647**

35. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **031-009189**

36. DATE FILED BY LOCAL REGISTRAR: **NOV 25 1997**