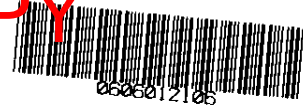


UNOFFICIAL COPY



Doc#: 0606012106 Fee: \$28.50
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 03/01/2006 03:34 PM Pg: 1 of 3

0601-07269

DECEASED JOINT TENANT AFFIDAVIT
COVER SHEET

Prepared by:
Jose Luis Campos
5559 S. Homan Ave.
Chicago, IL 60629

Mail to:
Jose Luis Campos
5559 S. Homan Ave.
Chicago, IL 60629

Two page Deceased Joint Tenant Affidavit and Death Certificate attached to this recording cover sheet for the property located at 5559 S. Homan Ave., Chicago, IL 60629:

LOT 19 IN CRANE AND MORELAND'S RESUBDIVISION OF THE WEST 1/2 LOT 6 AND ALL OF LOTS 7 TO 29 INCLUSIVE IN BLOCK 1 AND LOTS 25 TO 48 INCLUSIVE IN BLOCK 2 IN RHODES, DALE AND GILBERT'S SUBDIVISION OF THE WEST 1/2 OF THE WEST 1/2 OF THE NORTHEAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 14, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN#: 19-14-203-020-0000

CKA: 5559 S. HOMAN AVE., CHICAGO, IL

Property of Cook County Clerk's Office

SV
P3
MY
BANK
90

12-16

UNOFFICIAL COPY

Deceased Joint Tenant Affidavit

State of Illinois)

County of COOK)

Jose Luis Campos Being duly sworn states that he/she resides
(AFFIANT)
5559 S. Homan in the City of Chicago.

That he/she was acquainted with Evangelina Campos deceased, who at the
time of his/her death, was one of the owners of the land in Cook County, IL
described as:

See Exhibit "A" attached hereto and mare a part hereof

That the deceased died on Nov. 22, 2005, as evidenced by a
certified copy of the death certificate of the deceased attached hereto.

That the deceased died: No leaving no Last Will & Testament

Leaving a Will & Testament a copy of
which is attached hereto. The original unproved will, should be filed with the Clerk of the
Probate Division of the Circuit Court of _____ County, IL.

Leaving a Last Will & Testament which
was filed in the Unproved Will Box of the Probate Division of the Circuit Court of _____
County, IL, about the date of _____.

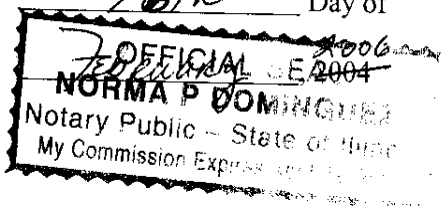
That the total value of the estate of the deceased, including both real and personal property owned
by the deceased either individually or in joint tenancy at the time of the death of the deceased
does not exceed the sum of \$ 10,000.

Affiant makes this affidavit for the purpose of inducing Title Company of America, Inc / Lawyers
Title Insurance Corporation, to issue its Title Insurance Policy, describing the above mentioned
property.

[Signature]
(AFFIANT)

Subscribed and sworn to before me this

16th Day of



[Signature]
NOTARY PUBLIC

UNOFFICIAL COPY

CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

NOV 28 2005

I, JOHN A. WILHELM M.D., 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 OBTAINANCE OF SAID LAW AND ORDINANCES.

John A. Wilhelm, MD
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO
STATE FILE NUMBER
616605

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16.10**
REGISTERED NUMBER
DECEASED-NAME FIRST MIDDLE LAST
EVANGELINA CHALPOS

AGE-LAST BIRTHDAY (MRS) 5a. **46**
UNDER 1 DAY HOURS MIN 5b. **5d. October 6, 1959**
DATE OF BIRTH (MONTH, DAY, YEAR)
DATE OF DEATH (MONTH, DAY, YEAR)

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER
CHICAGO, IL

HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
5559 S. HOMAN

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
8a. Married

NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
Jose Luis Campos

KIND OF BUSINESS OR INDUSTRY
11a. Supervisor

RESIDENCE (STREET AND NUMBER)
353-58-9976

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)
CHICAGO, IL

RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)
13b. CHICAGO

CITY, TOWN, TWP, OR ROAD DISTRICT NO.
11b. Retail Store

EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
12. Elementary (Specify grade) (0-12)

INSIDE CITY (YES/NO) 13c. **YES**

COUNTY
13d. COOK

FATHER-NAME FIRST MIDDLE LAST
14a. HILGANIC

MOTHER-NAME FIRST MIDDLE LAST
14b. NO

RELATIONSHIP
16. Prisca

MAILING ADDRESS (STREET AND NO., OR R.F. DIST. NO., CITY OR TOWN, STATE, ZIP)
17c. 2828 S. trumbull, Chgo, IL 60623

Immediate Cause (Final disease or condition resulting in death)
(a) CORONARY ARTERIOSCLEROSIS

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
(b) DUE TO OR AS A CONSEQUENCE OF

PART II. Other significant conditions contributing to death but not resulting in the underlying cause (even in PART I).
DIABETES MELLITUS

NATURAL ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED (SPECIFY)
20a. NATURAL

DATE OF INJURY (MONTH, DAY, YEAR)
20b. 11/06/05

PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. (SPECIFY)
20c. M 1100

LOCATION (CITY, VIL OR TOWN, TWP, OR DIST. NO., COUNTY, STATE)
20d. Chicago, IL

IF FEMALE WAS THERE A PREG-NANCY IN PAST THREE MONTHS?
20e. YES

WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
19a. YES

HOW IN URU OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I)
19b. YES

THE OCCIDENT WAS PRONOUNCED DEAD ON AT
21a. 11/06/05

CORONER'S - MEDICAL EXAMINER'S SIGNATURE
22a. Papi Arunkumar, M.D.

CORONER'S PHYSICIAN'S NAME (TYPE OR PRINT)
22b. Papi Arunkumar, M.D.

DATE SIGNED (MONTH, DAY, YEAR)
22c. 11/06/05

DATE SIGNED (MONTH, DAY, YEAR)
22d. 11/06/05

BURIAL, CREMATION, REMOVAL (SPECIFY)
23a. Cremation

CEMETERY OR CREMATORY-NAME
24a. Evergreen

LOCATION CITY OR TOWN STATE
24b. Evergreen Pk, IL

DATE (MONTH, DAY, YEAR)
24c. Nov 30, 2005

FUNERAL HOME
25a. Funeraria del Angel Sagrado Corazon, 5218 S. Kedzie, Chgo, IL 60632

FUNERAL DIRECTOR'S SIGNATURE
25b. [Signature]

FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25c. 034-014574

LOCAL REGISTRAR'S SIGNATURE
26a. John A. Wilhelm, M.D.

DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
NOV 28 2005

DATE (MONTH, DAY, YEAR)
26b.

ILLINOIS Department of Public Health—Division of Vital Records
VR202 (Rev. 5-89)

(BASED ON 1969 U.S. STANDARD CERTIFICATE)