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HERITAGE TITLE COMPANY

5849 West Lawrence Avenue • Chicago, Illinois 60630 • Telephone (773) 545-8100



Doc#: 0606826123 Fee: \$50.00
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 03/09/2006 11:05 AM Pg: 1 of 3

HERITAGE TITLE COMPANY

AFFIDAVIT REGARDING DECEASED JOINT TENANT

STATE OF ILLINOIS
COUNTY OF Cook

DATE: 3-6-06
COMMITMENT NUMBER: H60509

Cecilia Hernandez, BEING FIRST DULY SWORN, FOR THE PURPOSE OF INDUCING UNITED GENERAL TITLE INSURANCE COMPANY TO ISSUE ITS TITLE INSURANCE POLICY COVERING THE LAND DESCRIBED IN THE ABOVE CAPTIONED COMMITMENT, DEPOSES AND LAYS:

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3
D

1. THAT HE/SHE RESIDES AT: 1811 N 33rd ave, StonePk

2. THAT HE/SHE WAS ACQUAINTED WITH Carlos Marsans WHO DIED ON 8-23-05 AS EVIDENCED BY THE ATTACHED CERTIFIED COPY OF THE DEATH CERTIFICATE.

3. THAT SAID DECEDENT WAS ONE OF THE OWNERS OF THE LAND DESCRIBED IN THE ABOVE CAPTIONED COMMITMENT.

4. THAT SAID DECEDENT DIED:
 LEAVING NO LAST WILL AND TESTAMENT.
 LEAVING A LAST WILL AND TESTAMENT, A COPY OF WHICH IS ATTACHED.

5. THAT THE TOTAL VALUE OF SAID DECEDENT'S ESTATE FOR STATE OF ILLINOIS INHERITANCE TAX AND FEDERAL ESTATE PURPOSES DOES NOT EXCEED \$ 5,000

Cecilia Hernandez
AFFIANT'S SIGNATURE

SUBSCRIBED AND SWORN BEFORE ME THIS 6 DAY OF March 2006

Linda Jenero
NOTARY PUBLIC



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Exhibit A

H60509

LOT 29 IN BLOCK 8 IN H.O. STONE AND COMPANY'S WORLD'S FAIR ADDITION, A SUBDIVISION OF PART OF SECTION 4, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTH AND SOUTH OF INDIAN BOUNDARY LINE ACCORDING TO THE PLAT THEREOF RECORDED JANUARY 21, 1929, AS DOCUMENT 10262949, IN COOK COUNTY, ILLINOIS.

P.I.N. 15-04-107-037-0000

C/K/A 1806 N. 33RD AVENUE, STONE PARK, ILLINOIS 60165

Property of Cook County Clerk's Office

UNOFFICIAL COPY

PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS

DECEDENT'S BIRTH NO.

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16-35
REGISTERED NUMBER 420

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

1. DECEASED-NAME **CARLOS MARSANS** FIRST MIDDLE LAST
2. SEX **Male**
3. DATE OF DEATH (MONTH, DAY, YEAR) **August 25, 2005**

4. COUNTY OF DEATH **COOK**
5a. BIRTHDAY (MOS, DAYS) **83**
5b. UNDER 1 YEAR
5c. UNDER 1 DAY
5d. DATE OF BIRTH (MONTH, DAY, YEAR) **June 14, 1922**
5e. UNDER 1 HOUR
5f. UNDER 1 MIN

6a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (SPECIFY) **Widowed**
6b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) **None**
6c. NAME OF INSTITUTION (IF NOT IN EITHER, GIVE STREET AND NUMBER) **Gottlieb Memorial Hospital**
6d. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **None**
6e. NAME OF BUSINESS OR INDUSTRY **None**
6f. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **8**
6g. EMPLOYER, FIRM, INST. (SPECIFY) **Printer Kim**
6h. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) **NO**

7. SOCIAL SECURITY NUMBER **359-58-7623**
8. RESIDENCE (STREET AND NUMBER) **1806 N. 33rd Ave.**
9. CITY, TOWN, TWP. OR ROAD DISTRICT NO. **Stone Park**
10. STATE **Illinois**
11. ZIP CODE **60165**

12. FATHER-NAME **Antonio Marsans** FIRST MIDDLE LAST
13. MOTHER-NAME **Rosario Llorens** FIRST MIDDLE LAST
14. RELATIONSHIP **Daughter**
15. M. IN U.S. ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP CODE) **1718 1814 N. 33rd Ave., Stone Park, IL 60165**

16. PART I. IMMEDIATE CAUSE (Final disease or condition resulting in death) **LUNG CANCER**
17. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. **(a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF**
18. PART II. OTHER significant conditions contributing to death but not resulting in the immediate cause of death. **Plumtree Spinal Cord Injury, Cervical Fracture, Pulmonary Disease, Atrial Fibrillation, Coronary Artery Disease.**

19. DATE OF OPERATION, IF ANY **August 16, 2005**
20a. MAJOR FINDINGS OF OPERATION **None**
20b. DID (D) DID NOT (N) ATTEND THE DECEASED AFTER LAST SAW (NUMBER ALIVE ON) **NO**
20c. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) **YES**
20d. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? **NO**
20e. HOUR OF DEATH **5:10 A.**
20f. DATE SIGNED **Aug. 25, 2005**

21. SIGNATURE **Charles N. Bolomey, MD.** (TYPE OR PRINT)
22. NAME AND ADDRESS OF CERTIFIER **FRANKLIN PARK, IL, 60131**
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

24. BURIAL CREMATION, REMOVAL, OR OTHER DISPOSITION **BURIAL**
24a. NAME **Queen of Heaven**
24b. LOCATION **Hillside, Ill.**
24c. CITY OR TOWN **STATE**
24d. DATE (MONTH, DAY, YEAR) **Aug. 29, 2005**

25a. FUNERAL HOME **Bormann Funeral Home** STREET AND NUMBER OR R.F.D. **1600 Chicago Ave.** CITY OR TOWN **Melrose Park, IL.** STATE **IL.** ZIP **60160**
25b. FUNERAL DIRECTOR'S SIGNATURE **Stacy A. Bolomey**
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **34-10371**

26a. LOCAL REGISTRAR'S SIGNATURE **Stacy A. Bolomey**
26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **August 29, 2005**

26c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **August 29, 2005**

26d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **August 29, 2005**

26e. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **August 29, 2005**

26f. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **August 29, 2005**

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.
DATE August 29, 2005 SIGNED Stacy A. Bolomey AT MELROSE PARK Illinois OFFICIAL TITLE REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.