

UNOFFICIAL COPY

DECEASED
JOINT TENANCY
AFFIDAVIT



Doc#: 0617845022 Fee: \$28.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 06/27/2006 08:36 AM Pg: 1 of 3

STATE OF ILLINOIS)
COUNTY OF Cook)

The undersigned, being first duly sworn upon oath,
deposes and states as follows:

- The she resides at 157 601fo.c.w. Dr
Northdale 60064
- The attached hereto is a certified copy of the medical certificate of death of the decedent.
- The undersigned was acquainted with FIDEL SALGADO SR., the deceased, who, at the time of his death was one of the owners of the land at [address of property, PIN, Legal Description]:
3832 N. NEVA AVE, CHGO IL 60634
PIN # 13-19-109-032-0000
SEE ATTACHED LEGAL

A06-0949-1000

- That the deceased died
 - Leaving no Last Will and Testament, OR
 - Leaving a Last Will and 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, OR
 - Leaving a Last Will and 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 decedents estate, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of his/her death was less than \$ 100.00

ALLIANCE TITLE CO.

This affidavit is made for the purpose of inducing Alliance Title and The ^{TICOR} ~~Guarantee Title and Trust Corporation~~ to show title in the aforesaid Real Estate in FIDEL SALGADO JR., all of whom are competent adults.

Further affiance sayeth not.

[Signature]
Affiant signature
FIDEL SALGADO JR.

Subscribed and sworn to before me this 14 Day of JUNE 2006

[Signature]
Notary Public



3

UNOFFICIAL COPY

EXHIBIT A

LOT 11 IN BLOCK 10 IN UTITZ AND HEIMANN'S IRVING PARK BOULEVARD ADDITION, BEING A SUBDIVISION OF THE NORTH 1/2 OF THE NORTHWEST 1/4 OF SECTION 19 (EXCEPT THE EAST 40 ACRES) AND THAT PART OF THE WEST 1674.1 FEET LYING SOUTH OF THE ROAD OF THE SOUTHWEST 1/4 OF SECTION 18, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

13-19-169-032-0000

Property of Cook County Clerk's Office

At Cook County Department of Public Health, Office of the Deputy Registrar
1010 Lake Street Suite 300 Oak Park, Illinois 60454

UNOFFICIAL COPY

SEP 23 2002

Signed *Madeline The Curby*

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent in item 1 and that this record was established and filed in my office in accordance with the provisions of Illinois statutes relating to the registrar of birth, stillbirth and death.

REGISTRATION DISTRICT NO. 16.0
REGISTERED NUMBER

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER
206-0949-1111

1. DECEASED-NAME <i>Fidel</i>		FIRST		MIDDLE		LAST <i>Salgado</i>		SEX	DATE OF DEATH MONTH DAY YEAR <i>September 21, 2002</i>
2. COUNTY OF DEATH <i>Cook</i>		3. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <i>Franklin Park</i>		4. AGE-LAST BIRTHDAY (YRS) <i>28</i>		5. UNDER 1 DAY HOURS MIN <i>21</i>		6. DATE OF BIRTH (MONTH DAY YEAR) <i>April 24, 1980</i>	
7. BIRTHPLACE (CITY AND STATE) <i>Chicago, IL</i>		8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		9. NAME OF SIBLING(S) SPOUSE (M, F, M, F) <i>None</i>		10. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) <i>High School</i>		11. IF HOSP OR INST INDICATE D.O.A. OPERATOR (SPECIFY)	
12. SOCIAL SECURITY NUMBER <i>558-10-8485</i>		13. USUAL OCCUPATION <i>Accountant</i>		14. KIND OF BUSINESS OR INDUSTRY <i>General</i>		15. INSIDE CITY (YES/NO) <i>Yes</i>		16. COUNTY <i>Cook</i>	
17. RESIDENCE (STREET AND NUMBER) <i>3510 N. Lewis</i>		18. CITY, TOWN, TWP. OR ROAD DISTRICT NO. <i>Franklin Park</i>		19. STATE <i>IL</i>		20. ZIP CODE <i>60831</i>		21. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	
22. FATHER-NAME <i>Luis Salgado</i>		23. MOTHER-NAME <i>Genoveva Salgado</i>		24. RELATIONSHIP <i>Wife</i>		25. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <i>3510 N. Lewis Franklin Park IL</i>		26. IMMEDIATE CAUSE (F) (a) IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST	
27. CONDITIONS, IF ANY WHICH GIVE RISE TO STATING THE UNDERLYING CAUSE LAST		28. PART II. Other significant conditions contributing to death, but not resulting in the underlying cause given in PART I.		29. DATE OF OPERATION, IF ANY		30. OR FINDINGS OF OPERATION		31. AUTOPSY (YES/NO)	
32. IMMEDIATE CAUSE (F) (a) IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST		33. DUE TO OR AS A CONSEQUENCE OF		34. DATE OF OPERATION, IF ANY		35. OR FINDINGS OF OPERATION		36. IF FEMALE WAS THERE A PREGNANCY IN PAST THREE MONTHS?	
37. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED		38. SIGNATURE OF CERTIFIER <i>Madeline The Curby</i>		39. NAME AND ADDRESS OF CERTIFIER <i>Madeline The Curby, 140 W. 183rd St., Chicago, IL</i>		40. HOUR OF DEATH <i>11:05</i>		41. DATE SIGNED (MONTH DAY YEAR) <i>9-21-02</i>	
42. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER		43. ILLINOIS LICENSE NUMBER <i>036-100636</i>		44. BIRTHAL CREATION, REMOVAL (SPECIFY)		45. CEMETERY OR CREMATORY-NAME <i>LCA</i>		46. LOCATION <i>Franklin Park</i>	
47. FUNERAL HOME		48. FUNERAL DIRECTOR'S SIGNATURE <i>Chad</i>		49. LOCAL HEALTH DEPARTMENT REGISTRAR <i>Chad</i>		50. DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) <i>SEP 23 2002</i>		51. ILLINOIS LICENSE NUMBER <i>134-009202</i>	