

STEWART TITLE OF ILLINOIS
2 N. LaSalle Street
Suite 625
Chicago, IL 60602
312-849-4243

UNOFFICIAL COPY



Doc#: 0623520130 Fee: \$30.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 08/23/2006 09:58 AM Pg: 1 of 4

Stewart Title of Illinois
2 North LaSalle # 625
Chicago, Illinois 60602
312-849-4243
STCII

7/16/17

**DECEASED JOINT
TENANT
AFFIDAVIT**

4CB

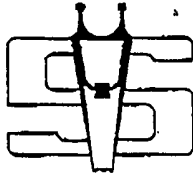
15-04-107-052

1819 N. 34th Ave.

Gone Park, IL.

Property of Cook County Clerk's Office

UNOFFICIAL COPY



Sanctity of Contract

STEWART TITLE COMPANY OF ILLINOIS

Deceased Joint Tenancy Affidavit

491617 '13

STATE OF ILLINOIS)
COUNTY OF COOK)

ss.

Order No.: _____

I, Ariana Arceo + Lorenzo Arceo
being duly sworn, states that Maria Arceo resides at
1819 North 34th Ave, in the City of Stone Park, IL
That she was acquainted with Maria Arceo
deceased who, at the time of death, was one of the owners of the land in COOK
County, Illinois, commonly known as 1819 N. 34th Ave, Stone and legally
described as follows, to-wit: Park, IL

SEE LEGAL DESCRIPTION ATTACHED AS EXHIBIT "A"

That the deceased died _____, as evidenced by a certified
copy of death of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will and Testament.
- 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 Circuit Court of _____ County, Illinois.
- 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 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 Two Hundred Sixty Thousand \$260,000.00

Affiant makes this affidavit for the purpose of inducing Stewart Title Company of Illinois to issue its title insurance commitment(s) and policy(s) describing the above mentioned property.

Subscribed to and sworn to before me by the said affiant Ariana Arceo for the uses and purposes set forth therein, this 25th day of July, A.D. 2006.

Frank J. Edele
 Notary Public SEAL
 FRANK J. EDELEN
 NOTARY PUBLIC - STATE OF ILLINOIS
 MY COMMISSION EXPIRES 02/04/10

Ariana Arceo
 Affiant Ariana Arceo
Lorenzo Arceo

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 Statistics Act.

UNOFFICIAL COPY

DATE DEC 30 2004

SIGNED

Shirley Fitzgerald

AT HIGHLAND 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 or the local registrar or the county clerk shall be considered as prima facie evidence of the facts therein stated.

VS 201B (1968)

BUREAU OF STATISTICS - ILLINOIS DEPARTMENT OF PUBLIC HEALTH - SPRINGFIELD 62706

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 49.6

REGISTERED NUMBER 678

DECEASED-NAME Maria

FIRST Maria

MIDDLE Luisa

LAST Arceo

SEX Female

DATE OF DEATH DEC 28, 2004

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Lake

AGE - LAST BIRTHDAY (YRS) 51

UNDER 1 YEAR MOS. DAYS 5b.

UNDER 1 DAY HOURS MIN 5c.

DATE OF BIRTH (MONTH, DAY, YEAR) JUNE 21, 1953

HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Highland Park Hospital

IF HOSP. OR INST. INDICATE DO A OF EMER. RM. INPATIENT (SPECIFY) Inpatient

IF DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) No

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Mexico

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married

NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF F.W.F.E.) Lorenzo Arceo

EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12

INSIDE CITY (YES/NO) Yes

COUNTY Cook

SOCIAL SECURITY NUMBER [REDACTED]

USUAL OCCUPATION 11a. Assembler

KIND OF BUSINESS OR INDUSTRY 8b. Factory

OF HISPANIC ORIGIN? (SPECIFY) YES

SPECIFY: Mexican

MIDDLE N/A

LAST N/A

RESIDENCE (STREET AND NUMBER) 13a. 1819 N. 34th Ave.

RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. Hispanic

OF HISPANIC ORIGIN? (SPECIFY) YES

SPECIFY: Mexican

MIDDLE N/A

LAST N/A

STATE Illinois

ZIP CODE 13c. 60165

INDIAN, etc. (SPECIFY) 14a. Hispanic

OF HISPANIC ORIGIN? (SPECIFY) YES

SPECIFY: Mexican

MIDDLE N/A

LAST N/A

FATHER-NAME FIRST Basilio

MIDDLE N/A

LAST N/A

MOTHER-NAME FIRST Maria

MIDDLE N/A

LAST N/A

INFORMANT'S NAME (TYPE OR PRINT) 17a. Lorenzo Arceo

RELATIONSHIP 17b. Husband

MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN, STATE ZIP) 1819 N. 34th Ave. Syne Park

18. PART I. Immediate Cause (Final disease or condition resulting in death)

Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

19. YEARS

(a) Malaria

(b) Due to or as a consequence of

(c) Due to or as a consequence of

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

PART II. Other significant conditions contributing to death. (Do not re-enum in the underlying cause given in PART I.)

DATE OF OPERATION, IF ANY 20a.

MAJOR FINDINGS OF OPERATION 20b.

19. AUTOPSY (YES/NO) 19a. NO

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

IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES NO X

20. (I) DID A DOCTOR ATTEND THE DECEASED AND (II) LAST SAW HIM/HER ALIVE? (MONTH, DAY, YEAR) 21a. 12/28/04

WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO

HOUR OF DEATH 21c. 9:25

DATE SIGNED (MONTH, DAY, YEAR) 22b. 12/31/04

ILLINOIS LICENSE NUMBER 22d. 3641209

22a. SIGNATURE (TYPE OR PRINT) [Signature]

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)

22c. LeRoy Milner M.D. 1500 Shermer Northbrook, IL60062

NOTE: IF AN INQUIRY WAS INQUIRED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial

CEMETERY OR CREMATORY-NAME 24b. Fairview Memorial

LOCATION 24c. Northlake

CITY OR TOWN 24d. Illinois

STATE 24d. DEC 31 2004

FUNERAL HOME NAME 25a. Ed Prignano Funeral Home

STREET AND NUMBER OR R.F.D. 1815 North Ave Melrose Park, IL 60160

CITY OR TOWN 24d. Illinois

STATE 24d. DEC 31 2004

ZIP

FUNERAL DIRECTOR'S SIGNATURE [Signature]

FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

25c. 034-015336

DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) DEC 30 2004

LOCAL REGISTRAR'S SIGNATURE [Signature]

DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) DEC 30 2004

26a. [Signature]

26b. [Signature]

26a. [Signature]

26b. [Signature]

UNOFFICIAL COPY

COMMITMENT - LEGAL DESCRIPTION

LOT 16 IN BLOCK 8 IN H.O. STONE AND COMPANY'S WORLD 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 THE INDIAN BOUNDARY LINE, ACCORDING TO THE PLAT THEREOF RECORDED January 21, 1929 AS DOCUMENT NO. 10262949, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office

Rep By
mail to:

Frank Edler
10135 S. Roberts Rd

205
Palos Hills, IL

60465

MAIL TO →