

UNOFFICIAL COPY



Doc#: 0623727073 Fee: \$26.50
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 08/25/2008 01:58 PM Pg: 1 of 2

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

Margarita X. Leyva, hereinafter referred to as Affiant, being duly sworn states that she resides at: 235 Devon, Park Ridge, Illinois 60068. That Affiant was previously married to Hermes J. Leyva, hereinafter referred to as Deceased, and at the time of Decedent's death, was one of the owners of the land in Cook County, Illinois, described as follows:

THE WEST SIXTY (60) FEET OF LOTS 1, 4, 5 AND 8 IN BLOCK THREE (3) IN FOOTE AND LOCKWOOD'S SUBDIVISION IN SECTION 1, TOWNSHIP 40 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING WEST OF OLD CANFIELD ROAD AND NORTH OF TANNER'S ROAD, IN COOK COUNTY, ILLINOIS.

ALSO DESCRIBED AS: LOT A IN THE CONSOLIDATION OF THE WEST SIXTY (60) FEET OF LOTS 1, 4, 5 AND 8 IN BLOCK THREE (3) IN FOOTE AND LOCKWOOD'S SUBDIVISION IN SECTION 1, TOWNSHIP 40 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING WEST OF OLD CANFIELD ROAD AND NORTH OF TANNER'S ROAD IN COOK COUNTY, ILLINOIS.

PERMANENT REAL ESTATE INDEX NUMBER: 12-01-102-035, VOLUME 135

ADDRESS OF REAL ESTATE: 235 Devon, Park Ridge, Illinois 60068

That the Deceased died on April 26, 2006, as evidenced by a copy of Deceased's death certificate attached hereto;

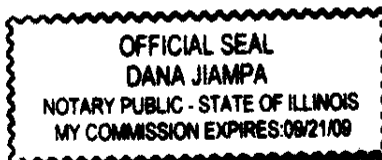
That the total value of the estate of the Deceased, for estate tax purposes including both real and personal property owned by the Deceased either individually or in joint tenancy at the time of the death of the Deceased, does not exceed the sum of \$ 500,000.00 ;

Affiant makes this affidavit for the purpose of any individual or corporation who may be harmed by the Affiant's lack of veracity.

Margarita X. Leyva, Affiant

Subscribed and sworn before me
this 20th day of JULY 2006 .

Notary Public



STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY

DAVID ORR, County Clerk

APR 28 2006

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

David Orr
COUNTY CLERK

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.0	STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH				
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED-NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
	1. Hermes J. Leyva		2. Male	3. April 26 2006		
	COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)
	4. Cook		5a. 71	MOS DAYS	HOURS MIN.	5d. July 8, 1934
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			IF HOSP. OR INST. INDICATE D.C. OP/EMER. RM. INPATIENT (SPEC)
	6a. Park Ridge		6b. Lutheran General Hospital			6c. Inpatient
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER ARMED FORCES? (Y/N)
	7. Cuba		8a. Married	8b. Margarita S. Fernandez		9. Yes
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
	10. 358-32-7432		11a. Consultant	11b. Immigration	12. 12	College (4 or 5+)
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	COUNTY	
13a. 235 Devon Avenue		13b. Park Ridge		13c. Yes	13d. Cook	
STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RIC.)		
13e. Illinois		13f. 60068	14a. White	14b. <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES SPECIFY: Cuban		
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST				
15. Leoncio Leyva		16. Edelmira Rojas				
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
17a. H. Paul Leyva		17b. Son	17c. 73 Covered Bridge Rd. S. Barrington, IL 60015			
18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. List only one cause on each line.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
Immediate Cause (Final disease or condition resulting in death)						
(a) PULMONARY EMBOLISM						
DUE TO, OR AS A CONSEQUENCE OF						
(b)						
DUE TO, OR AS A CONSEQUENCE OF						
(c)						
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.						
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)	IF FEMALE, WAS THERE A PREGNANCY IN THE THREE MONTHS?	
20a.		20b.		19a. No	19b. NO	
(DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		(MONTH, DAY, YEAR)	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	HOUR OF DEATH		
21a. 4/26/06			21b. NO	21c. 10:06 P.		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.				DATE SIGNED (MONTH, DAY, YEAR)		
22a. SIGNATURE <i>Memo Rogant</i>				22b. 4/27/06		
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)				ILLINOIS LICENSE NUMBER		
22c. MEMO ROGANT M.D. 3880 Saline Drive Weymouth, MA				22d. 036091838		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)				NOTE: IF AN INJURY WAS INVOLVED IN DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
23.						
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY-NAME		LOCATION CITY OR TOWN STATE	DATE (MONTH, DAY, YEAR)		
24a. Cremation	24b. Montrose Crematory		24c. Chicago, Illinois	24d. Apr. 29,		
FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN	STATE ZIP	
25a. Smith-Corcoran Funeral Home		6150 N. Cicero Avenue		Chicago, Illinois	60646	
FUNERAL DIRECTOR'S SIGNATURE				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		
25b. <i>Tom C. Wislow</i>				25c. 034-012394		
LOCAL REGISTRAR'S SIGNATURE				DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		
26a. <i>David Orr</i>				26b. APR 28 2006		

PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS