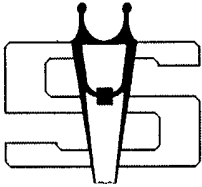




Doc#: 0703335196 Fee: \$28.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 02/02/2007 01:06 PM Pg: 1 of 3



Sanctity of Contract

Stewart Title Company of Illinois

508444

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS )  
COUNTY OF ) SS.

STCI File Number: 508444

MIGUEL DIAZ  
being duly sworn states that HE resides at 5546 S. Troy in the City of Chicago IL

That HE was acquainted with Esperanza Diaz deceased who, at the time of death, was one of the sworn of the land in County, Illinois, describes as:

That the deceased died in state of ill, as evidenced by a certified copy of death certificate of the deceased attached hereto.

- That the deceased died: Leaving no Last Will & Testament.
- Leaving a Last Will & 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.
- Leaving a Last Will & 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 \$150,000 dollars.

Affiant makes this affidavit for the purpose of inducing Stewart Title Company to issue its Title Insurance Policy., describing the above mentioned property.

Subscribed and sworn to before me by the said

this 22 day of January, A.D. 2007.

Amy Webber  
Notary Public



[Signature]  
(Affiant's Signature) 3c

# UNOFFICIAL COPY

## Exhibit "A" – Legal Description

LOT 16 IN BLOCK 2 IN BARNETT BROTHER'S SUBDIVISION OF THE WEST 1/4 OF THE NORTH 1/2 OF THE NORTHWEST 1/4 OF SECTION 13. TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office

REGISTRATION DISTRICT NO. 16.10  
REGISTERED NUMBER  
DECEASED-NAME  
COUNTY OF DEATH  
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER  
AGE-LAST BIRTHDAY (YRS)  
HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)  
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)  
MIGUEL DIAZ  
MEXICO  
SOCIAL SECURITY NUMBER  
10. 333-46-4236  
RESIDENCE (STREET AND NUMBER)  
5546 S. Troy  
STATE  
Illinois  
FATHER-NAME  
Santos Garcia  
MOTHER-NAME  
Esperanza M. Diaz  
RELATIONSHIP  
Wife  
MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY, TOWN, STATE, ZIP)  
17b. 1701 S. Rockwood  
17c. 17251 E. Holmway  
17d. 603877  
APPROXIMATE INTERVAL BETWEEN MEDICAL EXAMINATIONS, IF ANY  
GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF  
GIVE RISE TO IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF  
GIVE RISE TO IMMEDIATE CAUSE (c) DUE TO, OR AS A CONSEQUENCE OF

STATE OF ILLINOIS  
STATE FILE NUMBER  
603877  
DATE OF DEATH (MONTH, DAY, YEAR)  
September 10, 1952  
SEX  
M  
DATE OF BIRTH (MONTH, DAY, YEAR)  
September 10, 1952  
EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)  
12  
INSIDE CITY (YES/NO)  
Yes  
COUNTY  
Cook  
IF HOSP. OR INST. INDICATE D.O.A. (OPERMER, RM, INPATIENT) (SPECIFY)  
6c. 6c  
WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)  
No  
9. No

1. DECEASED-NAME  
Esperanza Diaz  
2. SEX  
M  
3. DATE OF DEATH (MONTH, DAY, YEAR)  
September 10, 1952  
4. COUNTY OF DEATH  
Cook  
5. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER  
Chicago  
6. AGE-LAST BIRTHDAY (YRS)  
53  
7. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)  
Northwestern Memorial  
8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)  
Married  
9. MIGUEL DIAZ  
10. SOCIAL SECURITY NUMBER  
333-46-4236  
11. RESIDENCE (STREET AND NUMBER)  
5546 S. Troy  
12. STATE  
Illinois  
13. FATHER-NAME  
Santos Garcia  
14. MOTHER-NAME  
Esperanza M. Diaz  
15. RELATIONSHIP  
Wife  
16. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY, TOWN, STATE, ZIP)  
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17251 E. Holmway  
17d. 603877  
18. APPROXIMATE INTERVAL BETWEEN MEDICAL EXAMINATIONS, IF ANY  
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STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO  
MAY 20 2006  
TERRY MASON M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS FOR THE CITY OF CHICAGO 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 ORDINANCE OF SAID LAW AND ORDINANCES.

19. DATE OF OPERATION, IF ANY  
20b. MAJOR FINDINGS OF OPERATION  
21. HOUR OF DEATH  
22. DATE SIGNED  
23. BURIAL, CREMATION, REMOVAL (SPECIFY)  
24a. Burial  
24b. St. Mary Cemetery  
24c. Evergreen Park, IL  
25a. Funeral Home  
25b. Wolniak Funeral Home, 5700 S. Pulaski Rd., Chicago, IL  
25c. 60629  
26a. LOCAL REGISTRAR'S SIGNATURE  
26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)  
MAY 20 2006

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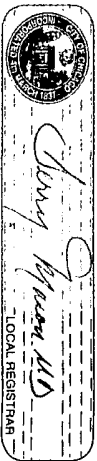
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THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.