

# UNOFFICIAL COPY



Doc#: 0703748065 Fee: \$28.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 02/06/2007 10:59 AM Pg: 1 of 3

Mail To:  
Law Title Oak Brook  
800 Enterprise Dr.  
Ste. 205  
Oak Brook, IL 60523

106278 TRS

1072

## DECEASED JOINT TENANCY AFFIDAVIT

To Be Recorded in COOK County, Illinois

Title Realty Services, LLC File Number OAK-106278TRS  
Property Address: 4807 SOUTH RACINE, CHICAGO, IL 60609

The undersigned affiant being first duly sworn and under penalty of perjury on oath states that he or she resides at the following address:

That he or she was acquainted with Juan Mendez, deceased, who at the time of death was one of the owners of the land described in the above referenced Title Commitment.

That the deceased died on 5/8/1997 (date) as evidenced by a certified copy of the death certificate 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 is to be filed with the clerk of the Probate Division of the 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 on \_\_\_\_\_ (date).
- Leaving a Last Will and Testament which was probated in the Probate Division of the Circuit court of \_\_\_\_\_ County, Illinois, on about \_\_\_\_\_ as Case # \_\_\_\_\_

That from the Estate of the Deceased:

- All State Inheritance and /or Federal Estate Taxes which were due have been paid and evidence thereof is attached hereto.
- No State Inheritance and/or Federal Estate Taxes were due.

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 \$ \_\_\_\_\_ dollars.

Affiant makes this affidavit for the purpose of inducing Title Realty Services, LLC to issue a Title Insurance Policy(s) describing the land shown in file OAK-106278TRS and agrees to indemnify said company or its assigns against any false statement(s) willfully made herein.

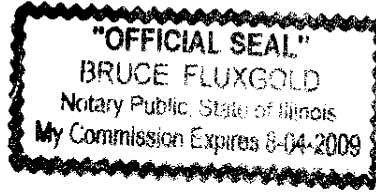
Signature of Affiant: Eduardo Mendez

12-19-06  
Date

State of Illinois, County of COOK, SS. Subscribed and sworn before me on 12-19-06.

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Signature of Notary Public: \_\_\_\_\_



Legal Description (as shown in Title Realty Services, LLC File Number OAK-106278TRS:

LOT 4 IN BLOCK 1 IN MANUFACTURERS SUBDIVISION IN NORTH EAST 1/4 OF SECTION 08, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

FOR INFORMATION ONLY: 20-08-204-004  
4807 SOUTH RACINE, CHICAGO IL 60609

PLEASE NOTE: THE PROPERTY ADDRESS AND ZIP CODE ARE PROVIDED FOR CONVENIENCE ONLY AND ARE NOT INSURED.

Tax Identification Number: 20-08-204-004

Property of Cook County Clerk's Office

610-10

MEDICAL CERTIFICATE OF DEATH

607946

DECEASED NAME: **JUAN MENDEZ** SEX: **MALE** DATE OF BIRTH: **MAY 8, 1997**

REGISTRATION NUMBER: **COOK** CITY/TOWN/TWP: **CHICAGO** HOSPITAL OR OTHER INSTITUTION: **MERCY HOSPITAL** DATE OF DEATH: **JUNE 24, 1998**

RESIDENCE: **CHICAGO, ILL.** MARITAL STATUS: **MARRIED** OCCUPATION: **LABORER**

12A. **ELEAZAR MENDEZ** (FATHER) 12B. **PAUSTINO MENDEZ** (MOTHER)

13A. **ELEAZAR MENDEZ** (SPOUSE) 13B. **MARIA DE JESUS PEREZ** (SPOUSE)

14. **CHICAGO, ILL.** (CITY/TOWN/TWP) 15. **CHICAGO, ILL.** (COUNTY)

16. **174807 S. RACINE ST., CHICAGO, ILL. 60609** (ADDRESS)

17. **CAJONINO M19 OF ESO Pharmacy** (PHYSICIAN)

18. **3 YEARS** (AGE AT DEATH)

19. **11-11-20-1997** (DATE OF ONSET)

20. **1:15 P.M.** (TIME OF DEATH)

21. **59-97** (AGE AT BIRTH)

22. **030646977** (REGISTRATION NUMBER)

23. **CHICAGO, ILL.** (PLACE OF DEATH)

24. **24 MAY 1997** (DATE OF DEATH)

25. **60722** (MUNICIPALITY)

26. **034-014574** (MUNICIPALITY NUMBER)

27. **MAY 13 1997** (DATE OF DEATH)

MAY 13 1997

SHEILA LYNE, RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, DEATHS 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 PURSUANCE OF SAID LAWS AND ORDINANCES.



DEPARTMENT OF PUBLIC HEALTH  
CITY OF CHICAGO

THIS CERTIFIED COPY VALID WHEN  
MULTICOLOR SIGNATURE SEAL IS  
AFFIXED.