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Doc#: 0704426086 Fee: \$30.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 02/13/2007 12:35 PM Pg: 1 of 4

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AFFIDAVIT OF HEIRSHIP

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A06-1992

ALLIANCE TITLE CO.

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AFFIDAVIT OF HEIRSHIP

State of Illinois)
) SS
County of Cook)

AD6-1992 MD

The undersigned, being duly sworn upon oath, depose(s) and state(s) as follows:

1. That Nilda Sanchez is the surviving daughter of the decedent;
That Sonia Reyna is the surviving daughter of the decedent.
2. That Nilda Sanchez resides at 2718 W. Haddon St.
That Sonia Reyna resides at 1541 N. Monte Cello.
3. That attached hereto is a certified copy of the medical certificate of death of the decedent.
4. That the decedent was one of the owners of the premises described in the Alliance Title Corp. Commitment for title insurance, Order No. A06-1992.
5. That the value of the decedent's estate at the date of his/her death was less than \$50,000.
6. That the decedent died intestate.
7. That the decedent [was] [was not] married at the time of his/her death (cross out what does not apply).
8. That only children were born or adopted by decedent as a result of his/her marriage:
 - a. Nilda Sanchez
 - b. Sonia Reyna
9. That Nilda Sanchez is 63 years of age and is married to Victor Pineda
That Sonia Reyna is 57 years of age and is married to Dr. Gerardo Reyna
10. That no children other than those enumerated in Paragraph Eight hereof were born to or adopted by decedent.
11. That the decedent died on June 5, 2004, and was, at the time of his/her death, 86 years of age and married to Carlos Sanchez.

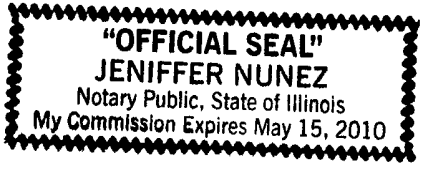
This affidavit is made for the purpose of inducing Alliance Title Corp underwritten by Ticor Title to show title in aforesaid real estate in Nilda Sanchez as to undivided 50% interest, Sonia Reyna as to undivided 37.5% interest and Alexander Pineda as to 12.5% interest, all of whom are competent adults. Further Affiant sayeth not.

Nilda Sanchez
Nilda Sanchez

Sonia Reyna
Sonia Reyna

Subscribed and Sworn to before me this 11th day of December, 2006.

Jennifer Nunez
Notary Public



STATE OF ILLINOIS
County of Cook

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DAVID ORR County Clerk

JAN 16 2007

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

DECEASED'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.10		STATE OF ILLINOIS				STATE FILE NUMBER	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH						608081	
1. DECEASED—NAME FIRST MIDDLE LAST JOAQUINA DEJESUS		SEX FEMALE		DATE OF DEATH (MONTH, DAY, YEAR) JUNE 5, 2004					
4. COUNTY OF DEATH COOK		AGE—LAST BIRTHDAY (YRS) 5a. 86		UNDER 1 YEAR MOS. DAYS 5b.		UNDER 1 DAY HOURS MIN. 5c.		DATE OF BIRTH (MONTH, DAY, YEAR) 5d. AUGUST 22, 1917	
6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER CHICAGO		6b. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) KINDRED HOSPITAL CHICAGO NORTH				6c. IF HOSP. OR INST. INDICATE D.O./OP/EMER. RM. INPATIENT (SPECIFY) INPATIENT			
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Caguas, P.R.		8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed		8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) -				9. WAS DECEASED EVER IN ARMED FORCES? (YES/NO) NO	
10. SOCIAL SECURITY NUMBER 581 03 9957		11a. USUAL OCCUPATION Home Maker		11b. KIND OF BUSINESS OR INDUSTRY Own Home		12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) College (1-4 or 5+) 4			
13a. RESIDENCE (STREET AND NUMBER) 2718 WEST HADDON		13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO. CHICAGO		13c. INSIDE CITY (YES/NO) YES		13d. COUNTY COOK			
13e. STATE ILLINOIS		13f. ZIP CODE 60622		14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) White		14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN) <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES SPECIFY: Puerto Rican			
15. FATHER—NAME FIRST MIDDLE LAST Emilio De Jesus				15. MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST Ricarda Diaz					
17a. INFORMANT'S NAME (TYPE OR PRINT) YOLANDA SALLIE				17b. RELATIONSHIP RECORDS		17c. MAILING ADDRESS (STREET, MONTROROSE AVENUE, CHICAGO, ILLINOIS 60618)			
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, shock, or heart failure. List only one cause on each line.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
Immediate Cause (Final disease or condition resulting in death)		(a) Septic shock							
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) Respiratory failure							
		(c) Renal failure							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.						19a. AUTOPSY (YES/NO) NO		19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) NO	
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION				20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? NO			
21a. I (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON June 4, 2004				21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) NO		21c. HOUR OF DEATH 1:57 P.			
22a. SIGNATURE <i>Ibrahim Majzoub</i>						22b. DATE SIGNED (MONTH, DAY, YEAR) 6/7/04			
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) Ibrahim Majzoub, M.D. Chicago, IL 60618						22d. ILLINOIS LICENSE NUMBER 036-09365			
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)						NOTE: IF AN INJURY WAS INVOLVED IN THE DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
24a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		24b. CEMETERY OR CREMATORY—NAME Mt. Olive		24c. LOCATION CITY OR TOWN STATE Chicago, Illinois		24d. DATE (MONTH, DAY, YEAR) Jun. 9, 2004			
25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP De La Torre Funeral Home, 2708 N. Western Ave., Chgo., IL 60647						25b. FUNERAL DIRECTOR'S SIGNATURE <i>Osvaldo de la Torre</i>			
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031-009189						25d. LOCAL REGISTRAR'S SIGNATURE <i>John A. Wilhelm, M.D.</i>			
26a. LOCAL REGISTRAR'S SIGNATURE						26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) JUN 09 2004			

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LOT 41 IN BLOCK 2 IN WETHERBEE AND GREGORY'S SUBDIVISION OF THE NORTHWEST 1/4 OF THE
SOUTHWEST 1/4 OF SECTION 1, TOWNSHIP 39 NORTH, RANGE 13 (EXCEPT THE EAST 100 FEET OF
SAID TRACT), IN COOK COUNTY, ILLINOIS.

16-01-400-037-0000

2718 WEST HADDON AVENUE
CHICAGO, IL 60622

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