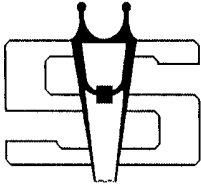


518008 #13



Sanctity of Contract



Doc#: 0705702056 Fee: \$28.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 02/26/2007 08:59 AM Pg: 1 of 3

Stewart Title Company of Illinois  
MAIL TO & PREPARED BY:  
MAXIMINA VASQUEZ  
50 WILLOW RD  
MATTESON, IL 60443

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF COOK

STCI File Number: 518008



MAXIMINA VASQUEZ  
being duly sworn states that SIR resides at 50 WILLOW RD in the City of  
MATTESON, IL 60443

That SIR was acquainted with JULIO VASQUEZ deceased who, at the time of death, was one of the  
sworn of the land in County, Illinois, describes as:

"SEE ATTACHED"

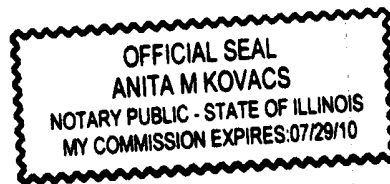
That the deceased died 11/19/89, as evidenced by a certified copy of death certificate of the deceased  
attached hereto.

- 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 \_\_\_\_\_ 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



STEWART TITLE OF ILLINOIS  
2 N. LaSalle Street  
Chicago, IL 60602  
312-848-4243

this 14th day of February, A.D. 2007

Anita M. Kovacs  
Notary Public

x Maximina Vasquez  
(Affiant's Signature)

396  
C.F.

UNOFFICIAL COPY

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER

NOV 20 1989

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

SS

DISTRICT NO. 16.10  
REGISTERED NUMBER

DECEASED-NAME JULIO FIRST VASQUEZ MIDDLE CASTELLANO LAST SEX MALE DATE OF DEATH NOVEMBER 19, 1989 MONTH, DAY, YEAR

COUNTY OF DEATH COOK  
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER CHICAGO  
AGE-LAST BIRTHDAY (MRS) 52, 65  
HOSPITAL OR OTHER INSTITUTION NAME (IF NOT NETHER ONE STREET AND NUMBER) HOLY CROSS HOSPITAL  
DATE OF BIRTH (MONTH DAY YEAR) 28, 1923  
PLACE OR INST. INDICATE D.C.A. OF BURIAL (IF APPLICABLE) INPATIENT

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Puerto Rico  
MARRIED DIVORCED (SPECIFY) MARRIED  
SOCIAL SECURITY NUMBER 10 580-24-0307  
RESIDENCE (STREET AND NUMBER) 50 Willow Road  
CITY, TOWN, OR ROAD DISTRICT NO. 118 Steel Mfg.  
COUNTY COOK

FATHER-NAME FIRST MIDDLE LAST  
15. Filomeno Vazquez Castellano  
MOTHER-NAME FIRST MIDDLE LAST  
16. Rosa Castellano Montes IL 60405

17a. Rose Cisneros  
17b. PARRT. Enter complete number of every organ examined (omit "D" and "R" for "not of organ" and "not of organ")  
17c. 53 Wedgewood Road Montross IL 60445

Immediate Cause (Final) disease or condition resulting in death  
SEVERE EMPHYSEMA.  
CONDITIONS, IF ANY WHICH GIVE RISE TO NAME OF CAUSE (a) PNEUMONIA  
(b) DUE TO OR AS A CONSEQUENCE OF SEPSIS.  
(c) INABILITY TO EAT.

DATE OF OPERATION, IF ANY  
MAJOR FINDINGS OF OPERATION

20a. IDENTIFY ATTENDING PHYSICIAN AND LAST NAME, FIRST NAME AND LAST NAME, M.D.  
20b. DATE OF OPERATION, IF ANY  
20c. WAS CORNER OR MEDICAL EXAMINER NOTIFIED? YES/NO

21a. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.  
21b. DATE SIGNED (MONTH DAY YEAR) 11-20-89  
21c. HOUR OF DEATH 12:30 A.M.

22a. SIGNATURE  
22b. ILLINOIS LICENSE NUMBER 36-46335  
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)  
22d. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) TYPE OR PRINT

23. BURIAL CREMATION, REMOVAL (SPECIFY) 24c. CALVARY CEMETERY 24d. CITY OR TOWN STEGER, Illinois 24e. DATE MONTH, DAY, YEAR 24d NOV. 22, 1989  
24a. FUNERAL HOME 24b. MAKE 24c. STREET AND NUMBER OR R.F.D. 24d. CITY OR TOWN 24e. STATE

25a. JAMES E. Call Funeral Director, 244 East 138th Street, Chicago, IL 60627  
25b. LOCAL REGISTRAR'S SIGNATURE  
25c. DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) NOV 20 1989

26a. ILLINOIS DEPARTMENT OF PUBLIC HEALTH - OFFICE OF VITAL RECORDS  
26b. ILLINOIS DEPARTMENT OF PUBLIC HEALTH - OFFICE OF VITAL RECORDS

I, JAMES W. MASTERSON, M.P.H., ACTING LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS OF 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 AS A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED

File Number: TM235578

**UNOFFICIAL COPY****LEGAL DESCRIPTION**

Lot 478 in Woodgate Green unit number 3, , being a subdivision of part of the northeast 1/4 of Section 17 and part of the east 1/2 of the northwest 1/4 of said section 17, Township 35 North, Range 13 , East of the Third Principal Meridian, according to the plat thereof recorded October 13, 1972 as document number 22083599, in Cook County, Illinois.

**Commonly known as:** 50 WillowRoad  
Matteson IL 60443

31-17-106-002

Property of Cook County Clerk's Office