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JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)



Doc#: 070751176 Fee: \$30.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 03/16/2007 02:59 PM Pg: 1 of 4

07015680035

JUANA MYRNA RIVERA,
hereby referred to as the affiant, states under
oath that the affiant resides at
5530 S. WHIPPLE AVE.

In the City of CHICAGO,
State of ILLINOIS;
that the affiant was acquainted with

ESPERANZA RODRIGUEZ,
the decedent; at the time of death, the
decedent was one of the owners of property,
by virtue of a properly recorded joint
tenancy deed, said property located in
COOK County, State of
ILLINOIS, and legally
described as follows:

See attached legal description

The decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

The decedent died on December 17, 1995, leaving no last will and testament.

The total value of decedent's estate, including the taxable interest in the above property was \$ 100,000, and that the value of the above property individually was \$ 100,000.

The State and Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from the decedent's estate, has been paid in full;

The affiant makes this affidavit to induce Attorneys' Title Guaranty Fund, Inc. (ATG) to issue its policy of title insurance on the above described property.

Attorneys' Title Guaranty Fund, Inc.
1 S Wacker Dr., STE 2400
Chicago, IL 60606
FORM 3007 (REV. 1/00)

Handwritten signature
Page 1 of 2
FOR USE IN: ALL STATES

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JOINT TENANCY AFFIDAVIT (continued)

The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATG harmless and to reimburse ATG for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature that ATG may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

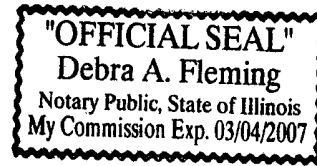
1. Claims against the estate of ESPERANZA RODRIGUEZ, the decedent;
2. State Estate/Inheritance Tax and Federal Estate Tax that may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

Juana Myrna Rivera (Seal)
 _____ (Seal)

Subscribed and sworn to before me this

30th day of March, 2007
 (Month) (Year)

Debra A. Fleming
 (Notary Public)



Note: If the decedent left a will, it will be necessary that the original or certified copy thereof be presented to ATG for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

This instrument prepared by:

LAW OFFICE OF PETER BURBAN
 (Name)

6820 W. ARCHER AVE.
 (Address)

CHICAGO, IL 60638
 (City, State, Zip)

Return to:

LAW OFFICE OF PETER BURBAN
 (Name)

6820 W. ARCHER AVE.
 (Address)

CHICAGO, IL 60638
 (City, State, Zip)

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LOT 40 AND THE SOUTH 15 FEET OF LOT 41 IN BLOCK 2 IN WEST ENGLEWOOD,
BEING A SUBDIVISION OF THE EAST 1/2 OF THE NORTHWEST 1/4 OF THE NORTHWEST 1/4 OF
SECTION 13, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN
COOK COUNTY, ILLINOIS.

P.I.N. 19-13-102-043-0000

Property of Cook County Clerk's Office

REGISTRATION DISTRICT NO. **161D**

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

623658

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

DEC 19 1995

I, **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, STILLBIRTHS 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.

DECEASED-NAME **ESPERANZA RODRIGUEZ** SEX **FEMALE** DATE OF DEATH (MONTH, DAY, YEAR) **DECEMBER 17, 1995**

COUNTY OF DEATH **COOK** AGE-LAST BIRTHDAY (YRS) **50** UNDER 1 DAY (HOURS) **MIN** DATE OF BIRTH (MONTH, DAY, YEAR) **SEPTEMBER 10, 1939**

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER **CHICAGO** HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **HOLY CROSS HOSPITAL**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **MEXICO** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (SPECIFY) **DIVORCED** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) **D.O.A.**

SOCIAL SECURITY NUMBER **26-46-5452** USUAL OCCUPATION **ADDRESSMAKER** KIND OF BUSINESS OR INDUSTRY **SELF-EMPLOYED** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **8**

RESIDENCE (STREET AND NUMBER) **530 S. WHIPPLE** CITY, TOWN, TWP, OR ROAD DISTRICT NO. **CHICAGO** INSIDE CITY (YES/NO) **YES** COUNTY **COOK**

STATE **ILLINOIS** ZIP CODE **60629** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) **WHITE** OF HISPANIC ORIGIN? (SPECIFY OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) **NO**

FATHER'S NAME **RAUL BUENTELLO** MOTHER'S NAME **DOMINGA GARZA**

15. INFORMANT'S NAME (TYPE OR PRINT) **JUDITH TORRES** RELATIONSHIP **DAUGHTER** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY, TOWN, STATE, ZIP) **17b. DAUGHTER, 8419 S. 79th AVE. JUSTICE, IL**

18. CAUSE OF DEATH: IMMEDIATE CAUSE (Final disease or condition leading to death) **Polmonary hyper tensi...**

19. CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) **COESTROIC HEART FAILURE**

20. STAINING THE UNDERLYING CAUSE LAST **RENURITIE HEART DISEASE**

21. OTHER SPECIFIC CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I **307**

22. TEXT OPERATION, IF ANY **200.** MAJOR FINDINGS OF OPERATION

23. (DO NOT SIGN IF YOU DID NOT ATTEND THE DECEASED) (MONTH, DAY, YEAR) **11/20/95** WAS CORONER OR MEDICAL EXAMINER? (YES/NO) **NO**

24. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE, AND DUE TO THE CAUSE(S) STATED. **21c. HOUR OF DEATH 11:35 P.M.**

25. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **Roberto...** **21d. DATE SIGNED 12/19/95**

26. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)

27. BURIAL, CREMATION, REMOVAL (SPECIFY) **24a. CEMETERY OR CREMATORY-NAME: CAPIA EL CARMEN** LOCATION **24c. EL CARMEN, NUEVO LEON** STATE **MEXICO**

28. FUNERAL HOME **24d. FUNERAL DIRECTOR'S NAME: GARCIA** STREET AND NUMBER OR R.F.D. **24e. CITY OR TOWN: CHICAGO** STATE **ILLINOIS** ZIP **60632**

29. LOCAL REGISTRAR'S SIGNATURE **Sheila Lyne RSM** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **DEC 19 1995**

30. (BASED ON 1989 U.S. STANDARD CERTIFICATE)



THIS CERTIFIED COPY VALID WHEN MULTICOLOR OR SIGNATURE SEAL IS AFFIXED.

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH