

# UNOFFICIAL COPY

AMERICAN TITLE CORP.  
1540 N. OLD RAND ROAD  
WAUCONDA, IL 60084  
847-487-9200



Doc#: 0710155050 Fee: \$30.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 04/11/2007 10:07 AM Pg: 1 of 4

American Title Corporation

Cover Sheet

For Recording Purposes

Property of Cook County Clerk's Office

1028600

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## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF IL  
COUNTY OF COOK ss.

Order No.

LUCIA SANCEDA being duly sworn states that he/she resides at 15 EMERALD DR, STREAMWOOD, IL 60107-1284.

That he/she was acquainted with OSMUNDO A. SANCEDA deceased who, at the time of his/her death, was one of the owners of the land in COOK County, IL, described as:

**SEE ATTACHED LEGAL DESCRIPTION**

That the deceased died 10/22/2004 as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

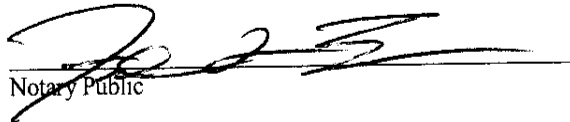
- Leaving no Last Will & Testament
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproved will should be filed with the Clerk of the Probate Division of the Circuit Court of COOK County, IL.
- Leaving a Last Will & Testament which was filed in the Unproved Will Box of the Probate Division of the Circuit Court of COOK County, IL 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.

Affiants make this affidavit for the purpose of inducing CITIBANK, F.S.B to extend a loan/line of credit to LUCIA SANCEDA, secured by a mortgage/deed of trust executed by the said LUCIA SANCEDA alone, covering the above-mentioned property.

(Outside of California)

Subscribed and sworn to before me by the said LUCIA SANCEDA this 24th day of March, A.D. 2007.

  
Notary Public

Lucia Sanceda 3-24-07  
LUCIA SANCEDA Date  
(Affiant's Signature)

(Within California)

STATE OF CALIFORNIA  
COUNTY OF \_\_\_\_\_



Subscribed and sworn to (or affirmed) before me on this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by [living titleholder] \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Seal \_\_\_\_\_

Signature \_\_\_\_\_

002201

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO.	STATE OF ILLINOIS	STATE FILE NUMBER
	1623	<b>UNOFFICIAL COPY</b>	
REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>	
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED-NAME FIRST MIDDLE LAST		SEX
	1. Osmundo A Sanceda		2. MALE
	DATE OF DEATH (MONTH, DAY, YEAR)		3. OCTOBER 22, 2004
	COUNTY OF DEATH	AGE-LAST BIRTHDAY (YRS) 5a. 50	UNDER 1 YEAR 5b. MOS. DAYS
	4. COOK		UNDER 1 DAY 5c. HOURS MIN.
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		DATE OF BIRTH (MONTH, DAY, YEAR)
	6a. EVANSTON		5d. DECEMBER 4, 1953
	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM, INPATIENT (SPECIFY)
	6b. EVANSTON HOSPITAL		6c. INPATIENT
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
7. PHILIPPINES		8a. MARRIED	8b. LUCY BECO
SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY
10. 356-86-0731		11a. CELL OPERATOR	11b. ITW BUILDEX
EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)			
12. 12		College (1-4 or 5+)	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)
13a. 15 EMERALD DR.		13b. STREAMWOOD	13c. YES
STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)
13. ILLINOIS		13f. 60107	14a. ASIAN
OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, E)		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST	
15. CRISANTO SANCEDA		16. MARQUITA N/A	
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
17a. LUCY SANCEDA		17b. WIFE	17c. 15 EMERALD DR., STREAMWOOD, IL 60107
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) Prostate Sarcoma			
DUE TO, OR AS A CONSEQUENCE OF			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.			
b) DUE TO, OR AS A CONSEQUENCE OF			
c) DUE TO, OR AS A CONSEQUENCE OF			
PART II. Other significant conditions contributing to death but not resulting from the underlying cause given in PART I.		AUTOPSY (YES/NO)	
		19a. NO 19b. YES	
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
20a. 10/21/04		20b. Extensive Sarcoma	20c. YES <input type="checkbox"/> NO <input type="checkbox"/>
(DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		(MONTH, DAY, YEAR)	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)
21a. 10/21/04			21b. YES
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH	
22a. SIGNATURE		21c. 5 12 A M.	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		DATE SIGNED (MONTH, DAY, YEAR)	
22c. Michael S McGuire 1000 CENTRAL, EVANSTON, IL 60201		22b. 10/22/04	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER	
23.		22d. 036-088505	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME	LOCATION CITY OR TOWN STATE
24a. BURIAL		24b. ST. MICHAEL ARCHANGEL	24c. PALENTINE, IL
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP		DATE (MONTH, DAY, YEAR)	
25a. SALERNO'S ROSEDALE CHAPELS 450 W. LAKE ST., ROSELLE, IL 60172		24d. OCT. 26, 2004	
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	
25b. Joseph M. Salsbery		25c. 034-010202	
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
26a. Jay W. Torsy		26b. Oct 26, 2004	

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE October 26, 2004

SIGNED

*Jay W. Torsy*

AT EVANSTON

Illinois OFFICIAL TITLE

LOCAL REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

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ACAPS #: 107020713563000

ATC FILE #: 0098201

Customer Name: Lucy Sanceda

## LEGAL DESCRIPTION

LOT 90 IN EMERALD HILLS, PHASE I, BEING A SUBDIVISION OF PART OF THE WEST HALF OF THE NORTHWEST QUARTER OF SECTION 22, TOWNSHIP 41 NORTH, RANGE 9, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED JUNE 7, 1996 AS DOCUMENT 96436786, IN COOK COUNTY, ILLINOIS.

P.I.N. #: 06-22-107-038

Property of Cook County Clerk's Office

*AMERICAN TITLE CORPORATION*

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