UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

0710618068

Doc#: 0710618068 Fee: $50.00
Eugene "Gene" Moore RHSP Fee:$10.00
Cook County Recorder of Deeds
Date: 04/16/2007 12:44 PM Pg: 1 of 3

State of Illinois)
) SS.
County of Cook)

Maria de Leon hereinafter called Affiant(s) being duly sworn states that she resides at 2406 S. Avers Ave., Chicago, IL. That Affiant was acquainted with Emilio de Leon, hereinafter referred to as Deceased, and at the time of Decedent's death, was one of the owners of the land in Cook County, Illinois, described as:

Two-story, multi family residence located at 2406 S. Avers Ave, Chicago, IL.

That the Deceased died on November 6, 2006, as evidenced by a copy of Deceased's death certificate attached hereto.

That the Deceased, at the time of his death, held his share of the above-mentioned property as a joint tenant and that the Deceased died leaving no last will & testament.

That the total value of the estate of the Deceased, for estate tax purposes, 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 $250,000.

Affiant makes this affidavit for the purpose of any individual or corporation who may be harmed by the Affiant's lack of veracity.

Subscribed and sworn before me
this 10 day of April 20 07.

Maria Terrazas
Notary Public

Maria de Leon
Affiant's Signature

"OFFICIAL SEAL"
MARIA TERRAZAS
Notary Public, State of Illinois
My Commission Expires Sept. 14, 2007

Property of Cook County Clerk's Office

STATE OF ILLINOIS

STATE FILE NUMBER 615529

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 1810.

REGISTERED NUMBER

1. DECEASED–NAME FIRST: Emilio MIDDLE: G. LAST: Deleon
2. SEX: Male
3. DATE OF DEATH (MONTH, DAY, YEAR): November 6, 2006
4. COUNTY OF DEATH: Cook
5a. AGE–LAST BIRTHDAY (YRS): 66
5b. UNDER 1 YEAR MOS. DAYS
5c. UNDER 1 DAY HOURS MIN.
5d. DATE OF BIRTH (MONTH, DAY, YEAR): January 20, 1940
6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: Chicago
6b. HOSPITAL OR OTHER INSTITUTION–NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Saint Anthony Hospital
6c. IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM, INPATIENT (SPECIFY): Inpatient
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): Mexico
8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): Maria S. Rivera
9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): No
10. SOCIAL SECURITY NUMBER: 343-48-1942
11a. USUAL OCCUPATION: Bus Driver
11b. KIND OF BUSINESS OR INDUSTRY: Religius Org.
12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12): 8 College (1-4 or 5+):
13a. RESIDENCE (STREET AND NUMBER): 2406 South Avers
13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO.: Chicago
13c. INSIDE CITY (YES/NO): Yes
13d. COUNTY: Cook
13e. STATE: Illinois
13f. ZIP CODE: 60623
14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): White
14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES–IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): ☐ NO ☒ YES SPECIFY:
15. FATHER–NAME FIRST: Rafael MIDDLE: de LAST: Leon
16. MOTHER–NAME FIRST: Epigmenia MIDDLE: Gonzalez (MAIDEN) LAST:
17a. INFORMANT'S NAME (TYPE OR PRINT): Rosario Lopez
17b. RELATIONSHIP: Medical Records
17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 2875 W 19th St Chicago IL 60623

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.

Immediate Cause (Final disease or condition resulting in death) → (a) cardiovascular collapse

DUE TO, OR AS A CONSEQUENCE OF (b) cerebro-vascular accident

DUE TO, OR AS A CONSEQUENCE OF (c) Hypertension

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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)

20a. DATE OF OPERATION, IF ANY
20b. MAJOR FINDINGS OF OPERATION
20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES ☐ NO ☐

21a. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 11-6-2006
21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): No
21c. HOUR OF DEATH: 7:38 P.M.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE ▶ [signature]
22b. DATE SIGNED (MONTH, DAY, YEAR): Nov. 7, 2006
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): Ihab Ziada, M.D. 2875 W 19th St Chicago, IL 60623
22d. ILLINOIS LICENSE NUMBER: 036-108978

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

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
24b. CEMETERY OR CREMATORY–NAME: Woodlawn
24c. LOCATION CITY OR TOWN STATE: Forest Park, Illinois
24d. DATE (MONTH, DAY, YEAR): Nov 8 2006

25a. FUNERAL HOME NAME: J. Linhart & Sons STREET AND NUMBER OR R.F.D.: 6820 West Cermak Road, Berwyn, Illinois 60402-2277 CITY OR TOWN STATE ZIP

25b. FUNERAL DIRECTOR'S SIGNATURE ▶ [signature]
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 11644

26a. LOCAL REGISTRAR'S SIGNATURE ▶ [signature]
26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): NOV 0 8 2006

VR200 (Rev. 5/89) Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

NOV 0 8 2006

I, TERRY MASON M.D., 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 ORDINANCE OF SAID LAW AND ORDINANCES.

Terry Mason MD
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

UNOFFICIAL COPY
CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

Property of Cook County Clerk's Office

UNOFFICIAL COPY

AREA	SUB AREA	BLOCK	PARCEL	CODE	WARRANT	ITEM	FIRST SUFFIX	SECOND SUFFIX	THIRD SUFFIX
16	26	112	021	7701	59	20	59		

OFFICE OF THE CLERK OF COOK COUNTY, ILLINOIS

PERMANENT REAL ESTATE INDEX NUMBER AND LEGAL DESCRIPTION

VOLUME [redacted]

574

AREA SUB-AREA BLOCK PARCEL	TAX CODE	SEC.	TOWN	RANGE	LOT	SUB-LOT	LOT	BLOCK
16-26-112-21	7701	26	39	13		L	SB	
S J GLOVERS								7)
ADD TO CHGO) SUB								10)
& (EX S 50FT)						3	7	

AREA	SUB AREA	BLOCK	PARCEL	CODE	WARRANT	ITEM	TAX CODE	FIRST SUFFIX	SECOND SUFFIX	THIRD SUFFIX	CARD
0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9

26507

Property of Cook County Clerk's Office