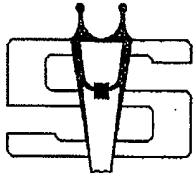


UNOFFICIAL COPY



Sanctity of Contract

Stewart Title Company of Illinois

Doc#: 0710905331 Fee: \$28.00
 Eugene "Gene" Moore RHSP Fee: \$10.00
 Cook County Recorder of Deeds
 Date: 04/19/2007 03:36 PM Pg: 1 of 3

524129 (1)

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF COOK)

STCI File Number: 393630

SS.

being duly sworn states that Oralia Soto resides at 229 W. 18th St in the City of Chicago, IL

That she was acquainted with Mariano R Soto deceased who, at the time of death, was one of the sworn of the land in County, Illinois, describes as:

see attached legar

STEWART TITLE OF ILLINOIS
2 N. LaSalle Street
Suite 625
Chicago, IL 60602
312-849-4243

That the deceased died 9-3-04, 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

[Signature]
this 13 day of April, A.D. 2007

[Signature]
Notary Public

[Signature]
(Affiant's Signature)

319

239450

UNOFFICIAL COPY

STEWART TITLE

GUARANTY COMPANY
HEREIN CALLED THE COMPANY

COMMITMENT - LEGAL DESCRIPTION

ALTA COMMITMENT
Schedule B - Exceptions Cont.
File Number: TM239450
Assoc. File No: 104749

THE WEST 1/2 OF LOT 9 IN BLOCK 3 IN JOHNSON'S SUBDIVISION OF THE NORTHWEST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 19, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Pin# 17-19-303-000-0000
Property of Cook County Clerk's Office

UNOFFICIAL COPY

STATE OF ILLINOIS
 STATE FILE NUMBER **612419**
 MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16-10**
 REGISTERED NUMBER
 DECEASED-NAME **MARIANO R. SOTO** LAST **2MALE** SEX **3.** DATE OF BIRTH (MONTH, DAY, YEAR) **SEPTEMBER 3 200**
 COUNTY OF DEATH **COOK** BIRTHDAY (YRS) **54** UNDER 1 YEAR **5d** UNDER 1 DAY **5d** DATE OF BIRTH (MONTH, DAY, YEAR) **SEPTEMBER 3 200**
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **CHICAGO** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **MOUNT SINAI HOSPITAL MED. CTR** INPATIENT
 6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **COAHUILA, MEXICO** 8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **Married** 8b. ORALITA LOPEZ
 7. COAHUILA, MEXICO 8a. MARRIED 8b. ORALITA LOPEZ
 SOCIAL SECURITY NUMBER **11a. Decorator** 8b. OF BUSINESS OR INDUSTRY **12. 10** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
 RESIDENCE (STREET AND NUMBER) **13a. 3424 S. Austin Blvd.** 13b. **Cicero** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **13c. Yes** INSIDE CITY (YES/NO) **13d. Cook** COUNTY
 STATE **Illinois** ZIP CODE **13160402** 14a. **White** 14b. **NO** 14c. **YES** SPECIFY: **Mexican** (MAIDEN) LAST
 FATHER-NAME **Antonio Soto** MOTHER-NAME **Carmen Ramirez**
 15. INFORMANT-NAME (TYPE OR PRINT) **Soto** MAILING ADDRESS (STREET AND NO. OR R.F., CITY OR TOWN, STATE, ZIP)
 17a. **Oralita Soto** 17b. **Wife** 17c. **3424 S. Austin Blvd, Cicero, IL 60**
 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) **HYPOglycemia**
 CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (A) **DUO TO OR AS A CONSEQUENCE OF LIVER METASTASIS**
 STATING THE UNDERLYING CAUSE LAST. **(b) DUE TO OR AS A CONSEQUENCE OF CIRCIÑO MA Y STO HUBEN**
 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

DATE OF OPERATION, IF ANY **20a.** MAJOR FINDINGS OF OPERATION
 20b. **9-3-04** (MONTH, DAY, YEAR)
 21a. **9-3-04** (MONTH, DAY, YEAR)
 21b. **NO** WAS CORNER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)
 21c. **01-30** HOUR OF DEATH
 21d. **9-3-04** DATE SIGNED (MONTH, DAY, YEAR)
 22a. SIGNATURE **Dr. Alvarez Reyes, M.D., Mt. Sinai, 2750 West 15th Pl, Chgo, IL**
 NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)
 22b. **036048** ILLINOIS LICENSE NUMBER
 22c. **NO** IF AN INJURY WAS INVOLVED IN THE DEATH, THE CORNER OR MEDICAL EXAMINER MUST BE NOTIFIED.

23. BIRTHAL CREMATION, REMOVAL (SPECIFY) **24a. Panteon Santo Cristo** CEMETERY OR CREMATORY-NAME
 LOCATION **Piedras Negras, Coahuila MEX** CITY OR TOWN **24d. Sept. 8, 20** DATE (MONTH, DAY, YEAR)
 25a. **Zelfran Funeral Home, 1941 West Germak Road, Chicago, IL 60608** FUNERAL HOME NAME
 STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
 25b. **Concepcion Rodriguez** FUNERAL DIRECTOR'S SIGNATURE
 25c. **034-015820** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
 26a. **SEP 03 2004** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26b. **SEP 03 2004** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
 26c. **SEP 03 2004** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
 26d. **SEP 03 2004** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26e. **SEP 03 2004** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
 26f. **SEP 03 2004** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26g. **SEP 03 2004** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
 26h. **SEP 03 2004** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26i. **SEP 03 2004** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
 26j. **SEP 03 2004** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26k. **SEP 03 2004** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
 26l. **SEP 03 2004** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26m. **SEP 03 2004** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
 26n. **SEP 03 2004** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26o. **SEP 03 2004** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
 26p. **SEP 03 2004** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26q. **SEP 03 2004** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
 26r. **SEP 03 2004** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO
 NOV 12 2004

JOHN L. WILHELM M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS FOR THE CITY OF CHICAGO 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.

John L. Wilhelm, M.D.
 LOCAL REGISTRAR

CITY OF CHICAGO
 DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.