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RECORDING  
COVER  
PAGE



Doc#: 0711348128 Fee: \$30.00  
Eugene "Gene" Moore RHSP Fee:\$10.00  
Cook County Recorder of Deeds  
Date: 04/23/2007 03:25 PM Pg: 1 of 4

FILE NUMBER: \_\_\_\_\_

\_\_\_ RE-RECORD

\_\_\_ QUIT CLAIM DEED

\_\_\_ WARRANTY DEED

\_\_\_ MORTGAGE

X OTHER: Released Joint Tenancy

NOTES/COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## DECEASED JOINT TENANCY AFFIDAVIT

Land described in Law Title Insurance Agency, Inc.-Naperville Commitment/Policy 277534F

State of Illinois, County of Cook

The undersigned affiant being first duly sworn and under penalty of perjury on oath states that he or she resides at the address below.

That he or she was acquainted with MARIA T RAMOS, deceased, who, at the time of his or her death, was one of the owners of the land described in the above Title Commitment and described in the the above referenced Title Commitment / Policy.

That the deceased died on October 29, 2005 (date) as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will and Testament
- Leaving a Last Will and Testament, a copy of which is attached hereto. The original of the unproven will is to be filed with the clerk of the Probate Division of the Circuit Court of \_\_\_\_\_ County, Illinois.
- Leaving a Last Will and Testament, which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of \_\_\_\_\_ County, Illinois on \_\_\_\_\_ (date).
- Leaving a Last Will and Testament which was probated in the Probate Division of the Circuit court of \_\_\_\_\_ County, Illinois, on about \_\_\_\_\_ as Case # \_\_\_\_\_

That from the Estate of the Deceased:

- All State Inheritance and /or Federal Estate Taxes which were due have been paid and evidence thereof is attached hereto.
- No State Inheritance and/or Federal Estate Taxes were due.

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.

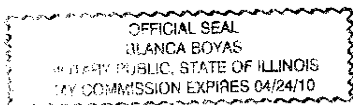
Affiant makes this affidavit for the purpose of inducing Law Title Insurance Agency, Inc.-Naperville to issue a Title Insurance Policy(s), describing the above mentioned property and /or referenced in the above mentioned Title Commitment/Policy and agrees to indemnify said company or its assigns against any false statement(s) willfully made herein.

Date: 2-6-2007

Pablo Ramos  
Affiant's Signature

Subscribed and sworn before me on this 4th day of April, 2007.

Blanca Boyas  
Notary Public



REGISTRATION DISTRICT NO. **16.10**

STATE OF ILLINOIS  
**MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER **115328**

DECEASED-NAME **Maria Ramos** FIRST MIDDLE LAST

COUNTY OF DEATH **Cook** CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **Chicago**

AGE-LAST BIRTHDAY (YRS) **62** UNDER 1 YEAR MONTHS DAYS **0 0 0**

DATE OF DEATH (MONTH, DAY, YEAR) **October 29, 2005**

HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **St Mary and St Elizabeth Center**

IF HOSP. OR INST. INDICATE D.O.A. (DECEASED, R.M., INPATIENT (SPECIFY)) **66: Inpatient**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **Chicago**

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **8a. married**

NAME OF SURVIVING SPOUSE (MARRIAGE NAME, IF WIFE) **Pablo Ramos**

SOCIAL SECURITY NUMBER **10.360-34-8123**

RESIDENCE (STREET AND NUMBER) **11a. Teacher Aide**

CITY, TOWN, TWP. OR ROAD DISTRICT NO. **Chicago**

EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **12. 8**

INSIDE CITY (YES/NO) **13c. Yes**

CITY **Cook** COUNTY **Cook**

FATHER NAME **13b. IL** ZIP CODE **131. 60639**

RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) **14a. Hispanic**

OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) **14b. NO**

MOTHER NAME **14c. Esperanza Velazquez**

MOTHER-NAME FIRST MIDDLE LAST **14d. NO**

MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TWP., STATE, ZIP) **17a. 1630 N. Keeler, Chicago, IL**

RELATIONSHIP **16. Husband**

IMMEDIATE CAUSE (Final diagnosis or condition resulting in death) **(a) PULMONARY EDEMA**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) **(b) RENAL FAILURE**

STATING THE UNDERLYING CAUSE LAST. **(c) RHEUMATISM HEART DISEASE**

OTHER SIGNIFICANT conditions contributing to death but not resulting in the underlying cause given in PART I. **HEART FAILURE**

DATE OF OPERATION, IF ANY **HEART FAILURE**

MAJOR FINDINGS OF OPERATION **HEART FAILURE**

IDENTIFY (DO NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) **10/28/05**

AND LAST SAW HIM/HER ALIVE ON **10/28/05**

LIST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. **10/28/05**

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

**NOV 02 2005**

I, **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 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.

**John L. Wilhelm, MD**  
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

CITY OF CHICAGO  
DEPARTMENT OF PUBLIC HEALTH

20. I (DO NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) **10/28/05**

21a. AND LAST SAW HIM/HER ALIVE ON **10/28/05**

21b. LIST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. **10/28/05**

22a. SIGNATURE **John A. Clemens** DATE SIGNED **10/29/05**

22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **John A. Clemens, M.D. 2200 S. Division Street Chicago, IL 60622**

22c. ILLINOIS LICENSE NUMBER **220056-105632**

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

24a. BURIAL (SPECIFY) **24b. Elm Lawn** CEMETERY OR CREMATORY-NAME

24b. LOCATION **24c. Elmhurst, Illinois** CITY OR TOWN STATE

24c. DATE (MONTH, DAY, YEAR) **24d. Nov 2, '05**

25a. ALvarez Funeral Directors, 2500 N. Cicero Ave., Chicago, IL

25b. FUNERAL DIRECTORS SIGNATURE **Susan Alvarez**

25c. FUNERAL DIRECTORS ILLINOIS LICENSE NUMBER **034-011737**

26a. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **NOV 02 2005**

26b. LOCAL REGISTRAR SIGNATURE **John L. Wilhelm, MD**

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

**NOV 02 2005**

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COUNTY OF COOK  
CITY OF CHICAGO

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DEPARTMENT OF PUBLIC HEALTH

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Law Title Insurance Agency Inc.-Naperville  
2900 Ogden Ave., Suite 108, Lisle, Illinois 60532  
Title Department Phone: 630-717-1383, Title Department Fax: 630-717-7538  
Authorized Agent For: Law Title Insurance Company, Inc.

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## SCHEDULE A-1: PROPERTY DESCRIPTION

Commitment Number: 277534F

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*The land referred to in this Commitment is described as follows:*

LOT 34 IN BLOCK 29 IN GARFIELD A SUBDIVISION IN THE SOUTHEAST QUARTER OF SECTION 34,  
TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

FOR INFORMATION ONLY: 13-34-426-024

1630 NORTH KEELER AVENUE, CHICAGO IL 60639

PLEASE NOTE: THE PROPERTY ADDRESS AND ZIP CODE ARE PROVIDED FOR CONVENIENCE ONLY AND  
ARE NOT INSURED.

Property of Cook County Clerk's Office