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Doc#: 0712205089 Fee: \$30.00  
Eugene "Gene" Moore RHSP Fee:\$10.00  
Cook County Recorder of Deeds  
Date: 05/02/2007 10:40 AM Pg: 1 of 4

Property of Cook County Clerks Office

FIRST AMERICAN TITLE  
ORDER # 1607309

**COVER SHEET**

Attached by

First American Title Insurance Company

For the purpose of affixing Recording information

For this Decedent Joint Tenant Affidavit

4K9



First American

Prepared by  
Mail to :

First American Title Insurance Company  
255 Enterprise Drive  
Westchester, IL 60154  
Phone: (708)531-0051  
Fax: (708)531-0056

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**DECEASED JOINT TENANT AFFIDAVIT**

STATE OF ILLINOIS }  
                                  } SS  
COUNTY OF COOK }  
                                  }

DATE: April 11, 2007

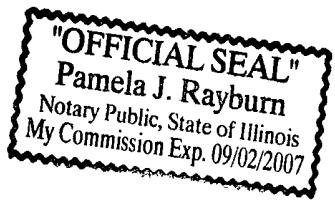
FATIC NO.: 1607309

Ruben Torres, being first duly sworn, for the purpose of inducing First American Title Insurance Company to issue its title insurance policy covering the land described in the above captioned commitment, deposes and says;

1. That he/she resides at: 2700 Ashland, Hammond on Chicago St
2. That he/she was acquainted with Nergila Torres who died on 12/15/01, as evidenced by the attached certified copy of the death certificate.
3. That said decedent was one of the owners of the land described in the above captioned commitment.
4. That said decedent died:  
 leaving no last will and testament  
 leaving a last will and testament, a copy of which is attached
5. That the total value of said decedent's estate for State of Illinois Inheritance Tax/Estate Tax and Federal Estate Tax purposes does not exceed \$ 280,000.00

Ruben Torres  
Affiant's Signature

Subscribed and sworn to before me this 11th day of April, 2007  
Pamela J. Rayburn  
Notary Public



STATE OF ILLINOIS  
STATE FILE NUMBER  
619650

# MEDICAL CERTIFICATE OF DEATH

REGISTRATION NO. **76,10**  
REGISTERED NUMBER

DECEASED-NAME **NEREIDA TORRES** FIRST MIDDLE LAST

1. COUNTY OF DEATH **COOK** 2. SEX **FEMALE** 3. DATE OF DEATH (MONTH, DAY, YEAR) **DECEMBER 15, 2001**

4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **CHICAGO** 5a. AGE-LAST BIRTHDAY (YRS) **64** 5b. UNDER 1 YEAR MOS. 5c. UNDER 1 DAY HOURS MIN 5d. DATE OF BIRTH (MONTH, DAY, YEAR) **JULY 1, 1937**

6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **PUERTO RICO** 6b. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED (SPECIFY) **MARRIED** 6c. NAME OF SURVIVING SPOUSE (MADENNAME, IF WIFE) **ELEVI TORRES** 6d. IF DECEASED VERIFIED BY PHYSICIAN (YES/NO) **NO** 6e. IF DECEASED VERIFIED BY ARMED FORCES? (YES/NO) **NO** 6f. IF DECEASED VERIFIED BY D.O.A. OPERATOR (YES/NO) **NO** 6g. IF DECEASED VERIFIED BY INPATIENT **NO**

7. SOCIAL SECURITY NUMBER **361-36-6124** 8a. USUAL OCCUPATION **COMPTROLLER** 8b. KIND OF BUSINESS OR INDUSTRY **TAXES** 8c. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **12** 8d. ELEMENTARY/SECONDARY (0-12) **12** 8e. COLLEGE (13-16) **NO** 8f. INSIDE CITY (YES/NO) **YES** 8g. COUNTY **COOK** 8h. OUTSIDE CITY (YES/NO) **NO**

9. RESURRECTION HOSPITAL **RESURRECTION HOSPITAL** 10. RESURRECTION HOSPITAL (STREET AND NUMBER) **2700 N. LAWNDALE** 11. CITY, TOWN, TWP. OR ROAD DISTRICT NO. **CHICAGO** 12. MOTHER-NAME (M-IDENT) LAST **ANTONIO**

13. FATHER-NAME FIRST MIDDLE LAST **ANTONIO TOLLINCHI** 14. OF HISPANIC ORIGIN? (SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) **HISPANIC** 15. MOTHER-NAME FIRST MIDDLE LAST **FELICITA VEGA**

16. MOTHER-NAME FIRST MIDDLE LAST **FELICITA VEGA** 17. MOTHER-NAME FIRST MIDDLE LAST **FELICITA VEGA** 18. PART I. IMMEDIATE CAUSE (Final license or condition resulting in death) **Coronary Arterial Disease** 19. YEARS **Years**

18. PART II. OTHER significant conditions contributing to death but not resulting in the underlying cause given in PART I. **Diabetes Mellitus**

19. YEARS **Years**

20a. DATE OF OPERATION, IF ANY **Dec 14, 2001** 20b. MAJOR FINDINGS OF OPERATION **NO**

21a. HUSBAND OR WIFE AT TIME OF DEATH **NO** 21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) **NO**

21c. DATE SIGNED (MONTH, DAY, YEAR) **4-15 A.M.**

21d. DATE SIGNED (MONTH, DAY, YEAR) **12/12/01**

21e. ILLINOIS LICENSE NUMBER **036-056425**

22. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **JORGE A. OLMOS, M.D. 7035 W GRAND CHICAGO, IL.**

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

24. CREMATION **ACACIA PARK** 24c. LOCATION **CHICAGO, ILLINOIS** 24d. CITY OR TOWN **CHICAGO, ILLINOIS** 24e. DATE (MONTH, DAY, YEAR) **DEC. 19, 2001**

25a. FUNERAL DIRECTOR'S SIGNATURE **NEIL A. PAULSEN** 25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **034-015538**

25b. LOCAL REGISTRAR'S SIGNATURE **John A. Wilhelm, M.D.** 25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **DEC 19 2001**

26a. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **DEC 19 2001**

26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **DEC 19 2001**

26c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **DEC 19 2001**

26d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **DEC 19 2001**

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26i. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **DEC 19 2001**

26j. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **DEC 19 2001**

26k. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **DEC 19 2001**

26l. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **DEC 19 2001**

26m. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **DEC 19 2001**

26n. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **DEC 19 2001**

26o. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **DEC 19 2001**

26p. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **DEC 19 2001**

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

DEC 19 2001

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 OBTAINANCE OF SAID LAW AND ORDINANCES.

John A. Wilhelm, M.D.  
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

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## EXHIBIT A

### LEGAL DESCRIPTION

Legal Description: LCC 28 IN BLOCK 1 IN HEAFIELD AND KIMBELL'S SUBDIVISION OF LOT 2 IN KIMBELL'S SUBDIVISION OF THE EAST 1/2 OF THE SOUTHWEST 1/4 AND THE WEST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 26, TOWNSHIP 40 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index #'s: 13-26-304-043-0000 Vol. 0355

Property Address: 2700 North Lawndale Avenue, Chicago, Illinois 60647

Property of Cook County Clerk's Office