

UNOFFICIAL COPY

①
C210716706



Doc#: 0715650056 Fee: \$50.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 06/05/2007 01:25 PM Pg: 1 of 3

CITY SUBURBAN TITLE DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois

County of Cook

SS.

Commitment Number:

Jesus Zavala
Stone Park, IL 60165
time of his/her death, was one of the owners of the land in Cook County, Illinois described as follows:
being duly sworn states that he/she resides at 1809N38th Ave
That he/she was acquainted with Beatris Zavala, deceased who, at the

(See Attached Legal Description Rider)

That the deceased died on 01-05-06, as evidenced by a certified copy of the death certificate of said 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 on or 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 \$
Affiant makes this affidavit for that purpose of inducing City Suburban Title to issue its Title Insurance Policy.
describing the above mentioned property.

Jesus Zavala

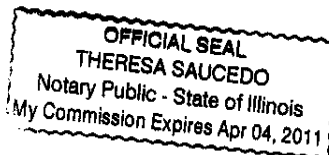
Affiant's Signature

SUBSCRIBED and SWORN to before me on 15th day of May 2007

Theresa Saucedo

Notary Public

page 1



39

UNOFFICIAL COPY

Legal Description

of premises commonly known as 1809 N. 38th Ave., Stone Park, IL 60165

Lot 21 in Block 4 in H. O. Stone and Company's World Fair Addition Subdivision of part of Section 4, Township 39 North, Range 12, East of the Third Principal Meridian, lying North of Indian Boundary Line (Except therefrom all of Soffels Subdivision) also that part of said Section 4 South of the Indian Boundary Line West of Elgin Road (Lake Street) and West of Soffels Third Addition to Melrose Park also that part of Section 4 lying South of Indian Boundary Line West of Center Line of 33rd Avenue produced North and North of Center Line of Soffel Avenue together with Lot "E" of said Soffel Third Addition to Melrose Park, in Cook County, Illinois.

PERMANENT TAX NUMBER: 15-04-103-021-0000

Property of Cook County Clerk's Office

MAIL TO:

Jose Zavala
1809 N. 38th Ave.
Stone Park, IL 60165

SEND SUBSEQUENT TAX BILLS:

Jose Zavala
1809 N. 38th Ave.
Stone Park, IL 60165

UNOFFICIAL COPY

DuPage County Health Department



Central Office
111 North County Farm Road
Wheaton, IL 60187-3988

PERMANENT
CERTIFICATE

TEMPORARY
CERTIFICATE

REGISTRATION DISTRICT NO.	22.0
REGISTERED NUMBER	

STATE OF ILLINOIS

STATE FILE
NUMBER

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

1. DECEASED-NAME FIRST MIDDLE LAST BEATRIS ZAVALA		SEX 2. Female	DATE OF DEATH (MONTH, DAY, YEAR) 3. January 5, 2006
COUNTY OF DEATH 4. DuPage		AGE-LAST BIRTHDAY (YRS) 5a. 72	UNDER 1 YEAR UNDER 1 DAY 5b. 72 5c. 72
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. Elmhurst		DATE OF BIRTH (MONTH, DAY, YEAR) 5d. February 7, 1933	
HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. Elmhurst Hospital		IF HOSP. OR INST. INDICATE D.O.A., OP/EMER, RM, INPATIENT (SPECIFY) 6c. Inpatient	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Mexico	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Jesus Zavala	
SOCIAL SECURITY NUMBER 10347-42-4857	USUAL OCCUPATION 11a. Machinist	KIND OF BUSINESS OR INDUSTRY 11b. Manufacturing	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 8 Elementary/Secondary (9-12) College (1-4 or 5+)
RESIDENCE (STREET AND NUMBER) 13a. 1809 N. 18th Ave.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. Stone Park	INSIDE CITY (YES/NO) 13c. yes	COUNTY 13d. Cook
STATE 13e. Illinois	ZIP CODE 13f. 60165	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. White	
FATHER-NAME FIRST MIDDLE LAST 15. Leonardo Paniagua		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16. Hermilinda Vievra	
INFORMANT'S NAME (TYPE OR PRINT) 17a. Theresa Saucedo		RELATIONSHIP 17b. Daughter	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 4298 Hirsch, Stone Park, IL 60165
18. PART I. Enter the diseases, injuries, 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) → ARRHYTHMIA DUE TO, OR AS A CONSEQUENCE OF CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) _____ (c) _____			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DAYS
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. DIABETES, HYPERTENSION, CAD, PVD, CHRONIC RENAL FAILURE			
NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY) 20a. NATURAL		DATE OF INJURY (MONTH, DAY, YEAR) 20b. _____	HOUR 20c. M. 20d. _____
PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY) 20e. _____		LOCATION (CITY, VIL. OR TOWN; OR TWP., 3 RD. DIST., CO., COUNTY, STATE) 20f. _____	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20h. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT _____		THE DECEDENT WAS PRONOUNCED DEAD ON _____ MONTH _____ DAY _____ YEAR 21b. JANUARY 5, 2006	AT _____ 21c. 2109:57 A M.
CORONER'S - MEDICAL EXAMINER'S SIGNATURE 22a. PETER A. SIEKMANN <i>S. Coleman</i>		DATE SIGNED (MONTH, DAY, YEAR) 22b. JANUARY 5, 2006	CORONER'S PHYSICIAN'S NAME (Type or Print) 22c. DEPUTY S. COLEMAN
23a. _____		23b. _____	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY-NAME 24b. Queen of Heaven	LOCATION CITY OR TOWN STATE 24c. Hillside, IL	DATE (MONTH, DAY, YEAR) 24d. Jan. 7, 2006
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. 25a. Bozmann Funeral Home 1600 Chicago Ave. Melrose Park, IL 60160		CITY OR TOWN STATE ZIP	
FUNERAL DIRECTOR'S SIGNATURE 25b. <i>Hermilinda Vievra</i>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 34-10371	
LOCAL REGISTRAR'S SIGNATURE 26a. <i>Maura T. McHugh</i>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. JAN - 9 2006	

VR202 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

Not valid without the embossed seal of
DuPage County Health Department

Maura T. McHugh Local Registrar