

THIS INSTRUMENT IS FILED IN THE OFFICE OF THE CLERK OF THE COOK COUNTY RECORDER OF DEEDS
FREDERICK MARTIN
2980 S LUED RD. DES PLAINES IL 60018

UNOFFICIAL COPY



International Title Corporation

A Policy Issuing Agent for Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF COOK) SS.

FLORINDA S. MARTIN being duly sworn states that SHE resides at 5540 OAKTON ST. in the City of MORTON GROVE, IL 60053.

That FLORINDA S. MARTIN was acquainted with FLOCERFIDO P. MARTIN deceased who, at the time of death, was one of the owners of the land in Cook County, Illinois, described as:

LOTS 2, 3 AND 4 (EXCEPT THE SOUTH 10 FEET OF THE SAID LOTS) IN OLIVER SALINGER AND CO'S SECOND OAKTON STREET SUBDIVISION OF PART OF LOT 22 IN OWNER'S SUBDIVISION OF THE WEST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 21, TOWNSHIP 41 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

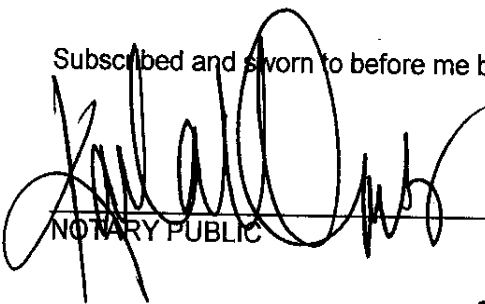
That the deceased died January 6, 2007, as evidenced by a ~~certified~~ copy of death certificate of the deceased attached hereto.

- 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 International Title Corporation to issue its Title Insurance Policy describing the above mentioned property.

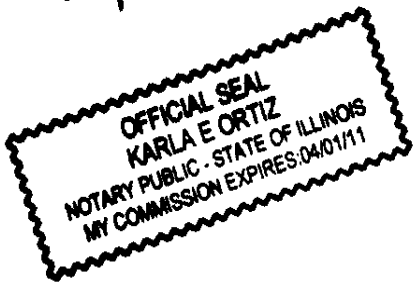
Subscribed and sworn to before me by the said FLORINDA S. MARTIN this July 23, 2007.



NOTARY PUBLIC



FLORINDA S. MARTIN



Doc#: 0720556216 Fee: \$50.50
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 07/24/2007 01:45 PM Pg: 1 of 3

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LOTS 2, 3 AND 4 (EXCEPT THE SOUTH 10 FEET OF THE SAID LOTS) IN OLIVER SALINGER AND CO'S SECOND OAKTON STREET SUBDIVISION OF PART OF LOT 22 IN OWNER'S SUBDIVISION OF THE WEST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 21, TOWNSHIP 41 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property Address: 5540 Oakton St., Morton Grove, Il 60053

Property Index Nos: 10-21-331-017, -018 and -019

Property of Cook County Clerk's Office

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **1610**
 REGISTERED NUMBER

STATE OF ILLINOIS
 STATE FILE NUMBER **600303**

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO

JAN 11 2007
 LARRY 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.

DECEASED-NAME: **FLO CERFRIDO P. MARTIN** SEX: **2 MALE** DATE OF BIRTH: **3 JANUARY 6, 2007** DATE OF DEATH: **3 JANUARY 6, 2007**
 COUNTY OF DEATH: **COOK** BIRTHDAY (YRS) **63** UNDER 1 YEAR: **0** MONTHS: **0** DAYS: **0** UNDER 1 DAY: **0** HOURS: **0** MIN: **0** DATE OF BIRTH (MONTH, DAY, YEAR): **NOVEMBER 7, 1943**
 CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: **CHICAGO** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **THE UNIVERSITY OF CHICAGO HOSPITALS** IF HOSP. OR INST. INDICATE D.O.A. OR PNEUM. OR INFANTILE (SPECIFY): **INPATIENT**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **PHILIPPINES** MARRIED NEVER MARRIED WIDOWED, DIVORCED (SPECIFY): **MARRIED** NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE): **FLORINDA SANTIAGO** WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): **NO**
 SOCIAL SECURITY NUMBER: **360-56-0429** USUAL OCCUPATION: **BANKER** 8b. KIND OF BUSINESS OR INDUSTRY: **LASALLE BANK** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **12** College (11, 4 or 5): **4**
 RESIDENCE (STREET AND NUMBER): **5540 OAKTON ST** CITY, TOWN, TWP, OR ROAD DISTRICT NO.: **MORTON GROVE** INSIDE CITY (YES/NO): **YES** COUNTY: **COOK**

13a. ILLINOIS: **131** ZIP CODE: **60053** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): **ASIAN** OF HISPANIC ORIGIN? (SPECIFY NO OR YES. IF YES, SPECIFY CUBAN, MEXICAN, PORTO RICAN, etc.): **NO** SPECIFY: **NO**
 13b. ILLINOIS: **131** ZIP CODE: **60053** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): **ASIAN** OF HISPANIC ORIGIN? (SPECIFY NO OR YES. IF YES, SPECIFY CUBAN, MEXICAN, PORTO RICAN, etc.): **NO** SPECIFY: **NO**
 14a. ILLINOIS: **131** ZIP CODE: **60053** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): **ASIAN** OF HISPANIC ORIGIN? (SPECIFY NO OR YES. IF YES, SPECIFY CUBAN, MEXICAN, PORTO RICAN, etc.): **NO** SPECIFY: **NO**

15. DECEASED'S NAME (TYPE OR PRINT): **SERAFIN MARTIN** MOTHER-NAME: **MATTIE BANGLIAN**
 17a. RHONDA L. EVANS
 18. PART I: **17a. RHONDA L. EVANS**

19. IMMEDIATE CAUSE (Final cause or condition resulting in death): **END STAGE LIVER DISEASE**
 20. IMMEDIATE CAUSE (Final cause or condition resulting in death): **HEMORRHAGE FROM RUPTURED LIVER TUMOR**
 21. IMMEDIATE CAUSE (Final cause or condition resulting in death): **HEPATOCELLULAR CARCINOMA**

22. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): **TIFFANY ANTHONY, MD 5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637**
 23. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT): **GIULIANO TESTA, MD**

24. BURIAL, CREMATION, REMOVAL (SPECIFY): **WEST DAGUPAN PHILIPPINES** LOCATION: **WEST DAGUPAN PHILIPPINES** CITY OR TOWN: **WEST DAGUPAN PHILIPPINES** STATE: **PHILIPPINES** DATE: **24 JAN. 20, 2007**
 25a. SAIERNO'S ROSEDALE CHAPELS 450 W LAKE ST ROSELLE, IL 60172
 25b. LOCAL REGISTRAR SIGNATURE: **[Signature]** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **JAN 11 2007**

26. DATE OF OPERATION, IF ANY: **2007** MAJOR FINDINGS OF OPERATION: **NO**
 27. DATE OF OPERATION, IF ANY: **2007** MAJOR FINDINGS OF OPERATION: **NO**
 28. DATE OF OPERATION, IF ANY: **2007** MAJOR FINDINGS OF OPERATION: **NO**

29. DATE OF OPERATION, IF ANY: **2007** MAJOR FINDINGS OF OPERATION: **NO**
 30. DATE OF OPERATION, IF ANY: **2007** MAJOR FINDINGS OF OPERATION: **NO**

31. DATE OF OPERATION, IF ANY: **2007** MAJOR FINDINGS OF OPERATION: **NO**
 32. DATE OF OPERATION, IF ANY: **2007** MAJOR FINDINGS OF OPERATION: **NO**

33. DATE OF OPERATION, IF ANY: **2007** MAJOR FINDINGS OF OPERATION: **NO**
 34. DATE OF OPERATION, IF ANY: **2007** MAJOR FINDINGS OF OPERATION: **NO**



COPY

THIS CERTIFICATE COPY VALID WHEN MULTICOLORED SIGNATURE SEAL IS AFFIXED.