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Doc#: 0722540087 Fee: \$28.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 08/13/2007 11:37 AM Pg: 1 of 3

AFFIDAVIT REGARDING DECEASED JOINT TENANT

PREPARED BY AND MAIL TO:

HERITAGE TITLE COMPANY OF CHICAGO
180 N LASALLE STREET
SUITE 2205
CHICAGO, ILLINOIS 60601

STATE OF ILLINOIS

DATE: 8/9/07

COUNTY OF COOK

FILE NO. 66249HL

Raul Gutierrez, BEING FIRST DULY SWORN, FOR THE PURPOSE OF INDUCING COMMONWEALTH LAND 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: 5016 S. Spaulding Chicago IL 60632
2. THAT HE/SHE WAS ACQUAINTED WITH Darrel Hernandez WHO DIED ON 5/1/03 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 AND FEDERAL ESTATE PURPOSES DOES NO EXCEED \$ _____.

zh

Raul Gutierrez
AFFIANT'S SIGNATURE

SUBSCRIBED AND SWORN BEFORE ME THIS 9th DAY OF August, 2007

Esther Alfaro-Giler
NOTARY PUBLIC



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CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

DISTRICT NO. **10.7U**
REGISTERED NUMBER
DECEASED-NAME

606526

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

MAY 05 2003

DECEASED-NAME: **005 MAY 03** FIRST MIDDLE LAST: **Hernandez** SEX: **Male** DATE OF DEATH (MONTH, DAY, YEAR): **3 May 1, 2003**

COUNTY OF DEATH: **Cook** BIRTHDAY (M, D, YR): **34** UNDER 1 DAY: **5b** UNDER 1 YEAR: **5c** DATE OF BIRTH (MONTH, DAY, YEAR): **29, 1968**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **Chicago** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **St. Mary's Hospital** IF HOSP. OR INST. INDICATE O.A., OP. EMER., RM. INPATIENT (SPECIFY): **6c**

6a BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **California** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **8a MARRIED** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): **Adriana Flores**

7 CALIFORNIA SOCIAL SECURITY NUMBER: **1023-60-0190** USUAL OCCUPATION: **11a POLICE OFFICER** KIND OF BUSINESS OR INDUSTRY: **11b CHICAGO POLICE** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **12 12 YRS.**

RESIDENCE (STREET AND NUMBER): **13a 5016 S. SPAULDING** CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **13b CHICAGO** INSIDE CITY (YES/NO): **13c YES** COUNTY: **13d COOK**

STATE: **IL** RACE (WHITE, BLACK, AMERICAN INDIAN, ALASKA NATIVE, OTHER SPECIFY): **14a WHITE** OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.): **14b NO** SPECIFY: **MEXICAN**

FATHER-NAME FIRST MIDDLE LAST: **MOISES HERNANDEZ** MOTHER-NAME FIRST MIDDLE LAST: **BEATRIZ PULIDO**

15 INFORMANT'S NAME (TYPE OR PRINT): **ADRIANA HERNANDEZ** RELATIONSHIP: **17b WIFE** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): **17c 5016 S. SPAULDING CHICAGO IL 60632**

18. PART I. Immediate Cause (Final disease or condition resulting in death): **(a) Multiple Trauma**
 CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **(b) Automobile accident**
 (c) DUE TO, OR AS A CONSEQUENCE OF: **(a) Multiple Trauma**
(b) Automobile accident
 (c) DUE TO, OR AS A CONSEQUENCE OF:

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

NATURAL ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY): **20a Accident** DATE OF INJURY (MONTH, DAY, YEAR): **20b May 1, 2003** HOUR: **20c 11:40 AM**

PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY): **20d In Auto** LOCATION (CITY, VIL. OR TWP.; OR RD. DIST. NO., COUNTY, STATE): **20e Chicago, Cook, Illinois**

IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? **20f No** IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? **20g No**

21a. 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: **21b May 1, 2003** AT **21c 9:51 A.M.**

CORONER'S SIGNATURE: **John S. Donaghy, M.D.** DATE SIGNED (MONTH, DAY, YEAR): **22b May 2, 2003**

CORONER'S PHYSICIAN'S NAME (TYPE Print): **4 J. LAWRENCE COGAN, M.D.** DATE SIGNED (MONTH, DAY, YEAR): **23b**

23a. BURIAL, CREMATION, REMAINS (SPECIFY): **24a BURIAL** CEMETERY OR CREMATORY-NAME: **24b ST. MARY CEMETERY** LOCATION: **EVERGREEN PK. IL** DATE (MONTH, DAY, YEAR): **24c MAY 6-2003**

FUNERAL HOME: **ZEFRAN FUNERAL HOME** STREET AND NUMBER OR R.F.D.: **1941 W. CERMAK RD.** CITY OR TOWN: **CHICAGO** STATE: **IL** ZIP: **60608**

FUNERAL DIRECTOR'S SIGNATURE: **Frank J. Zefran** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **25c 031-009615**

LOCAL REGISTRAR'S SIGNATURE: **John S. Wilhelms, M.D.** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **25b MAY 05 2003**

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

John S. Wilhelms, M.D.
LOCAL REGISTRAR

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Commonwealth Land Title Insurance Company

Servicing Agent:
Heritage Title Company of Chicago
180 N La Salle Street
#2205
Chicago, IL 60601

Policy Issuing Agent:
Guillermo Alvarado
545 S York Road
Suite 100
Bensenville, IL
630-350-8800

File No. 66249HL

Exhibit A

66249HL

LOT 9 IN BLOCK 30 IN PAUL F. KNEFEL AND COMPANY'S SUBDIVISION OF BLOCKS 29 AND 30 IN THE NORTHEAST 1/4 OF SECTION 11, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N. 19-11-205-028-0000

C/K/A 5016 S. SPAULDING AVENUE, CHICAGO, ILLINOIS 60632-3010

Property of Cook County Clerk's Office