

UNOFFICIAL COPY



0727618131

DECEASED JOINT TENANCY AFFIDAVIT

Doc#: 0727618131 Fee: \$28.50
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 10/03/2007 04:04 PM Pg: 1 of 3

STATE OF ILLINOIS]
]
COUNTY OF]

IGNATIUS DIAZ

being duly

sworn states that I resides at 9039
MUSKEGON AVENUE in the city of CHICAGO

That I was acquainted JESUS DIAZ
deceased who, at the time of
HIS death, was one of the owners of the land in
COOK County, Illinois, described as:

P.I.N. 26-06-221-013-000

That the deceased died AUGUST 18, 1989,
as evidenced by a certified copy of death certificate of the
deceased attached hereto.

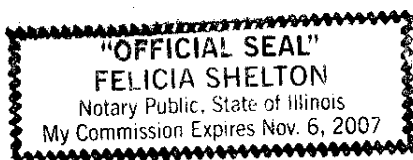
Subscribed and sworn to before me by the said

Ignatius Diaz

this 13 day of October, A.D. 2007

Felicia Shelton
Notary Public

Ignatius Diaz
(affiant signature)



UNOFFICIAL COPY

Property of Cook County

County of Cook in the State of Illinois, to wit: Lot 31 and the South
5 feet of Lot 32 in Kent's Subdivision of Block 51 in the
Subdivision made by Calumet and Chicago Canal and Dock Company of
parts of fractional Sections 5 and 6, Township 37 North, Range 15,
East of the Third Principal Meridian in Cook County, Illinois.

PIN# 26-06-221-013-0000

Cook County Clerk's Office

MEDICAL CERTIFICATE OF DEATH

NUMBER **615782**

August 21, 1989

REGISTERED NUMBER **16.10** DECEASED-NAME **Jesus** FIRST **Jesus** MIDDLE **Diaz** LAST **Diaz** SEX **Male** DATE OF BIRTH (MONTH, DAY, YEAR) **October 15, 1892** DATE OF DEATH (MONTH, DAY, YEAR) **August 18, 1989**

1. COUNTRY OF DEATH **Cook** AGE-LAST BIRTHDAY (YRS) **5a. 96** UNDER 1 YEAR **5b.** UNDER 1 DAY **5c.** DATE OF BIRTH (MONTH, DAY, YEAR) **October 15, 1892** IF DECEASED IN A HOSPITAL OR OTHER INSTITUTION, NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **6b. South Chicago Community Hospital** IF DECEASED IN A HOSPITAL, NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **6c. Impatient**

2. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER **Chicago** 6a. **Chicago** 6b. **South Chicago Community Hospital** 6c. **Impatient** 6d. **Impatient** 6e. **Impatient** 6f. **Impatient** 6g. **Impatient** 6h. **Impatient** 6i. **Impatient** 6j. **Impatient** 6k. **Impatient** 6l. **Impatient** 6m. **Impatient** 6n. **Impatient** 6o. **Impatient** 6p. **Impatient** 6q. **Impatient** 6r. **Impatient** 6s. **Impatient** 6t. **Impatient** 6u. **Impatient** 6v. **Impatient** 6w. **Impatient** 6x. **Impatient** 6y. **Impatient** 6z. **Impatient**

3. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **7. Mexico** 7a. **Mexico** 7b. **Mexico** 7c. **Mexico** 7d. **Mexico** 7e. **Mexico** 7f. **Mexico** 7g. **Mexico** 7h. **Mexico** 7i. **Mexico** 7j. **Mexico** 7k. **Mexico** 7l. **Mexico** 7m. **Mexico** 7n. **Mexico** 7o. **Mexico** 7p. **Mexico** 7q. **Mexico** 7r. **Mexico** 7s. **Mexico** 7t. **Mexico** 7u. **Mexico** 7v. **Mexico** 7w. **Mexico** 7x. **Mexico** 7y. **Mexico** 7z. **Mexico**

4. SOCIAL SECURITY NUMBER **347-07-6029** 5. RESIDENCE (STREET AND NUMBER) **13a. 9039 S Muskegon Avenue** 13b. **Chicago** 13c. **Chicago** 13d. **Cook** 13e. **Cook** 13f. **Cook** 13g. **Cook** 13h. **Cook** 13i. **Cook** 13j. **Cook** 13k. **Cook** 13l. **Cook** 13m. **Cook** 13n. **Cook** 13o. **Cook** 13p. **Cook** 13q. **Cook** 13r. **Cook** 13s. **Cook** 13t. **Cook** 13u. **Cook** 13v. **Cook** 13w. **Cook** 13x. **Cook** 13y. **Cook** 13z. **Cook**

6. PATHER-NAME **Unavailable** 7. INFORMANT'S NAME (TYPE OR PRINT) **17a. DAWN RAPCHAK** 17b. **Adm CLK** 17c. **Hospo Recds** 17d. **17c 2320 E 93rd St. Chicago, IL 60617** 17e. **Chicago, IL 60617** 17f. **Chicago, IL 60617** 17g. **Chicago, IL 60617** 17h. **Chicago, IL 60617** 17i. **Chicago, IL 60617** 17j. **Chicago, IL 60617** 17k. **Chicago, IL 60617** 17l. **Chicago, IL 60617** 17m. **Chicago, IL 60617** 17n. **Chicago, IL 60617** 17o. **Chicago, IL 60617** 17p. **Chicago, IL 60617** 17q. **Chicago, IL 60617** 17r. **Chicago, IL 60617** 17s. **Chicago, IL 60617** 17t. **Chicago, IL 60617** 17u. **Chicago, IL 60617** 17v. **Chicago, IL 60617** 17w. **Chicago, IL 60617** 17x. **Chicago, IL 60617** 17y. **Chicago, IL 60617** 17z. **Chicago, IL 60617**

8. IMMEDIATE CAUSE (Final disease or condition resulting in death) **COMPLETE HEART BLOCK** 9. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) **CORONARY ARTERY DISEASE** (b) **CORONARY ARTERY DISEASE** (c) **CORONARY ARTERY DISEASE**

10. DATE OF OPERATION, IF ANY **20a.** MAJOR FINDINGS OF OPERATION **20b.** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) **20c.** IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? **20d.** YES NO

21. SIGNATURE AND ADDRESS OF CERTIFIER **21a.** NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **DR. VIJAY PATEL 1146 W. 87TH ST. CHICAGO, IL 60620** **21b.** NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) **21c.** DATE SIGNED (MONTH, DAY, YEAR) **22. August 18, 1989** **21d.** ILLINOIS LICENSE NUMBER **36060425**

22. FUNERAL HOME **22a.** BROWN FUNERAL HOME **22b.** BROWN FUNERAL HOME **22c.** BROWN FUNERAL HOME **22d.** BROWN FUNERAL HOME **22e.** BROWN FUNERAL HOME **22f.** BROWN FUNERAL HOME **22g.** BROWN FUNERAL HOME **22h.** BROWN FUNERAL HOME **22i.** BROWN FUNERAL HOME **22j.** BROWN FUNERAL HOME **22k.** BROWN FUNERAL HOME **22l.** BROWN FUNERAL HOME **22m.** BROWN FUNERAL HOME **22n.** BROWN FUNERAL HOME **22o.** BROWN FUNERAL HOME **22p.** BROWN FUNERAL HOME **22q.** BROWN FUNERAL HOME **22r.** BROWN FUNERAL HOME **22s.** BROWN FUNERAL HOME **22t.** BROWN FUNERAL HOME **22u.** BROWN FUNERAL HOME **22v.** BROWN FUNERAL HOME **22w.** BROWN FUNERAL HOME **22x.** BROWN FUNERAL HOME **22y.** BROWN FUNERAL HOME **22z.** BROWN FUNERAL HOME

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED