

UNOFFICIAL COPY

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1998/01/14 05:00:1 Page 1 of 8  
1998-11-17 15:21:10  
Cook County Recorder 35.50

JOINT TENANCY  
AFFIDAVIT



Above Space for Recorder's Use Only

JOSEPH  
HERNANDEZ,

hereinafter referred to as the affiant, states under oath that the affiant resides at 9539 S. Escanaba Avenue, in the City of Chicago, Illinois 60617, Illinois; that the affiant was acquainted with Virginia Hernandez, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of properly recorded joint tenancy warranty deed, said property located in, County, Illinois, and legally described as follows:

8

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent died on April 8, 1997 leaving no last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ 100,000.00; and

That the value of the above property individually was \$100,000.00.

That the affiant makes this affidavit to induce ATTORNEYS' TITLE INSURANCE FUND, INC. to issue its policy of title insurance on the above described property.

The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATTORNEYS' TITLE INSURANCE FUND, INC., harmless and to reimburse the Fund for all loss, costs, damages, suites, attorney's fees and expenses and every kind and nature which the fund may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

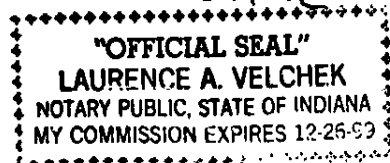
1. Claims against the estate of Virginia Hernandez, the decedent;
2. Illinois State Inheritance Tax and Federal Tax which may be charges against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights to contribution.

*Joseph Hernandez*  
Joseph Hernandez (Seal)  
\_\_\_\_\_  
(Seal)

STATE OF Illinois )  
COUNTY OF Cook ) SS

Subscribed and Sworn to before me  
this 22nd day of October 1998  
*Laurence A. Velchek*  
Notary Public LAKE COUNTY

PROFESSIONAL NATIONAL  
TITLE NETWORK, INC.



REGISTRATION DISTRICT NO. 1  
 REGISTERED NUMBER

DECEASED-NAME  
 1. VIRGINIA HERNANDEZ  
 FIRST MIDDLE LAST  
 SEX 2. FEMALE  
 DATE OF DEATH (MONTH, DAY, YEAR) 3. APRIL 8, 1997

COUNTY OF DEATH  
 4. COOK  
 AGE-LAST BIRTHDAY (YRS) 5a. 68  
 UNDER 1 YEAR UNDER 1 DAY UNDER 1 DAY  
 HOURS MIN  
 DATE OF BIRTH (MONTH, DAY, YEAR) 3. MAY 21, 1928

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER  
 6a. CHICAGO  
 6b. 9539 S. ESCANABA  
 6c. (IF HOSP. OR INST. INDICATE B.O.A. OR NUMBER, T.M., N.P. ATTENTY (SPECIFY))

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)  
 7. CHICAGO, IL.  
 8a. MARRIED  
 8b. HERMINIO HERNANDEZ  
 9. NO  
 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)

SOCIAL SECURITY NUMBER  
 10. 318-22-4452  
 11. PACKER  
 11b. CHIPS  
 12. 2  
 13. YES  
 13c. COOK  
 INSIDE CITY (YES/NO)  
 COUNTY

RESIDENCE (STREET AND NUMBER)  
 12. 9539 S. ESCANABA  
 13b. CHICAGO  
 13c. COOK  
 OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.)

STATE  
 14. ILLINOIS  
 14a. WHITE  
 14b. NO  
 14c. YES  
 SPECIFY: MEXICAN  
 MOTHER-NAME FIRST MIDDLE LAST

FATHER-NAME FIRST MIDDLE LAST  
 15. NIMON MENDIOLA  
 16. APOLONIA VALDEZ

DECEASED'S NAME (TYPE OR PRINT)  
 17a. HERMINIO HERNANDEZ  
 17b. HUSBAND  
 17c. 9539 S. ESCANABA, CHICAGO, ILL.  
 60617  
 18. PATIENT  
 Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory, arterial, shock, or heart failure. List only one cause on each line.

19. (a) *Cardiogenic overcirculation*  
 (b) *Myocardial infarction*  
 (c) *due to or as a consequence of*

20. (a) *due to, or as a consequence of*  
 (b) *due to, or as a consequence of*  
 (c) *due to, or as a consequence of*

21. DATE OF OPERATION, IF ANY  
 20b. MAJOR FINDINGS OF OPERATION  
 19a. NO  
 19b. YES  
 19c. YES  
 19d. YES  
 19e. YES  
 19f. YES  
 19g. YES  
 19h. YES  
 19i. YES  
 19j. YES  
 19k. YES  
 19l. YES  
 19m. YES  
 19n. YES  
 19o. YES  
 19p. YES  
 19q. YES  
 19r. YES  
 19s. YES  
 19t. YES  
 19u. YES  
 19v. YES  
 19w. YES  
 19x. YES  
 19y. YES  
 19z. YES

22. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER  
 22a. WOLCIECH ORNOWSKI, M.D.  
 22b. 1555 S. KING AVE.  
 CHICAGO, IL. 60617  
 22c. DATE SIGNED (MONTH, DAY, YEAR)  
 4-8-97  
 22d. ILLINOIS LICENSE NUMBER  
 036-094416

23. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)  
 23a. *Sheila Lyne RSW*  
 23b. *Local Registrar*  
 23c. *City of Chicago*

24. BURIAL, CREMATION, REMOVAL, (SPECIFY)  
 24a. BURIAL  
 24b. HOLY CROSS CEMETERY  
 24c. CALUMET CITY, ILLINOIS  
 24d. APR. 12, 1997  
 24e. CITY OR TOWN  
 24f. STATE  
 24g. DATE (MONTH, DAY, YEAR)

25. FUNERAL HOME  
 25a. BROWN FUNERAL HOME 2939 EAST 95th STREET CHICAGO, ILLINOIS 60617  
 25b. FUNERAL DIRECTOR'S SIGNATURE  
 25c. 034-014537  
 25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)  
 APR 9 1997

26. LOCAL REGISTRAR'S SIGNATURE  
 26a. *Sheila Lyne RSW*  
 26b. DATE (MONTH, DAY, YEAR)  
 APR 9 1997

27. LOCAL REGISTRAR'S SIGNATURE  
 27a. *Sheila Lyne RSW*  
 27b. DATE (MONTH, DAY, YEAR)  
 APR 9 1997

STATE OF ILLINOIS  
 COUNTY OF COOK  
 CITY OF CHICAGO

APR 9 1997

I, SHEILA LYNE, RSW, 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 PURSUANCE OF SAID LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

REGISTRATION STRIC NO. 16.10

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

*611416*

REGISTERED NUMBER  
CEASED-NAME  
FIRST MIDDLE LAST  
HERMINIO HERNANDEZ  
SEX 2 Male  
DATE OF DEATH (MONTH, DAY, YEAR) 3 July 16, 1998

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER  
Chicago  
6b. Trinity Hospital  
DATE OF BIRTH (MONTH, DAY, YEAR) 5d. March 7, 1933  
IF POST-OR-NAT INDICATE D.O.A. OF EMER. RM. INPATIENT (SPECIFY) 9c. D.O.A.

PLACEMENT (CITY AND STATE OR FOREIGN COUNTRY)  
Mexico  
MARRIED NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)  
8a. Widowed  
NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)  
8b. None

SOCIAL SECURITY NUMBER  
224-30-1559  
11a. Laborer  
KIND OF BUSINESS OR INDUSTRY  
11b. Grain Elevator  
EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)  
12. High School  
INSIDE CITY (YES/NO) 13c. Yes  
COUNTY  
13d. Cook

RESIDENCE (STREET AND NUMBER)  
1139 S. Escanaba  
CITY, TOWN, TWP. OR ROAD DISTRICT NO.  
Chicago  
MOTHER-NAME FIRST MIDDLE LAST  
Donicia Hernandez

DECEASED'S NAME (TYPE OR PRINT)  
Jde Hernandez  
RELATIONSHIP  
17b. Son  
MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)  
17c. 9539 S. Escanaba, Chgo. IL. 60617

Immediate Cause (Final cause or condition resulting in death)  
Sudden cardiac death  
CONDITIONS, IF ANY HIGHLY CONTRIBUTING TO MEDICAL CAUSE (a) AND THE UNDERLYING CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF (c)

DATE OF OPERATION, IF ANY  
20b.  
MAJOR FINDINGS OF OPERATION  
AUTOPSY (YES/NO) 19a. NO  
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES  NO

WHO ATTENDED THE DECEASED (MONTH, DAY, YEAR)  
5/16/98  
WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. YES  
HOUR OF DEATH  
21c. 3.10am.  
DATE SIGNED (MONTH, DAY, YEAR) 22b. July 16, 1998  
ILLINOIS LICENSE NUMBER  
22d. # B06116771

SIGNATURE OF PHYSICIAN  
Dr. Wojciech Ornowski 10555 Ewing, Chgo. IL. 60617  
SIGNATURE OF CORONER OR MEDICAL EXAMINER  
# B06116771

PLACEMENT (CITY AND STATE OR FOREIGN COUNTRY)  
Chicago  
MARRIED NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)  
8a. Widowed  
NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)  
8b. None

REGISTRAR'S SIGNATURE  
DATE OF DEATH (MONTH, DAY, YEAR)  
JUL 17 1998

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

JUL 17 1998

STATE OF ILLINOIS, BEING 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 AND THATS FOR THE CITY OF CHICAGO AND THATS FOR 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 PURSUANCE OF SAID LAWS AND ORDINANCES.

CITY OF CHICAGO  
DEPARTMENT OF PUBLIC HEALTH



THIS CERTIFIED COPY VALID WITHIN  
MIDNIGHT OF SIGNATURE DATE IS  
AFFIXED

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8. Based on the foregoing, the decedent left surviving as his only heirs the following, all of whom survived the decedent, are all of legal age and mentally competent:

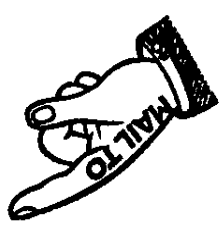
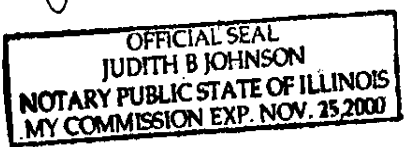
- HILDA HERNANDEZ SMOLINSKI, A DAUGHTER-----50%
- JOSEPH HERNANDEZ, A SON -----50%

9. This affidavit is made to induce Professional National Title Network to find title in the names of the legal heirs and devisees at law of HERMINIO HERNANDEZ, Deceased and is intended solely for that purpose.

Hilda Smolinski  
Affiant

Signed and sealed before me this 18<sup>th</sup> day of August, 1998.

Judith B. Johnson  
Notary Public



Prepared by:  
 Laurence A. Velchek  
 Attorney At Law  
 9130 S. Houston Avenue  
 Chicago, Illinois 60617  
 (773) 375-8750  
 Attorney Code No. 21257

Property of Cook County Clerk's Office

Lot 35 and the South 6 1/4 feet of Lot 35 in Lock 118 in South Chicago, a Subdivision of all that part of Section 6, South of the Indian Boundary Line, Southwest of the Pittsburgh, Fort Wayne and Chicago Railroad and West of the Calumet River (excepting land belonging to the Northwestern Fertilizing Company, also the Northeast Fractional 1/4, the 2/3 of the Northwest Fractional 1/4 of Fractional Section 7, North of the Indian Boundary Line all in Township 37 North, Range 15, East of the Third Principal Meridian, a Plat of which Subdivision was filed for record June 29, 1875, in the Office of the Recorder of Deeds of Cook County, Illinois and recorded in Book 10 of maps, pages 11 and 12, in Cook County, Illinois.

PIN: 26-07-109-017-0000

4. The decedent, HERMINIO HERNANDEZ, died at Chicago, Illinois on July 16, 1998, intestate, at the age of 65 years. A certified copy of the death certificate is attached hereto and made part of this affidavit.

5. The decedent was married once, but left no surviving spouse. The decedent's wife was VIRGINIA HERNANDEZ. The marriage was terminated by death. VIRGINIA HERNANDEZ predeceased HERMINIO HERNANDEZ and died on April 8, 1997 in Chicago, Cook County, Illinois, at the age of 68. A certified copy of the death certificate is attached hereto and made part of this affidavit.

6. That two (2) children were born of this marriage, to wit: HILDA HERNANDEZ SMOLINSKI, a daughter, and JOSEPH HERNANDEZ, a son. Both of these children survived HERMINIO HERNANDEZ and both are now alive and are competent adults. That no children were legally adopted by HERMINIO HERNANDEZ.

7. That neither HERMINIO HERNANDEZ nor VIRGINIA HERNANDEZ, left any surviving ancestors.

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State of Illinois )  
                          ) SS.  
County of Cook    )

ESTATE OF                                )  
  )  
HERMINIO HERNANDEZ                   ) PNTN # 2776659  
  )  
Deceased                                 )  
  )

### AFFIDAVIT OF HEIRSHIP

I, HILDA SMOLINSKI, of 9836 S. Manistee Avenue, Chicago, Illinois, daughter of the decedent, HERMINIO HERNANDEZ, on oath says:

2. I am an adult and competent to make this affidavit. I reside at 9836 S. Manistee Avenue, Chicago, Illinois 60617, am the daughter of the decedent and have knowledge of the decedent's heirship.

3. That on or about August 23, 1974 HERMINIO HERNANDEZ and VIRGINIA HERNANDEZ, acquired certain real estate, in joint tenancy with rights of survivorship, commonly known as 9539 S. Escanaba Avenue, Chicago, Cook County, Illinois and legally described as follows:

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Property of Cook County Clerk's Office

MEDICAL CERTIFICATE OF DEATH

1006013

REGISTRATION DISTRICT NO. 1  
 REGISTERED NUMBER

DECEASED NAME: **VIRGINIA** FIRST **HERNANDEZ** MIDDLE **HERNANDEZ** LAST **HERNANDEZ** SEX **FEMALE** DATE OF DEATH (MONTH, DAY, YEAR) **APRIL 8, 1997**

COUNTY OF DEATH: **COOK** AGE-LAST BIRTHDAY (YRS) **5a. 68** UNDER 1 YEAR: **5b. 0** DAYS UNDER 1 DAY: **5c. 0** HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR) **MAY 24, 1928**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **CHICAGO** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **9539 S. ESCANABA** IF HOSP. OR INST. INDICATE D.O.A. OPERM. RM. INPATIENT (SPECIFY): **6c.**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **CHICAGO, IL.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **8a. MARRIED** NAME OF SURVIVING SPOUSE (Maiden Name, if wife): **8b. HERMINIO HERNANDEZ** WAS DECEASED EVER IN US ARMED FORCES? (YES/NO) **9. NO**

SOCIAL SECURITY NUMBER: **10. 218-22-4452** USUAL OCCUPATION: **11. PACKER** KIND OF BUSINESS OR INDUSTRY: **11b. CHIPS** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **12. 12** College (11-12 or +1)

RESIDENCE (STREET AND NUMBER): **13a. 9539 S. ESCANABA** CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **13b. CHICAGO** OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, P. R. OR OTHER): **13c. YES** INSIDE CITY (YES/NO): **13d. YES** COUNTY: **COOK**

STATE: **ILLINOIS** ZIP CODE: **13e. 60617** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): **14a. WHITE** MOTHER'S NAME: **14b. DNO** SPECIFY: **MEXICAN** FATHER'S NAME: **SIMON MENDIOLA** MOTHER'S NAME: **APOLONIA VALDEZ**

INFORMANT'S NAME (TYPE OR PRINT): **17a. HERMINIO HERNANDEZ** RELATIONSHIP: **17b. HUSBAND** MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY, TOWN, STATE, ZIP): **17c. 9539 S. ESCANABA, CHICAGO IL. 60617**

18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory, etc. **18. (a) Coronary artery disease**

19. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. **19a. NO** **19b. YES** **19c. NO**

20a. DATE OF OPERATION, IF ANY: **20b.** MAJOR FINDINGS OF OPERATION: **20c. YES** **20d. NO**

21. (a) (b) (c) **21a. MARCH 31, 1997** **21b. NO** **21c. 4:10 A.M.**

22a. SIGNATURE: **22b. 4-8-97** **22c. 036-094416**

23. NAME OF ATTENDING PHYSICIAN, IF OTHER THAN CERTIFIER: **WASILECH ORNOWSKI, M.D.** ADDRESS: **1055 S. Ewing Ave. Chicago, IL 60617**

24a. BURIAL: **24b. HOLY CROSS CEMETERY** CITY: **CALUMET CITY, ILLINOIS** DATE: **APR. 12, 1997**

25a. BROWN FUNERAL HOME: **25b. 2939 EAST 95th STREET CHICAGO, ILLINOIS 60617**

26a. LOCAL REGISTRAR SIGNATURE: **APR 9 1997**

27. SHEILA LYNE, RSW, 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 PURSUANCE OF SAID LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

DEPARTMENT OF HEALTH - CITY OF CHICAGO



# UNOFFICIAL COPY

Lot 35, the South 6 1/4 feet of Lot 36, in Block 118 in South Chicago, a Subdivision of all that part of Section 6, South of the Indian Boundary Line, Southwest of the Pittsburgh, Fort Wayne and Chicago Railroad and West of the Calumet River (excepting land belonging to the North Western Fertilizing Company, also the Northeast Fractional 1/4, the East 2/3 of the Northwest Fractional 1/4 of Fractional Section 7, North of the Indian Boundary Line, all in Town 37 North, Range 15, East of the Third Principal Meridian, a Plan of which Subdivision was filed for record June 29, 1875, in the Office of the Recorder of Deeds for Cook County, Illinois and recorded in Book 10 of Maps, Pages 11 and 12, in Cook County, Illinois.

Permanent Index No.: 26-07-109-017-0000 -