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# PROUNOFFICIAL COPY Chicago Title Insurance Company

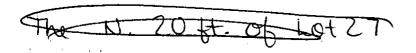
08171170



#### DECEASED JOINT TENANCY AFFIDAVIT

ለጥ 4 ጥቦ <i>(</i> ) ድ	H I DIOIS	1		
STATE OF	ILLINOIS	ss	Order No	
COUNTY	F Cook	}		
Awilda	Gonzales			orn states that
she	resides at 4923 N. D	rake	Chicago, IL. 60625	n the City of
Chicago	<u> </u>			)
		- ~	11 0 1	
	was acquainted with			leceased who, at
the time of	9:10a.m death, was one of the own	_	d in Cook County, Illinois	s, described as:
purt	13-47-417-0	212	8632/0099 30 001	Page 1 of 3
			1998-12-	24 11:31:27
			Cook County Reco	rder 25.00
		0.0	, as evidenced by a c	ertified conv of
	ceased died <u>January 7, 19</u> cate of the deceased attached hereto.	7	, as evidenced by a e	ertified copy of
20411		T		
That the dec	ceased died:	(C)		
	ing no Last Will & Testament.		)( <sub>1</sub> ,	
□ Leav	ing a Last Will & Testament a cop	py of which i	s attached hereto. The original of th	ne unproven will
shou	ld be filed with the Clerk of the Pro	bate Division	of the Circuit Court of	County,
Illin	ois.		()	
☐ Leav	ing a Last Will & Testament which	was filed in	the Unproven Wil 2.5x of the Probat	e Division of the
	uit Court of			
			0,	
			oth real and personal property own d	
either indiv	idually or in joint tenancy at the	time of the	death of the deceased, does not ex-	ceed the sum of
Ten Dol	lars00/	<u>'1</u> 0 <b>d</b> ollars.		Ö
			the Investors Title Guarantee, Inc.	to issue its Title
Insurance F	olicy, describing the above mention	ed property.		
				a att
Subscribed	and sworn to before me by the said	,	BOX 33	3-011
$\rightarrow$			Main do	
此於17 <sub>th</sub>	day of December , A.I	D. 19 <u>98</u>		
this 17th	day of December, A.I.	D. 19 <u>98</u>		
his 17 <sub>th</sub> Notary Pub	A. Walo	D. 19 <u>98</u>	1 M	0.
Dui	A. Walo	D. 19 <u>98</u>	Swilla Hossa	ly
Dui	A. Walo	D. 19 <u>98</u>	Afriant's Signature	ly

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#### CHICAGO TITLE INSURANCE COMPANY

ORDER NUMBER: 1408 H98047682 HE

STREET ADDRESS: 4923 N DRAKE

COUNTY: COOK CITY: CHICGAO

TAX NUMBER: 13-11-417-012-0000

#### LEGAL DESCRIPTION:

THE NORTH 20 FEET OF LOT 27 AND THE SOUTH 10 FEET OF LOT 28 IN BLOCK 76 IN THE NORTH WEST LAND ASSOCIATION'S SUBDIVISION OF THE WEST 1/2 OF BLOCKS 22 AND 27 ALL OF BLOCKS 23, 24 AND 26 IN JACKSON'S SUBDIVISION OF THE SOUTHEAST 1/4 OF SECTION 11, TOWNSPIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN SIA (WEST)

F. THE Th

Clarks

Office WITH BLOCKS 1 AND BLOCK 2 EXCEPT THE EAST 1 ACRES THEEOF IN CLARKE'S SUBDIVISION OF THE NORTHWEST 1/4 OF THE NORTHEAST 1/4 OF SECTION 14, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

08171170

12/23/98

CERTIFICATI	REGISTERED NUMBER		CASE #:		TIFICATE JAN 199		EAIH				
	DECEASED -NAM	IE	FIRST	MIDDLE	JAM 177		SEX		DATE OF	DEATH	(MONTH, BA
e, or Print in MANENT INC Caroner's	1. JUAN PAI	BLO GONZA	LES					ALE	3. E OF BIRTH	JAN	7, 1998
fungral Directors Sheek for	COUNTY OF DEATH			AGE- LA	ASS MOS.	DAYS	HOURS N	INL			<b></b>
RUCTIONS	4. COOK	AN BAAN DIST	DIAT WIIMED	5a. HOSPITAL OR	50   56.	I ITION- NAMI	5c.	5d.	FEB 15	1 P	HOSP, OR HIST, HICHCA
				6ь. SCENE						"	REMER, RM, INPATENT
	BIRTHPLACE (CITY AND STATE OF MARRIED, NEVER MARRIED,					NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)					WAS DECEASED EV
EGEASED	7. MEXICO		8a. MAR	AWIL	AWILDA RIVERA				9. <b>NO</b>		
i <u>endra vial-negod</u> ijnijskorace	SOCIAL SECURITY	NUMBER	USUAL OCCU	PATION	KIND C	F BUSINESS	OR INDUS	RY	Elementary/Second		College (1-4 or \$+)
***************************************	10. <b>356-50</b> -	-5768	11a. FOREM	IAN		ELDING	DISTRICT	, l	12. 12		COUNTY
***************************************	RESIDENCE STREET						DISTRICT I		13c. YES	, 13d CO	· <del>-</del>
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13 <b>4923 N /</b>		CODE	RACE - IWHITE, BLACK.	13b. CHI	OF HISP	ANIC ORIGIN	SPECIFY NO	ON VES-IF VES.	SPECIFY CUMAN, H	EXICAN, PUERTO RICAL
	13e. ILLING	)TS 13(	1	INDIAN, etc.) (SPECIFY) 14a WHITE		146.	NO -	<b>A</b> T YES	SPEC	FY: MEXIC	AN
HENTS	FATHER -NAME	IAST			LÄST	MOTHER	-NAME		FIRST		MAIDEN
i Vania Tirki Sina Sarama	15. ANTON	O MARTIN	∑Z			16.	MARIA		os Ang		
•	INFORMANT'S NA		n		RELATIONSHIP	_	MAILIN 14			60612	OR TOWN, STATE, 207
	17a. PEGG				MED RE		17c.		AGO, IL		APPROXIMATE II
	18. PART I. Enter	the diseases, injuries, one cause on each line.		CEREBRAL						F	BETWEEN ONSET A
	Immediate Cours Fire disease or condition	# <u>{</u> {	DUE TO, OR AS	A CYNSED JENCE	OF	<u> </u>					
	CONDITIONS, IF	ANY (I	b) BLUNT	TRAUMA							
	WHICH GIVE RIS	E TO D	UE TO, OR AS	A CONSECUENCE	OF					l	
	STATING THE UI LYING CAUSE LA PART II. Other	LOT I	c) INDUST	RIAL ACU!	ENT	arbian caus	e niven in P	ART IT A	UTOPSY	WERE AUTOPS	FINDINGS AVAILABLE
<b>CAUSE</b>	PART II. Other	significant conditio	<u>ns confributing</u> to	destu Diff upt tast	and in the	arrying bass	a gradir iii -		resinoi 19a. YES	19b. <b>YE</b>	F CAUSE OF DEATHP (V
	NATURAL, ACCIDENT, HO	MICIOE, SUICIDE, UNO	TERMINED DA	TE OF INJURY IM	ONTH, DAY, CAR	HOUR		How	INJURY OCCU	"INJUKE	D'IN
***************	20a. ACCIDI	ZNT	20	ь. ЈАН 7	, 1998	b.c 9:	10 Am.	20d.	INDUST	RIAL AC	CIDENT
	INJURY AT WORK	I PLACE OF IN.	JURY (AT HOME, F	AAM, STREET,			<b>*</b>		DIST. NO., COUNTY	1	IF FEMALE, WAS THE NANCY IN FAST THRE
***************************************	20e. <b>YES</b>	20f. FAC	TORY		20g.				COOK,		20h. YES
	THE INCUIS	ITION THIS DEA	TH OCCURRED (	ON MY INVESTIGATION THE DATE, AT	IME PLACE	-	MO TH		NCED DEAD O	ON	21c. 11:1
	21a. AND DUE	TO THE CAUSE(S)	STATED, AND	THAT		21b.	JAN .	0 19	DATE SIG	NED (A	HONTH, DAY, YEAR
HIELD		Land	w 797	EDMN	ND À DO	MOGH	HE MI	7//	22b.	JAN 2	3, 1998
GERT(F)EF	PHYSICIAN'S SIGNA	TURE	5	EDIVIGI	7 7	<u>بانون، د</u>	<u> </u>	T	DATE SIG		ONTH, DAY, YEAR
MAT I	ZJB. BARRY	LIFSCHU	JLTZ, M.I	سيحت إدر	~~ kt	2		<u>~~</u>	23b	JAN 2	
	BURIAL, CREMATIO			CREMATORY-NAN	E \-	CATION	CITY O	TOWN		TE DAT	
	24a. BUR		24b. MAR	THILL STREET AND NUMBER		4c. NII	ES. T		IS	240	. JAN 10,
	FUNERAL HOME		IĀME			TCACO	ILLI		60625	C	
ISPOSITION	25a. DRAK	EAND SON	F.H. 5:	303 N WEST	EKN CE	ICAGO,	, ILLLI	1013	UNERAL DIRE	CTOR'S ITING	IS LICENSE NUMB
	25b.	Vila.	Dan	ev _	She	ila La	vey		23C.	-015144	
	LOCAL REGISTA	EN PROPE		71/		A		· [	DATE FILED B	Y LOCAL REG	ISTRAR IMONTH D
	26a. RE	GISTRAN		. 20	ane	Ba			26b.T216	way	2/ / / / O
	VR202 (Rev. 8	(93)		Illinois Departm	nent of Publ	ic Health	Office	of Vital	Records	MASS CON	1999 0.2 31700000
						a decel	record fo	r the di	ecedent na	med at ite	m 1, and the
			ing is a tru	e ana correct rdance with ti	copy of the he provisio	ns of the	Illings:	itgy Re	cords Act	1	,
EREBY C	ERTIFY THA	T the jorego led in my of	lice to acco		-		/ '>	Gus	ie 1	man	n/
ord was es	stabilshed and f	iled in my of	the in acco			,					
ord was es F	CERTIFY THA stablished and for ebruary 3,	iled in my of	Jice in acco		SIGNE		· 0				
ord was es	stabilshed and f	iled in my of	yice in acco		_ SIGNE		· L	OCAL	REGIS	T-RAR	

and places of the facts therein stated.

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Place of County Clarks Office