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JOINT TENANCY AFFIDAVIT

0825439024

Doc#: 0825439024 Fee: $38.00
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 09/10/2008 11:07 AM Pg: 1 of 2

STATE OF ILLINOIS)
) ss.
COUNTY OF COOK)

Jose Cardenas, hereinafter refereed to as the affiant deposes and states that the affiant resides at 11211 S. Washtenaw, in the City of **Chicago,** State of **Illinois.**

Property of Cook County Clerk's Office

That the decedent **Theresa M.Cardenas** at time of her death was one of the owners of the property in Cook County, Illinois, legally described as follows:

LOT 22 IN BLOCK 7 IN OVIATT'S SUBDIVISION OF PART OF THE WEST ½ OF THE NORTH EAST 1/4 OF SECTION 24, TOWNSHIP 37 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED JULY 17, 1872 AS DOCUMENT NO: 115239.

PIN # **24-24-210-003-0000**

Property Address: **11211 S. Washtenaw, Chicago, IL 60655**

That said decedent **Theresa M. Cardenas** died on **September 7, 2002** leaving no last will and testament;

That the total value of the estate of said decedent including her taxable interest in the above real estate is $ 100,000.00 .

That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full.

That affiant was co-owner of the above-described property and surviving joint tenant to said property.

Jose Cardenas

Jose Cardenas

"OFFICIAL SEAL"
ALICJA PLONKA
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 11/22/2009

SUBSCRIBED AND SWORD TO before me this 25th day of August, 2008 a Notary Public in and for said State and County.

Notary Public

Mail to :Alicja G. Plonka, Esq.
4111 W. 47th Street
Chicago, IL 60632

This instrument prepared by: Alicja G. Plonka, Esq.
4111 W. 47th Street
Chicago, IL 60632

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Property of Cook County Clerk's Office

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

DISTRICT NO. 16:33

REGISTERED NUMBER 569

STATE FILE NUMBER

1. DECEASED–NAME FIRST THERESA MIDDLE M LAST CARDENAS
2. SEX FEMALE
3. DATE OF DEATH (MONTH, DAY, YEAR) SEPTEMBER 7, 2002
4. COUNTY OF DEATH COOK
5a. AGE–LAST BIRTHDAY (YRS) 67
5b. UNDER 1 YEAR MOS. DAYS
5c. UNDER 1 DAY HOURS MIN.
5d. DATE OF BIRTH (MONTH, DAY, YEAR) October 30, 1934
6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER EVERGREEN PARK
6b. HOSPITAL OR OTHER INSTITUTION–NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) LITTLE COMPANY OF MARY HOSPITAL
6c. IF HOSP. OR INST. INDICATE D.O.A. (OPD, EMER. RM., INPATIENT) (SPECIFY) INPATIENT
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Aurora, Ill.
8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
8b. NAME OF SURVIVING SPOUSE (OR WIDOW'S NAME, IF WIFE) Jose Cardenas
9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) No
10. SOCIAL SECURITY NUMBER 319-30-5769
11a. USUAL OCCUPATION Homemaker
11b. KIND OF BUSINESS OR INDUSTRY Own Home
12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) 12 College (1-4 or 5+)
13a. RESIDENCE (STREET AND NUMBER) 11211 S WASHTENAW
13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO
13c. INSIDE CITY (YES/NO) YES
13d. COUNTY COOK
13e. STATE ILLINOIS
13f. ZIP CODE 60655
14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) Hispanic
14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES–IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) ☐ NO ☒ YES SPECIFY: Spain
15. FATHER–NAME FIRST Joseph MIDDLE LAST Davila
16. MOTHER–NAME FIRST Marie MIDDLE (MAIDEN) LAST Toussaint
17a. INFORMANT'S NAME (TYPE OR PRINT) DOROTHY MILLER/CLERK
17b. RELATIONSHIP HOSPITAL RECORDS
17c. MAILING ADDRESS (STREET AND NO., OR R.F.D., CITY OR TOWN, STATE, ZIP) 2800 WEST 95TH STREET EVERGREEN PARK, ILLINOIS 60805

18. PART I. Enter the diseases, or complications, which caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

Immediate Cause (Final disease or condition resulting in death) → (a) ISCHEMIC CARDIOMYOPATHY — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: YEARS

DUE TO, OR AS A CONSEQUENCE OF

(b)

DUE TO, OR AS A CONSEQUENCE OF

(c)

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

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

DIABETES TYPE 2, RENAL FAILURE

19a. AUTOPSY (YES/NO) No
19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
20a. DATE OF OPERATION, IF ANY
20b. MAJOR FINDINGS OF OPERATION
20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES ☐ NO ☒
21a. I (DID/DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 9-6-02
21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) No
21c. HOUR OF DEATH 12:17 A.M.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE ▶ [signature]
22b. DATE SIGNED (MONTH, DAY, YEAR) 9/9/02
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) JAMES C MILLER MD
22d. ILLINOIS LICENSE NUMBER 036060934
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 12450 S. HARLEM, PALOS HTS, IL 60463

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

24a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
24b. CEMETERY OR CREMATORY–NAME Holy Sepulchre
24c. LOCATION CITY OR TOWN Alsip, STATE Illinois
24d. DATE (MONTH, DAY, YEAR) Sept. 11, 2002

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE

HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD OF
ERSON IN ITEM #1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACC
ANCE WITH THE PROVISIONS OF THE ILLINOIS STATUTES RELATING TO THE REGISTRATION OF B
TILLBIRTHS AND DEATHS,

ATE September 9 2002

T EVERGREEN PARK, ILLINOIS

REGISTRAR [signature]

DEPUTY REGISTRAR