

# UNOFFICIAL COPY



Doc#: 0827757073 Fee: \$40.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 10/03/2008 09:48 AM Pg: 1 of 3

08BAL#737

State of ILLINOIS )

County of COOK )

SS

## DECEASED JOINT TENANCY AFFIDAVIT

Ramiro Garcia, being duly sworn, states that he resides at 4464 NO. KASSON AVE., in the City/Village of CHICAGO, ILLINOIS

That he was acquainted with MIGUEL CALDENAS, deceased, who, at the time of HIS death was one of the owners of the land in COOK County, Illinois, described as:

SEE ATTACHED LEGAL.

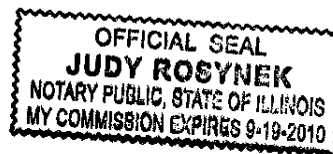
P.I.N.: 13-15-237-037-0000

COMMON ADDRESS:

That the deceased died on 4-30-08, as evidenced by a certified copy of the death certificate attached hereto.

Subscribed and sworn to before me this 23<sup>RD</sup> day of August, 2008


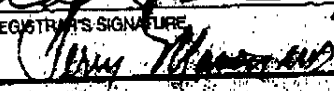
Notary Public



# UNOFFICIAL COPY

# 12737

## STATE OF ILLINOIS CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. <b>6.10</b>		STATE FILE NUMBER	
LOCAL FILE NUMBER <b>605992</b>			
1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) <b>Miguel Cardenas</b>		2. SEX <b>Male</b>	3. DATE OF DEATH (Month/Day/Year) (Spell Month) <b>April 30, 2008</b>
4. COUNTY OF DEATH <b>Cook</b>	5a. AGE AT LAST BIRTHDAY (Month/Day/Year) <b>61</b>	5b. UNDER 1 YEAR <input type="checkbox"/> Months <input type="checkbox"/> Days	5c. UNDER 1 DAY <input type="checkbox"/> Hours <input type="checkbox"/> Minutes
7a. CITY OR TOWN <b>Chicago</b>		7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in other, give street and number) <b>St. Joseph Hospital</b>	
7c. PLACE OF DEATH (Check only one; see instructions)			
IF DEATH OCCURRED IN A HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room <input type="checkbox"/> Outpatient <input type="checkbox"/> Dead on Arrival		IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify):	
8. BIRTHPLACE (City and State or Foreign Country) <b>Mexico</b>	9. SOCIAL SECURITY NUMBER <b>606-26-2138</b>	10. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) <b>Socorro Anguiano</b>
12. EVER IN U.S. ARMED FORCES <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
13a. RESIDENCE (Street and Number) <b>4464 N. Kasson</b>		13b. APT. NO.	13c. CITY OR TOWN <b>Chicago</b>
13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
13e. COUNTY <b>Cook</b>	13f. STATE <b>IL</b>	13g. ZIP CODE <b>60630</b>	14. FATHER'S NAME (First, Middle, Last) <b>Antonio Cardenas Martinez</b>
15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>Elena Rodriguez Lopez</b>			
18a. INFORMANT'S NAME <b>L. Scott</b>		18b. RELATIONSHIP <b>Patient Access</b>	18c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) <b>2900 N. Lake Shore, Chicago, IL 60657</b>
17. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): <b>Ship-out</b>		18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) <b>Municipal Cemetery</b>	19. LOCATION - CITY, TOWN AND STATE <b>Mazamitla, Jal., Mex.</b>
20. DATE OF DISPOSITION (Month/Day/Year) <b>May 6, 2008</b>			
21a. FUNERAL HOME NAME <b>Funeraria del Angel Sagrado Corazon</b>		21b. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034-014574</b>	
21c. STREET AND NUMBER <b>5218 S. Kedzie, Chicago</b>		21d. CITY OR TOWN <b>Illinois</b>	
21e. STATE <b>Illinois</b>		21f. ZIP <b>60632</b>	
21g. FUNERAL DIRECTOR'S SIGNATURE 		21h. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) <b>050208</b>	
22. LOCAL REGISTRAR'S SIGNATURE 			
24. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>CARDIAL FAILURE</b> Due to (or as a consequence of):			<b>1 hr</b>
Sequently list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST			<b>12 Hrs.</b>
b. <b>ACUTE MYOCARDIAL INFARCTION</b> Due to (or as a consequence of):			
c. _____ Due to (or as a consequence of):			
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I: <b>S/P EMERGENCY CORONARY BYPASS SURGERY</b>			25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		28. IF FEMALE: <input type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within one year of death but time unknown <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past 12 months	
29. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation			
30. DATE OF INJURY (Month/Day/Year)		31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area)		33. INJURY AT WORK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
34. LOCATION OF INJURY Street and Number Apartment Number City or Town State ZIP Code			
35. DESCRIBE HOW INJURY OCCURRED:			36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify):
37. I (DIED) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON <b>April 30, 2008</b>		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
39. DATE PRONOUNCED (Month/Day/Year) <b>April 30, 2008</b>		40. TIME OF DEATH <b>12:25</b> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	
41. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.			43. PHYSICIAN'S LICENSE NUMBER

Based on the 2003 U.S. Standard Certificate

Illinois Department of Public Health - Division of Vital Records

VR200 (Rev. 1/08)

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Lot 3 in the resubdivision of Lots 19, 22, 23, 26, 27 and 30 in Block 15 in John Miller's Irving Park Addition, a subdivision in the Northeast 1/4 of Section 15, Township 40 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

FOR INFORMATIONAL PURPOSES ONLY:

Common Address: 4464 North Kasson Avenue, Chicago, IL 60630  
PIN # 13-15-237-037-0000

Property of Cook County Clerk's Office