



Doc#: 0832215060 Fee: \$42.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 11/17/2008 02:21 PM Pg: 1 of 4

Prepared By:

Return To:

Attn: Recording Dept  
First American Title/ NLA SE  
2605 Enterprise Rd St Ste#200  
Clearwater FL 33759  
# 2726131-4 Aff  
First American Lenders Advantage  
1801 Lak pointe Drive, Suite 111  
Lewisville, TX 75057  
(469) 322-2500

2726131/0m

DECEASED JOINT TENANCY AFFIDAVIT

The Undersigned, Oswaldo Rangel  
being duly sworn, deposes and states that he resides at 4021 W. 24th St.  
in the City of Chicago

That Oswaldo Rangel <sup>son of (19)</sup> ~~retired~~ was married to Mario Rangel deceased, who, at the time of death, was one of the owners of the land in Cook County, Illinois, described as follows:

see attached exhibit "A"

That the deceased died 12/22/2000, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of Probate Division of the Circuit Court of \_\_\_\_\_ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of \_\_\_\_\_ County, Illinois on or about \_\_\_\_\_.

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of 50,000.00 dollars.

Affiant makes this affidavit for the purpose of inducing First American Title Insurance Company to issue its Title Insurance Policy, describing the above-mentioned property.

SV  
P4  
MY  
SMY  
(SD)

405 ✓

# UNOFFICIAL COPY

611

DATED this 11 day of JANUARY 2005

[Signature]  
[Signature]

STATE OF ILLINOIS }  
COUNTY OF } ss

SUBSCRIBED AND SWORN to before me this JAN 11 day of 2005, A.D. 20

WITNESS my hand and official seal

[Signature]  
NOTARY PUBLIC



Prepared By:  
OSWALDO RANGEL  
4021 W. 24th St.  
Chicago, IL 60623

Printed NAME:  
ADOLPH GOLDENSTEIN  
MY COMM EXPIRES 2/25/07

Property of Cook County Clerk's Office

Legal (Reference: AB00486148) for Order Number 2726131

**UNOFFICIAL COPY**

EXHIBIT "A"

The land referred to in this policy is situated in the **STATE OF ILLINOIS, COUNTY OF COOK, CITY OF CHICAGO**, and described as follows:

LOT 2 IN MRS. LILY R. LIPPINCOTT'S SUBDIVISION OF THE WEST HALF OF LOTS 2 AND 5 AND THE WEST 25 FEET OF LOT 4 AND ALL OF LOT 3 IN BLOCK 2 WITH LOTS 3 AND 4 AND THE WEST HALF OF LOTS 2 AND 5 IN BLOCK 3 AND LOTS 3, 4 AND THE WEST HALF OF LOTS 2 AND 5 IN BLOCK 4 IN CRAWFORD'S SUBDIVISION OF THE NORTHEAST QUARTER OF SOUTH OF CHICAGO, BURLINGTON AND QUINCY RAILROAD OF SECTION 26, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN.

 RANGEL  
39150287

IL

FIRST AMERICAN ELS  
AFFIDAVIT



Property of Cook County Clerk's Office

# UNOFFICIAL COPY

CITY OF CHICAGO

DEPARTMENT OF PUBLIC HEALTH

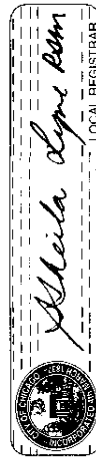
STATE FILE NUMBER

6202332

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

DEC 26 2000

I, **SHILIA LYNE, RSM, 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 ORDINANCE OF SAID LAW AND ORDINANCES.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

## MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

STATE OF ILLINOIS

425 Dec 00

REGISTRATION DISTRICT NUMBER  
**16.10**

|  |  |   |  |
|--|--|---|--|
| DECEASED-NAME<br>FIRST: <b>MARIO</b> MIDDLE: <b>J</b> LAST: <b>RANGEL</b>  |  | SEX: <b>MALE</b>  | DATE OF DEATH (MONTH, DAY, YEAR)<br><b>December 27, 2000</b>   |
| 1. COUNTY OF DEATH<br><b>COOK</b>  | AGE-LAST BIRTH (YRS)<br><b>56</b>  | UNDER 1 DAY<br>HOURS: <b>5C</b>   | DATE OF BIRTH (MONTH, DAY, YEAR)<br><b>April 30, 1944</b>  |
| 4. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER<br><b>CHICAGO</b>  | HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)<br><b>COOK COUNTY HOSPITAL</b> |   | IF HOSP. OR INST. INDICATED, O.A. OPERM. OR INPAT. (SPECIFY)<br><b>6C. INPATIENT</b>   |
| 6a. CHICAGO  | NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)<br><b>Concepcion S. Madrid</b>                               |   | WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)<br><b>9.</b>  |
| 7. SOCIAL SECURITY NUMBER<br>[REDACTED]  | 8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)<br><b>Married</b>                                    | KIND OF BUSINESS OR INDUSTRY<br><b>Roofing Co.</b>  | EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)<br>Elementary (1-4 or 5-12)<br><b>12.</b>                                     |
| 11a. [REDACTED]  | 11b. USUAL OCCUPATION<br><b>Roofing Co.</b>  | CITY, TOWN, TWP, OR ROAD DISTRICT NO.<br><b>CHICAGO</b>   | COUNTY<br><b>COOK</b>  |
| 13a. <b>4021 W. 24th St.</b>   | 13b. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)<br><b>WHITE</b>                                    | INSIDE CITY (YES/NO)<br><b>13c. YES</b>   | 13d. <b>COOK</b>   |
| 13e. <b>JUNOS</b>  | 14a. <b>WHITE</b>  | 14b. <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES  | SPECIFY: <b>Mexican</b>  |
| FATHER-NAME FIRST: <b>Juan</b> MIDDLE: <b>Rangel</b> LAST: <b>Rangel</b>   | MOTHER-NAME FIRST: <b>Marla</b> MIDDLE: <b>Trinidad</b> LAST: <b>Chalioz</b>                                 | 16. MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP)<br><b>4021 W. 24th St, Chicago, IL 60623</b>  | 17c. <b>CHICAGO, IL 60623</b>  |
| 15. INFORMANT'S NAME (TYPE OR PRINT)<br><b>Concepcion S. Rangel</b>  | 17b. RELATIONS-<br><b>Wife</b>   | 18. PART I. Enter the diseases, injuries, or complications that 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)<br>(a) <b>[REDACTED]</b><br>(b) <b>[REDACTED]</b><br>(c) <b>[REDACTED]</b><br>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.   |  |   |  |
| 20a. <b>HOMICIDE</b>   | DATE OF INJURY (MONTH, DAY, YEAR)<br><b>December 3, 2000</b>   | HOUR<br><b>20c. M. 12:00</b>  | HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I, PART II, ITEM 18)<br><b>STRUCK WITH BASEBALL BAT</b>          |
| 20b. <b>STREET</b>   | LOCATION (CITY, VIL OR TOWN, OR TWP., OR RD. DIST. NO., COUNTY, STATE)<br><b>CHICAGO, COOK, ILLINOIS</b>     | 20d. <b>AT</b>  | IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?<br><b>20h. YES <input type="checkbox"/> NO <input type="checkbox"/></b> |
| 20e. <b>No</b>   | 20f. <b>STREET</b>   | 20g. <b>AT</b>  | 20i. <b>21:10 A M.</b>   |
| 21a. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT THE CORONER'S MEDICAL EXAMINER'S SIGNATURE IS:<br><b>REXENE WORRELL, M.D.</b> |  |   |  |
| 22a. CORONER'S PHYSICIAN'S NAME (Type or Print)<br><b>REXENE WORRELL, M.D.</b>   |  |   |  |
| 23a. <b>Burial</b>   | CEMETERY OR CREMATORY-NAME<br><b>Saint Mary</b>  | CITY OR TOWN<br><b>Evergreen Park, IL</b>   | DATE (MONTH, DAY, YEAR)<br><b>DEC 27, 2000</b>   |
| 24a. <b>Frank Marik and Sons FH PC, 2534 S. Pulaski Road, Chicago, IL 60623</b>  |  | CITY OR TOWN<br><b>CHICAGO, IL</b>  | STATE<br><b>IL</b>   |
| 25a. <b>Robert F. Marik</b>  |  | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER<br><b>16807</b>  | DATE FILED LOCAL REGISTRAR (MONTH, DAY, YEAR)<br><b>DEC 26 2000</b>  |
| 25b. <b>Shelia Lynne RSM</b>   |  | DATE FILED LOCAL REGISTRAR (MONTH, DAY, YEAR)<br><b>DEC 26 2000</b>   | 26b. <b>[REDACTED]</b>   |