

UNOFFICIAL COPY



Doc#: 0922912062 Fee: \$40.00
 Eugene "Gene" Moore RHSP Fee: \$10.00
 Cook County Recorder of Deeds
 Date: 08/17/2009 01:35 PM Pg: 1 of 3

0907639000000

STATE OF ILLINOIS)
) SS
 COUNTY OF Cook)

JOINT TENANCY AFFIDAVIT

Leticia Motg, hereinafter referred to as the affiant, states under oath that the affiant resides at 9716 S. Maristee in the City of Chicago, Illinois; that the affiant was acquainted with Manuel Motg, 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 Cook County, Illinois, and legally described as follows:

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 3-10-98 leaving no/a last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ 0; and

That the value of the above property individually was \$ 130,000

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, suits, attorney's fees and expenses and every kind and nature which 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 Manuel Motg, the decedent;
2. Illinois State Inheritance Tax and Federal Tax which may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights to contribution.

Leticia Motg (Seal)

____ (Seal)

Subscribed and Sworn to before me

this 31 day of July, 2009.
Evelyn M Kudro
 Notary Public



Note: If the decedent left a will, it will be necessary that the original or a certified copy thereof be presented to us for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

3/9

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LOT 42 IN SOUTH CHICAGO GARDENS, A SUBDIVISION IN THE NORTHWEST FRACTIONAL QUARTER OF FRACTIONAL SECTION 7, NORTH OF THE INDIAN BOUNDARY LINE, IN TOWNSHIP 37 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF REGISTERED IN THE OFFICE OF THE REISTRAR OF TITLES OF COOK COUNTY, OM APRIL 27, 1962 AS DOCUMENT NUMBER LR2030777, IN COOK COUNTY, ILLINOIS

Property of Cook County Clerk's Office

DISTRICT NO. 16-10
STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
STATE FILE
604847

DECEASED-NAME: **Manuel Mota**
FIRST MIDDLE LAST
SEX: **Male**
DATE OF BIRTH: **March 10, 1998**
DATE OF DEATH: **March 10, 1998**
COUNTY OF DEATH: **Cook**
CITY, TOWN, TWP. OR ROAD/DISTRICT NUMBER: **Chicago**
AGE-LAST BIRTHDAY (YRS): **5a. 43**
HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT WEATHER, GIVE STREET AND NUMBER): **6b. Ravenswood Hospital Medical Center**
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **8a. Married**
NAME OF SURVIVING SPOUSE (MAIDEN NAME, F/WIFE): **8b. Leticia Mandujano**
KIND OF BUSINESS OR INDUSTRY: **8c. Inp.**
EDUCATION (SPECIFY HIGHEST GRADE COMPLETED): **8d. Elementary/Secondary (8-12)**
RESIDENCE (STREET AND NUMBER): **13a. 9716 Manistee**
CITY, TOWN, TWP. OR ROAD/DISTRICT NO.: **13b. Chicago**
INSIDE CITY (YES/NO): **13c. Yes**
COUNTY: **13d. Cook**

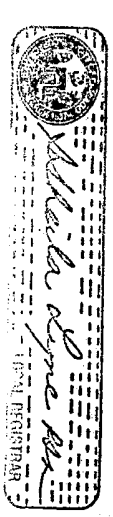
FATHER-NAME: **Serapio Mota** FIRST MIDDLE LAST
MOTHER-NAME: **Juana Robles** FIRST MIDDLE LAST
RELATIONSHIP: **17b. Wife**
MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): **17c. 9716 Manistee Chicago, IL 60617**
RACE (WHITE, BLACK, AMERICAN INDIAN etc.) (SPECIFY): **14a. White**
OF HISPANIC ORIGIN? (SPECIFY NO/YES - IF YES, SPECIFY CUBAN, MEXICAN, PORTO RICAN, etc.): **14b. DNO X MEX SPECIFY: Mexican**
MOTHER-TONGUE (SPECIFY): **14c. Spanish**

18. PART I. Immediate Cause (Final illness or condition resulting in death)
18a. **ADENOCARCINOMA OF UNKNOWN ORIGIN**
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19. AUTOPSY (YES/NO): **19a. NO**
20. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? **20c. YES**
21. HOUR OF DEATH: **21c. 8:45 A.M.**
22. DATE SIGNED: **22b. March 10, 1998**
23. ILLINOIS LICENSE NUMBER: **22d. 36 080157**

24. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): **22e. Michael Jutovsky, M.D. 6374 N. Lincoln, Chicago, IL 60659**
25. NAME OF OPERATOR, IF ANY: **20b. [Signature]**
26. MAJOR FINDINGS OF OPERATION: **20c. [Signature]**
27. DID NOT ATTEND THE DECEASED AND LAST SAW HIM/LHER ALIVE ON: **27a. 3-10-98**
28. BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND BEYOND THE CAUSE(S) STATED: **28a. [Signature]**
29. SIGNATURE: **29a. [Signature]**
30. NAME AND ADDRESS OF CERTIFIER: **30a. [Signature]**
31. BIRTHAL, CREMATION, REMOVAL (SPECIFY): **31a. [Signature]**
32. FUNERAL HOME: **32a. Holy Cross**
33. FUNERAL HOME: **32b. Chapel 11200 South Ewing Ave Chgo., Ill. 60617**
34. FUNERAL DIRECTOR'S SIGNATURE: **34a. [Signature]**
35. LOCAL REGISTRAR'S SIGNATURE: **35a. [Signature]**
36. DATE FILED BY REGISTRAR (MONTH, DAY, YEAR): **36a. MAR 12 1998**

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO
MAR 12 1998
SHEILA LYNE, ISM, 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.



CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

COPY

THIS CERTIFIED COPY VALID WHEN
MILKED OR SIGNATURE SEAL IS
AFFIXED.