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Doc#: 0924633061 Fee: \$66.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 09/03/2009 10:03 AM Pg: 1 of 4

Property of Cook County Clerk's Office

DECEASED JOINT TENANCY AFFIDAVIT

THIS DOCUMENT WAS PREPARED BY AND AFTER
RECORDING MAIL TO:

ALEJANDRO G. ABRAHAM
5445 NORTH SHERIDAN ROAD
UNIT # 2312
CHICAGO, IL 60640

Box 400-CTCC

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CHICAGO TITLE INSURANCE COMPANY

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF }
ILLINOIS } ss.
COUNTY OF }

ORDER NO.: A00178654

Alejandro L. Abraham

being duly sworn states that he resides at 5445 N. Sheridan Rd # 2604
in the City of Chicago.

That he was acquainted with D. Gutierrez-Abraham deceased who, at the
time of death, was one of the owners of the land in COOK County,
Illinois, described as:

That the deceased died April 17, 2009, 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 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 \$10.00 dollars.

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

Subscribed and sworn to before me by the said

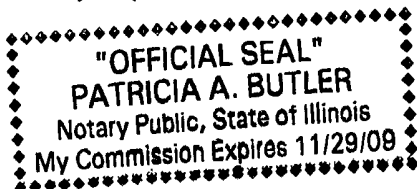
Alejandro L. Abraham

this 28 day of May, A.D. 2009

Patricia A. Butler
Notary Public

Alejandro L. Abraham
(Affiant's Signature)

DJT/AF



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Unit No. 2604 in 5445 Edgewater Plaza as delineated on plat of survey of the following described parcel of real estate (hereinafter referred to as parcel):

The South 31 feet of the North 875 feet of the West 131.96 feet; and that part lying South of the said North 875 feet of the East fractional half of the Northeast 1/4 of Section 8, Township 40 North, Range 14, East of the Third Principal Meridian, (all as measured parallel with the West and North lines of said East fractional half of the Northeast 1/4) and lying North of a line that is drawn at right angles to the East line of Sheridan Road, thru a point in said East line that is 1.090 feet South of the said North line of East fractional half of the Northeast 1/4; all of the above lying West of the West Boundary Line of Lincoln Park as established by Decree entered July 6, 1908, in Case Number 28 55 74, Circuit Court, as shown on plat recorded July 6, 1908, as document number 42 29 498 (except therefrom the West 47 feet thereof heretofore condemned as part of Sheridan Road) in Cook County, Illinois, which plat of survey is attached as Exhibit C to Declaration of Condominium made by American National Bank and Trust Company, a National Banking Association, as trustee under trust agreement dated August 25, 1969, and known as trust no. 27801, recorded in the Office of the Recorder of Deeds of Cook County, Illinois, as Document No. 24 267 211, together with an undivided percent interest in said parcel (excepting from said parcel all the property and space comprising all the units thereof as defined and set forth in said Declaration and Plat of Survey), in Cook County, Illinois.

PERMANENT INDEX NUMBER: 14-08-203-015-1289

K: A 5445 N. SHERIDAN ROAD, CHGO. IL.
2604

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STATE OF ILLINOIS CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 48.10		STATE FILE NUMBER	
LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) Dolores Gutierrez-Abraham		2. SEX Female	3. DATE OF DEATH (Month/Day/Year) (Spell Month) April 17, 2009
4. COUNTY OF DEATH COOK	5a. AGE AT LAST BIRTHDAY (Years) 78	5b. UNDER 1 YEAR Months _____ Days _____	5c. UNDER 1 DAY Hours _____ Minutes _____
6. DATE OF BIRTH (Month/Day/Year) October 23, 1930		7a. CITY OR TOWN Chicago	
7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) Swedish Covenant Hospital		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/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) Cincinnati, OH.	9. SOCIAL SECURITY NUMBER [REDACTED]	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) Alejandro L. Abraham
12. EVER IN U.S. ARMED FORCES <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13a. RESIDENCE (Street and Number) 5445 N. Sheridan Rd.	
13b. APT. NO. 2604		13c. CITY OR TOWN Chicago	
13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Eleanor N/A	
13e. COUNTY Cook	13f. STATE IL.	13g. ZIP CODE 60640	14. FATHER'S NAME (First, Middle, Last) n/a Gutierrez
16a. INFORMANT'S NAME Alejandro L. Abraham		16b. RELATIONSHIP Husband	
16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 5445 N. Sheridan Road, #2604, Chicago, IL.		60640	
17. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____		18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) Memorial Park Mausoleum	
19. LOCATION - CITY, TOWN AND STATE Skosie, Illinois		20. DATE OF DISPOSITION (Month/Day/Year) April 24, 2009	
21a. FUNERAL HOME NAME Drake & Son Funeral Home		21b. FUNERAL DIRECTOR'S SIGNATURE <i>Robert J. Hinkey</i>	
21c. FUNERAL HOME STREET AND NUMBER 5303 N. Western Avenue		21d. FUNERAL HOME CITY OR TOWN Chicago, IL.	
21e. FUNERAL HOME STATE IL.		21f. FUNERAL HOME ZIP 60625	
21g. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-010390		22. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>	
23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) 042109		24. CAUSE OF DEATH (See instructions and examples)	
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 Years	
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. ARTERIOSCLEROTIC heart disease		Due to (or as a consequence of):	
Sequentially 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. _____ 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.	
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		28. IF FEMALE: <input checked="" 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 checked="" 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		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		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. DID (X) DID () NOT ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM (HER) ALIVE ON Apr 16, 09		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. DATE PRONOUNCED (Month/Day/Year) 04-17-09		40. TIME OF DEATH 8:40 <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.			
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) Martin J Szanto 6374 N. Lincoln Chicago IL 60659		43. PHYSICIAN'S LICENSE NUMBER 086039841	
44. TITLE OF CERTIFIER MD		45. DATE CERTIFIED (Month/Day/Year) 4-20-09	
46. SIGNATURE OF CERTIFIER <i>Martin J Szanto, MD</i>			

This is to certify that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health.

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN
EMERGENCY SEAL IS APPLIED OVER
REGISTERING SIGNATURE

Martin J Szanto MD

I, TERRY WATSON, M.D., LOCAL
REGISTERAR OF VITAL STATISTICS OF
THE COUNTY OF COOK, 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 OBEYANCE OF SAID
LAWS AND ORDINANCES.

042109

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO