UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT



Doc#: 1010646000 Fee: \$38.00 Eugene "Gene" Moore RHSP Fee: \$10.00

Cook County Recorder of Deeds Date: 04/16/2010 09:59 AM Pg: 1 of 2

STATE OF ILLINOIS
COUNTY OF
- Cook 1 1 1 DI
sworn state () He ()
sworn states that Gustavo A facheco resides at 7725 soul Kolman
in the City of Chiston
decimois 60652
That Alelle was acquired (1)
That Aketh was acquired Wife Linda facheco deceased who, at the time of here death was acquired to the time of here
deceased who, at the time of hek
was one of the owners of the land in
County, Illinois, described as: 7795 & Kolmer
Cot 57 (except the north 3.0 seet thereof and the north u.c. into 11.
79 thand Kolman Subchission, being a subchission with the fire
South west 1/4 of Section 27, Township 24 well of the west go acres of the
Cot 57 (except the north 3.0 feet thereof and the north 4.50 feet of lot so 79 th and Kolman Subdivision, being a subdivision of the west 20 acres of the South west 14 or Section 27, Township 38 north, Huge 13, East of the 4h Principal Mendium in cook county Tilmois
P.I.N. 19-27-320-057-0000
That the deceased died $feb-15-2010$
as evidenced by a certified copy of death certificate of the
deceased attached hereto. Prefused by
Gustavo A Pachens
Subscribed and sworn to before me by the said 1725 5. Kolmur
CHISTAVO A. PACheco Chicago IL 60652
this the day of April . A.D. 15 2010
The Car SEAL!" & Phyland Yachen
Notary Public CHARLEEN COLE Notary Public, State of Illinois My Commission Expires March 200 (affiant signature)

1010646000 Page: 2 of 2

ATC COF TATHECO THE STATE OF THE S

CHICAGO, ILLINOIS **MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 201	0 0013600										DAT	E ISSUED	02/24/2010	
DECEDENT'S LEGAL NAME LINDA PACHECO								SE) FE	X MALE		OF DEATH	1 15, 2010	W	
COUNTY OF DEATH AGE AT LAST B COOK 49 YEARS									30, 1961					
CITY OR TOWN CHICAGO					HOSPITAL C			N NAME						
PLACE OF DEATH DECEDENT'S HOME														
BIRTHPLACE CHICAGO, IL				MARITAL STA		SURVIVING SPOUSE'S NA GUSTAVO PACH						EVER IN U.S. ARMED FORCES? NO		
RESIDENCE 7725 S KOLMAR	\(\)			APT.	NO.		R TOWN					INSIDE CITY I	LIMITS?	
COUNTY COOK	STATE IL	ZIP CODE 60652		ER'S NAME DWARD JO	NES		MOTHER'S NAME PRIOR TO FIRST CONSTNOLA POE				T MARRIAGE			
INFORMANT'S NAME GUSTAVO PACHEC	0			TIONSHIP JSBAND		1	AILING ADDE		R, CHICA	GO, IL,	60652			
METHOD OF DISPOSITION BURIAL				FOR DISPOSITION FROREEN CEMETERY								DATE OF DISPOSITION FEBRUARY 20, 2010		
FUNERAL HOME JAMES FUNERAL HO	OME, 8138	S COTTAGE	GF.C	Æ, CHICA	30, IL, 606 ⁻	19								
FUNERAL DIRECTOR'S NAME ISADORE, JAMES				FUNERAL DIRECTO 034009712					R'S ILLINOIS LICENSE NUMBER					
LOCAL REGISTRAR'S NAME DAVID ORR					DATE FILED WITH LOCAL REGI FEBRUARY 19, 2010						RAR			
CAUSE OF DEATH PA	ARTI. META	ASTATIC BREA	ST CA	NCER	4					le ;	ATH			
(Final disease or condition resulting in death)	b.			Due to (or as a consequent	ce of):				OXILLE	AL BEIN			

A PART OF A STATE OF THE STATE	t conditions contributing to death hi	 	CADACT I

WAS AN AUTOPSY PERFORMED? NO

WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A

DID TOBACCO USE CONTRIBUTE TO DEATH? FEMALE PREGNANCY STATUS MANNER OF DEATH NOT PREGNANT WITHIN LAST YEAR **NATURAL** NO

PLACE OF INJURY INJURY AT WORK? DATE OF INJURY TIME OF INJURY

LOCATION OF INJURY

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPOSITATION INJURY, SPECIFY:

DATE PRONOUNCED TIME OF DEATH ATTEND THE DECEASED? DATE LAST SEEN ALIVE WAS MEDICAL EXAMINER OR YES FEBRUARY 01, 2010 CORONER CONTACTED? 12:44 AM

CERTIFIER DATE CERTIFIED

FEBRUARY 15, 2010

NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PHYSICIAN'S LICENSE NUMBER

DENNIS CITRIN, 2520 ELISHA AVE, ZION, ILLINOIS, 60099

036065109

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



