

UNOFFICIAL COPY

Prepared by:
Jeremy Bell
Bell Law LLC
2015 W. Fullerton Avenue
Chicago, Illinois 60647



1010934064

Doc#: 1010934064 Fee: \$42.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 04/19/2010 01:41 PM Pg: 1 of 4

AFFIDAVIT OF HEIRSHIP

The undersigned, LINDA MEDINA, does hereby swear or affirm upon his oath that if called to testify in a Court of Law would do so as follows based upon her own personal knowledge, information and belief:

1. The Decedent, VENTURA PEREZ, died residing at 1049 N. Christiana, Chicago, Illinois 60651 (the "Property"), on October 9, 2008 at the age of 77 years.

The Property's legal description is as follows:

¶IN: 16-02-409-031

Lot 30 in S. E. Gross Fourth Humboldt Park Addition to Chicago being a Subdivision of Lot 7 in the Superior Court Partition of the East half of Section 2, Township 39 North, Range 13, East of the Third Principal Meridian.

Commonly known as: 1049 N. Christiana, Chicago, Illinois 60651

2. VENTURA PEREZ owned the Property in joint tenancy with his wife, MARY VERA PEREZ. Upon VENTURA PEREZ's death, MARY VERA PEREZ became the sole owner of the Property by right of survivorship.
3. The Decedent, MARY VERA PEREZ, died residing at Property, on January 27, 2009 at the age of 76 years.
4. On MARY VERA PEREZ's date of death, MARY VERA PEREZ owned a one-hundred percent (100%) interest in the Property, which had an approximate value of \$100,000.00 as of her date of death.
5. The Decedent, MARY VERA PEREZ, died intestate.
6. MARY VERA PEREZ was married to ERNESTO PEREZ, and said marriage ended by virtue of divorce. The following children and no others were born to MARY VERA PEREZ and her ex-husband, ERNESTO PEREZ:

LINDA MEDINA, daughter
VINCENT PEREZ, son
DAVID PEREZ, son

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- 7. MARY VERA PEREZ was then married to VENTURA PEREZ, and said marriage ended by virtue of VENTURA PEREZ's death. No children were born to MARY VERA PEREZ and her husband, VENTURA PEREZ.
- 8. No other children were born to or adopted by MARY VERA PEREZ other than those indicated above.
- 9. Based on the foregoing, MARY VERA PEREZ left surviving and her only heirs at law, the following:

- Children:
- 1. LINDA MEDINA, biological daughter, 63 years of age and single;
 - 2. VINCENT PEREZ, biological son, 58 years of age and married.
 - 3. DAVID PEREZ, biological son, 55 years of age and married;

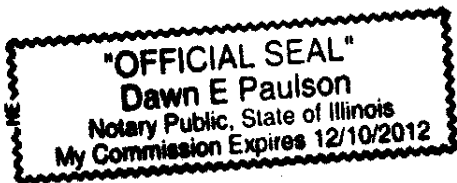
The aforementioned heirs at law shall be each be entitled to a (1/3) interest the above referenced property as tenants in common pursuant to Illinois laws of intestate. Therefore, LINDA MEDINA, VINCENT PEREZ, and DAVID PEREZ, are now each one-third (1/3) owners as tenants in common of the Property.

Date: 4-14-10

Linda Medina
 LINDA MEDINA, Affiant

STATE OF ILLINOIS)
) SS
 COUNTY OF COOK)

Subscribed and sworn to before me a Notary Public this 14 day of April, 2010.



[Signature]
 Notary Public

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COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2009 0003695

DATE ISSUED 03/31/2010

DECEDENT'S LEGAL NAME MARY VERA PEREZ			SEX FEMALE	DATE OF DEATH JANUARY 27, 2009	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 82 YEARS	DATE OF BIRTH MAY 14, 1926			
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME CASA CENTRAL NURSING CENTER			
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY					
BIRTHPLACE UNKNOWN, NM	SOCIAL SECURITY NUMBER [REDACTED]-5542	MARITAL STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE'S NAME		EVER IN U.S. ARMED FORCES? NO
RESIDENCE 1401 N CALIFORNIA AVENUE		APT. NO.	CITY OR TOWN CHICAGO		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60622	FATHER'S NAME FRANCISCO MILENDRES		MOTHER'S NAME PRIOR TO FIRST MARRIAGE RUPERTA VERA
INFORMANT'S NAME LINDA MEDINA		RELATIONSHIP DAUGHTER	MAILING ADDRESS 1049 N CHRISTIANA, CHICAGO, IL, 60651		
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION QUEEN OF HEAVEN CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE HILLSIDE, IL	DATE OF DISPOSITION JANUARY 30, 2009	
FUNERAL HOME ALVAREZ FUNERAL DIRECTORS, 2500 N CANTO AVENUE, CHICAGO, IL, 60639					
FUNERAL DIRECTOR'S NAME SUSAN ALVAREZ			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011737		
LOCAL REGISTRAR'S NAME TERRY MASON MD			DATE FILED WITH LOCAL REGISTRAR JANUARY 29, 2009		
CAUSE OF DEATH PART I. DEMENTIA, MALNUTRITION,					
IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>		a.	Due to (or as a consequence of):		
		b.	EDEMA GENERALIZED CHF		
		c.	Due to (or as a consequence of):		
			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. OBESITY MALNUTRITION				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 NOT APPLICABLE		MANNER OF DEATH NATURAL		
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?	
LOCATION OF INJURY				IF TRANSPORTATION INJURY, SPECIFY:	
DESCRIBE HOW INJURY OCCURRED:					
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE JANUARY 19, 2009	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 11:00 AM	
CERTIFIER PHYSICIAN			DATE CERTIFIED JANUARY 27, 2009		
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH JACQUELINE OLIVO MD, 2412 W FULLERTON, CHICAGO, ILLINOIS				PHYSICIAN'S LICENSE NUMBER 036115930	



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

David Orr
David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF TEXAS UNOFFICIAL COPY DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS UNIT

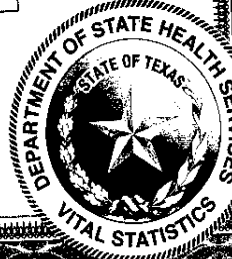
TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
OCT 14 2008
STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NUMBER 142-08-116795

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

1. LEGAL NAME OF DECEASED (include AKA's, if any) (First, Middle, Last) VENTURA PEREZ		2. DATE OF DEATH - ACTUAL OR PRESUMED 10/09/2008	
3. SEX MALE	4. DATE OF BIRTH 02/01/1931	5. AGE - Last Birthday (Years) 77	6. BIRTHPLACE (City & State or Foreign Country) WELDER, TX
7. SOCIAL SECURITY NUMBER 2625	8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) MARY VERA
10a. RESIDENCE STREET ADDRESS 1049 N. CHRISTIANA		10b. APT. NO.	10c. CITY OR TOWN CHICAGO
10d. COUNTY COOK	10e. STATE ILLINOIS	10f. ZIP CODE 60851	10g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11. FATHER'S NAME NICOLAS PEREZ		12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE ALEJANDRA SILVA	
13. PLACE OF DEATH (CHECK ONLY ONE) <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
14. COUNTY OF DEATH BEXAR		15. CITY/TOWN, ZIP (If outside city limits, give precinct no) SAN ANTONIO, 78216	
16. FACILITY NAME (If not institution, give street address) ODYSSEY HOSPICE INPATIENT UNIT		17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED DAVID PEREZ - SON	
18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) 9240 SYMOUR, SCHILLER PARK, IL 60176		19. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)	
20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FRANK A. PUENTE, BY ELECTRONIC SIGNATURE - 11843		21. <input checked="" type="checkbox"/> Unknown Section _____ Block _____ Lot _____ Space _____	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) CREMATORY ASSOCIATES OF TEXAS		23. LOCATION (City/Town, and State) SAN ANTONIO, TX	
24. NAME OF FUNERAL FACILITY PUENTE AND SONS FUNERAL CHAPELS - SAN ANTONIO		25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 3520 S. FLORES, SAN ANTONIO, TX 78204	
26. CERTIFIER (Check only one) <input type="checkbox"/> Certifying physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Medical Examiner/Justice of the Peace - 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.			
27. SIGNATURE OF CERTIFIER ELIZABETH A. PEACOCK, BY ELECTRONIC SIGNATURE		28. DATE CERTIFIED (Mo/Da/Yr) 10/14/2008	29. LICENSE NUMBER H4607
30. TIME OF DEATH (Actual or presumed) 06:37 AM		31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) ELIZABETH A. PEACOCK, 7337 LOUIS PASTEUR DRIVE, SAN ANTONIO, TX 78229-4165	
32. TITLE OF CERTIFIER M.D.		33. PART 1. 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 THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.	
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. COMPLICATIONS OF HIP FRACTURE		Due to (or as a consequence of):	
b. _____		Due to (or as a consequence of):	
c. _____		Due to (or as a consequence of):	
d. _____		Due to (or as a consequence of):	
PART 2. ENTER OTHER CAUSE GIVEN IN PART 1. HYPERTENSION, END STAGE RENAL DISEASE WITH HEMODIALYSIS, BLADDER AND HEPATIC CANCER		34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		36. MANNER OF DEATH <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined	
37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year	
39. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	40a. DATE OF INJURY (Mo/Da/Yr) 09/08/2008	40b. TIME OF INJURY 22:00	40c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area) DECEDENTS RESIDENCE		40e. COUNTY OF INJURY BEXAR	
40e. LOCATION (Street and Number, City, State, Zip Code) 226 HAZEL STREET, SAN ANTONIO, TX 78207			
41. DESCRIBE HOW INJURY OCCURRED FELL			
42a. REGISTRAR FILE NO. 0209216	42b. DATE RECEIVED BY LOCAL REGISTRAR 10/14/2008	42c. REGISTRAR REGISTRAR - SAN ANTONIO METRO HD, ELECTRONICALLY FILED	

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 195, 1989)

VS-112 REV 1/2006
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This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

Geraldine R. Harris
GERALDINE R. HARRIS
STATE REGISTRAR

OCT 15 2008

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE