

# UNOFFICIAL COPY



Doc#: 1020256075 Fee: \$38.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 07/21/2010 02:02 PM Pg: 1 of 2

MAIL TO:  
LAKESHORE TITLE AGENCY  
1301 E. HIGGINS RD  
ELK GROVE VILLAGE IL 60007

0914990

## AFFIDAVIT OF DEATH

**GRANTOR/Affiant GRACELIA LOPEZ**, being first duly sworn, deposes and says: **RODOLFO LOPEZ**, Decedent, of **6220 S. Moody Avenue; Stickney, IL 60638** passed away on 10/12/2005 having an ownership interest in the following described real estate situated in ~~Union~~ **Cook** County, ~~Missouri~~ **Illinois**, to wit:

Lots 7 and 8 in block 12 in Central Addition to Clearing a Subdivision of the South 3/4 of the East 1/2 of the Southwest 1/4 of Section 17, township 38 north, range 13, east of the Third Principal Meridian, in Cook County, Illinois.

**GRACELIA LOPEZ AND RODOLFO LOPEZ**, owned the property as HUSBAND AND WIFE. **RICHARD RODOLFO LOPEZ** passed away on the above date. By operation of law, **GRACELIA LOPEZ** owned the entire fee simple interest in the property as of that date.

Further Affiant sayeth not.

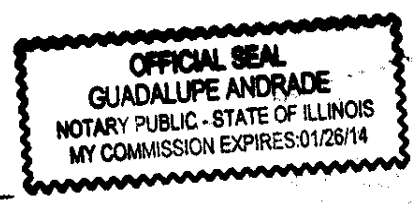
By: *Gracelia Lopez*  
**GRACELIA LOPEZ**

## ACKNOWLEDGEMENT

STATE OF MISSOURI            )  
  ) ss.  
COUNTY OF ST. LOUIS        )

On the **1ST** day of **JULY** in the year of **2010**, before me *Guadalupe Andrade*, a Notary Public in and for the County and State aforesaid, personally appeared **GRACELIA LOPEZ**, to me known to be the identical person named in and who executed the within Affidavit of Death, and acknowledged to me that he/she executed the same for the purposes therein stated and he/she acknowledged that its execution is a voluntary act and deed.

*Guadalupe Andrade*  
Notary Public -  
My Commission expires: *1/26/14*



28

# UNOFFICIAL COPY

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the record for the person named and that this record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths, and deaths

DATE: OCT 17 2005

SIGNED: Robert C. Beckhaus

AT: BERWYN, ILLINOIS

OFFICIAL TITLE: REGISTRAR

The original record is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. Local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of this record by the Department of Public Health or the local registrar shall be prima facie evidence in all courts and places of the facts therein.

PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS

REGISTRAR'S BIRTH NO.

REGISTRATION DISTRICT NO. 10-21  
REGISTERED NUMBER 628

## MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER

0977062005

Type of Part in REGISTRATION DISTRICT, See Funeral Director, Hospital, or Physician Handbook for INSTRUCTIONS

### DECEASED

1. COUNTY OR DEATH Cook 2. FIRST MIDDLE LAST Lopez, Sr. 3. SEX Male 4. DATE OF BIRTH (MONTH, DAY, YEAR) December 21, 1931

5. CITY, TOWN, TWP OR ROAD DISTRICT NUMBER Berwyn 6. HOSPITAL OR OTHER INSTITUTION (NAME IF NOT A BIRTHPLACE) Macheal Hospital 7. AGE (LAST BIRTHDAY) 71 8. AGE (THIS DAY) 71 9. DATE OF BIRTH (MONTH, DAY, YEAR) December 21, 1931

10. SOCIAL SECURITY NUMBER 6649 11. USUAL OCCUPATION Inspector 12. KIND OF BUSINESS OR INDUSTRY Manufacturing 13. EDUCATION High School Graduate

14. RESIDENCE (STREET AND NUMBER) 6220 S. Moody 15. CITY, TOWN, TWP OR ROAD DISTRICT NO. Chicago 16. STATE Illinois 17. ZIP CODE 60638 18. PLACE BORN (COUNTRY, STATE, TERRITORY) Mexico 19. RACE White 20. ETHNIC ORIGIN (SPECIFY) Mexican

21. FATHER—NAME Ryan 22. MOTHER—NAME Sara 23. FATHER—MIDDLE Raymond 24. MOTHER—MIDDLE Ann

25. PATRIAL Graciela Lopez 26. RELATIONSHIP Wife 27. MARITAL ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE, ZIP) 6220 S. Moody, Chicago, IL 60638

### CAUSE

1. Immediate Cause (Final diagnosis or condition resulting in death) Myocardial Infarction

2. Intermediate Cause (a) Coronary Artery Disease (b) Myocardial Ischemia

3. Underlying Cause (a) Myocardial Ischemia (b) Coronary Artery Disease

4. Manner of Death Natural

### DETAILS

28. SIGNATURE OF PHYSICIAN Dr. A. Ortiz

29. NAME AND ADDRESS OF OFFICE (TYPE OF OFFICE) LOT 101073 W.D. 8791 Central Road Berwyn, IL

30. NAME OF ATTENDING PHYSICIAN (OTHER THAN CENTER) (TYPE OF OFFICE)

### DISPOSITION

31. FUNERAL OPERATOR'S SIGNATURE Evergreen Crematory

32. STREET AND NUMBER OR R.F.D. 246 Evergreen Crematory

33. CITY OR TOWN Chicago 34. STATE Illinois 35. ZIP CODE 60638

36. FUNERAL HOME Ridge Funeral Home

37. STREET AND NUMBER OR R.F.D. 6620 W. Archer Avenue

38. CITY OR TOWN Chicago 39. STATE Illinois 40. ZIP CODE 60638

41. FUNERAL OPERATOR'S SIGNATURE Evergreen Crematory

42. STREET AND NUMBER OR R.F.D. 246 Evergreen Crematory

43. CITY OR TOWN Chicago 44. STATE Illinois 45. ZIP CODE 60638

### OTHER

46. DATE FILED IN LOCAL REGISTRY (MONTH, DAY, YEAR) OCT 17 2005

47. LOCAL REGISTRAR'S SIGNATURE