

# UNOFFICIAL COPY



CHICAGO TITLE INSURANCE COMPANY

## DECEASED JOINT TENANCY AFFIDAVIT



1021718071

Doc#: 1021718071 Fee: \$40.00  
Eugene "Gene" Moore RHSP Fee:\$10.00  
Cook County Recorder of Deeds  
Date: 08/05/2010 02:49 PM Pg: 1 of 3

Property of Cook County Clerk's Office

State of Illinois )  
County of ) ss.

Order No. \_\_\_\_\_

CRESCENCIO QUEZADA, A WIDOWER

\_\_\_\_\_ being duly sworn states  
that he resides at 3228 W. Beach in  
the City of Chicago, Illinois

That he was acquainted with

ELIA QUEZADA  
deceased who, at the time of HER death, was one of the owners of the land  
in Cook County, Illinois, described as:

LOT 39 IN BLOCK 15 IN FALCONER'S SECOND ADDITION TO CHICAGO A SUBDIVISION OF THE SOUTH HALF OF THE NORTH EAST QUARTER OF SECTION 28, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

That the deceased died on June 27, 2010, 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 the 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 \$50,000.00 dollars.

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

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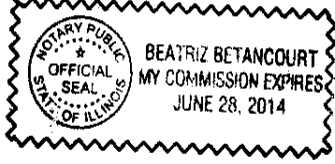
Subscribed and sworn to before me by the said

Beaucourt

this 03<sup>rd</sup> day of August, A.D. 2010

Beaucourt  
Notary Public

Gerardo R. Cruzado  
(affiant's signature)



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## CERTIFICATION OF DEATH RECORD

### CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2010.0047134 DATE ISSUED 07/02/2010

DECEDENT'S LEGAL NAME ELIA CASTANEDA DE QUEZADA		SEX FEMALE	DATE OF DEATH FOUND JUNE 27, 2010	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 74 YEARS	DATE OF BIRTH JULY 20, 1935		
CITY OR TOWN CHICAGO	HOSPITAL OR OTHER INSTITUTION NAME 5033 W GRAND AVE			
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE VERA CRUZ, MEXICO	SOCIAL SECURITY NUMBER [REDACTED]-0812	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME CRESCENCIO QUEZADA	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 5033 W GRAND AVE	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60639	FATHER'S NAME ELEUTERIO CASTANEDA	MOTHER'S NAME PRIOR TO FIRST MARRIAGE FRANCISCA SANTOS
INFORMANT'S NAME CRESCENCIO QUEZADA		RELATIONSHIP HUSBAND	MAILING ADDRESS 5033 W GRAND AVE, CHICAGO, IL, 60639	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION MARYHILL CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE NILES, IL	DATE OF DISPOSITION JUNE 30, 2010	
FUNERAL HOME ALVAREZ FUNERAL DIRECTORS P.C., 2500 N. CIGERO AVE, CHICAGO, IL, 60639				
FUNERAL DIRECTOR'S NAME SUSAN ALVAREZ			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011737	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JULY 1, 2010	
<b>CAUSE OF DEATH</b> PART I: HEPATOCELLULAR CARCINOMA				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of):		
		b. _____ Due to (or as a consequence of):		
		c. _____ Due to (or as a consequence of):		
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I.				
DID TOBACCO USE CONTRIBUTE TO DEATH?			FEMALE PREGNANCY STATUS	
NO			NOT PREGNANT WITHIN LAST YEAR	
DATE OF INJURY			TIME OF INJURY	PLACE OF INJURY
LOCATION OF INJURY			INJURY AT WORK?	
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? NO			DATE LAST SEEN ALIVE UNKNOWN	DATE PRONOUNCED
CERTIFIER PHYSICIAN			DATE CERTIFIED JUNE 30, 2010	TIME OF DEATH 07:30 PM
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ABAYOMI A. ADEYEMI MD, 20939 S. CIGERO AVE, MATTESON, ILLINOIS, 60443				PHYSICIAN'S LICENSE NUMBER 036-084629



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

