

Record 2nd

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DECEASED JOINT
TENANCY AFFIDAVIT

Doc#: 1034829055 Fee: \$42.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 12/14/2010 11:02 AM Pg: 1 of 4

STATE OF ILLINOIS]

COUNTY OF]

COOK JOSE RODRIGUEZ, ISABEL RODRIGUEZ being duly
sworn states that They resides at 8411 BRANDON
in the City of CHICAGO
ILLINOIS

That I was acquainted JESUS RODRIGUEZ
deceased who, at the time of his
her death, was one of the owners of the land in COOK
County, Illinois described as:

P.I.N. 21-32-204-005

That the deceased died 4/27/2009 ^{mgm} + 2/14/2003,
as evidenced by a certified copy of death certificate of the
deceased attached hereto.

Subscribed and sworn to before me by the said

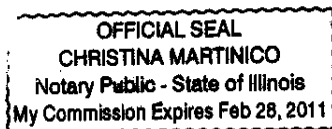
Jesus Rodriguez

this 14th day of September, A.D. 2010

Christina Martinico

Notary Public

Jesus Rodriguez
(affiant signature)



REC'D

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ANN 0010005

| | | | | | | | |
|--|--|---|--|---|--|--|---|
| REGISTRATION DISTRICT NO. 10-10 | | STATE OF ILLINOIS CERTIFICATE OF DEATH | | | | STATE FILE NUMBER | |
| LOCAL FILE NUMBER | | 1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last) ISABEL RODRIGUEZ | | 2. SEX FEMALE | 3. DATE OF DEATH (Month/Day/Year) (Spell Month) APRIL 27, 2009 | | |
| 4. COUNTY OF DEATH COOK | | 5a. AGE AT LAST BIRTHDAY (Years) 75 | 5b. UNDER 1 YEAR Months _____ Days _____ | 5c. UNDER 1 DAY Hours _____ Minutes _____ | 6. DATE OF BIRTH (Month/Day/Year) NOVEMBER 8, 1933 | | |
| 7a. CITY OR TOWN CHICAGO | | | 7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) THE UNIVERSITY OF CHICAGO MEDICAL CENTER | | | | |
| 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) MEXICO | | 9. SOCIAL SECURITY NUMBER [REDACTED]-0048 | | 10. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input checked="" 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) N/A | 12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 13a. RESIDENCE (Street and Number) 8411 S. BRANDON AVENUE | | | 13b. APT. NO. N/A | 13c. CITY OR TOWN CHICAGO | | 13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 13e. COUNTY COOK | | 13f. STATE IL | | 13g. ZIP CODE 60617 | | 14. FATHER'S NAME (First, Middle, Last) CIRILO AGUILAR | |
| 15a. INFORMANT'S NAME DONNA NAVARRETE | | | | 15b. RELATIONSHIP HOSPITAL RECORDS | | 15c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) JUANA FERNANDEZ | |
| 16. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637 | | 17. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____ | | 18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) HOLY CROSS CEMETERY | | 19. LOCATION - CITY, TOWN AND STATE CALUMET CITY, IL | |
| 20. DATE OF DISPOSITION (Month/Day/Year) MAY 1, 2009 | | 21a. FUNERAL HOME NAME GRIESEL JIMENEZ STODDEN FUNERAL HOME | | 21b. FUNERAL HOME STREET AND NUMBER 10240 S. EWING AVE. | | 21c. FUNERAL HOME CITY OR TOWN, STATE, ZIP CHICAGO, ILLINOIS 60617 | |
| 22. FUNERAL DIRECTOR'S SIGNATURE <i>Jason Fabinski</i> | | | | 22. LOCAL REGISTRAR'S SIGNATURE <i>Jason Fabinski</i> | | | |
| 23. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-016109 | | | | 23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) 043009 | | | |
| CAUSE OF DEATH (See instructions and examples) | | | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 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 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. | | | | | | | |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Sepsis From Ecoli | | | | | | | |
| Sequentially list conditions, if any, leading to the cause listed on line a. b. Interstitial lung disease | | | | | | | |
| Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST c. _____ | | | | | | | |
| PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. | | | | | | | |
| 25. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | 26. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death | | 27. PREGNANT AT TIME OF DEATH <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Pregnant within one year of death but time unknown <input type="checkbox"/> Unknown if pregnant within the past 12 months | | 28. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 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 | | 30. DATE OF INJURY (Month/Day/Year) N/A | | 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) (Did NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON 4/27/2008 | | 38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 39. DATE PRONOUNCED (Month/Day/Year) APRIL 27, 2009 | | 40. TIME OF DEATH 7:42 <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) REKHA VIJ, MD 5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637 | | | | 43. PHYSICIAN'S LICENSE NUMBER 036-117489 | | | |
| 44. TITLE OF CERTIFIER MD | | 45. DATE CERTIFIED (Month/Day/Year) APRIL 28, 2009 | | 46. SIGNATURE OF CERTIFIER <i>Rekha Vij MD</i> | | | |

Based on the 2003 U.S. Standard Certificate Illinois Department of Public Health Division of Vital Records VR2000 (Rev 1/08)

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN
EMBOSSER SEAL IS APPLIED OVER
REGISTRAR'S SIGNATURE

Rekha Vij MD

TERRY WASON, M.D., LOCAL
REGISTRAR OF VITAL STATISTICS OF
CHICAGO IS 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
ACCURACY AND VALIDITY OF THIS
SHEET IS A TRUE COPY OF A RECORD
KEPT BY ME IN OBDIANCE OF SAID
LAWS AND ORDINANCE.

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO
043009

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CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS

REGISTRATION DISTRICT NO. 1610

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

602381

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

021803

I, JOHN L. WILHELM M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO 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 LAW AND ORDINANCES OF SAID

John L. Wilhelm, MD
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

| | | | |
|--|--|--|---|
| 1. DECEASED-NAME Jose | MIDDLE AKA RIGGS RODRIGUEZ | SEX Male | DATE OF DEATH February 14, 2003 |
| 2. COUNTY OF DEATH Cook | DATE OF BIRTH April 13, 1929 | IF HOSP OR INST. INDICATE D.O.A., OP/EM/PA RM, INFANT (SPECIFY) | 5c. Inpatient |
| 3. CITY, TOWN, TWP. OR ROAD/DISTRICT NUMBER Chicago | HOSPITAL OR OTHER INSTITUTION-NAME Advocate Trinity Hospital | 6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Gto. MEXICO | 6b. MARRIED, NEVER MARRIED, WIDOWED, UNFORCED (SPECIFY) Married |
| 4. AGE-LAST BIRTHDAY (YRS) 73 | UNDER 1 DAY HOURS 73 | 5a. MARRIAGE (SPECIFY) MARRIED, NEVER MARRIED, WIDOWED, UNFORCED (SPECIFY) Married | 5b. DATE OF BIRTH (MONTH, DAY, YEAR) April 13, 1929 |
| 5. MARRIAGE (SPECIFY) MARRIED, NEVER MARRIED, WIDOWED, UNFORCED (SPECIFY) Married | 6. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) Isabel Aguilar | 7. SOCIAL SECURITY NUMBER 0992 | 8. KIND OF BUSINESS OR INDUSTRY U.S. Gear |
| 6. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) Isabel Aguilar | 9. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) College (1-4 or 5+) | 10. RESIDENCE (STREET AND NUMBER) 8411 S Brandon Ave | 11. CITY, TOWN, TWP. OR ROAD/DISTRICT NO. Chicago |
| 7. SOCIAL SECURITY NUMBER 0992 | 12. INSIDE CITY (YES/NO) Yes | 13. STATE Illinois | 13d. COUNTY Cook |
| 8. KIND OF BUSINESS OR INDUSTRY U.S. Gear | 13a. ZIP CODE 60617 | 14. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) Hispanic | 14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) Yes |
| 9. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) College (1-4 or 5+) | 14a. FATHER-NAME FIRST MIDDLE LAST Juan Rodriguez | 15. INFORMANT'S NAME (TYPE OR PRINT) Marline Theodule ADM Clerk | 15. MOTHER-NAME FIRST MIDDLE LAST Enedina |
| 10. RESIDENCE (STREET AND NUMBER) 8411 S Brandon Ave | 16. RELATIONSHIP HSP RCDs | 17. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY, OR TOWN, STATE, ZIP) 2320 E 93rd St Chicago, IL 60617 | 17. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY, OR TOWN, STATE, ZIP) 2320 E 93rd St Chicago, IL 60617 |
| 11. CITY, TOWN, TWP. OR ROAD/DISTRICT NO. Chicago | 18. PART I. Immediate Cause (Final disease or condition resulting in death) Respiratory failure | 19. PART II. Other significant conditions contributing to death or not resulting in the underlying cause given in PART I. HTN, S/P Cerebrovascular accident | 19. APPROVALS (SIGNATURES OF CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) no |
| 12. INSIDE CITY (YES/NO) Yes | 20. DATE OF OPERATION, IF ANY 2/14/03 | 21. MAJOR FINDINGS OF OPERATION HTN, S/P Cerebrovascular accident | 20. AUTOPSY (YES/NO) no |
| 13. STATE Illinois | 21a. (101D) (CORONER) AT TEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 2/14/03 | 22. SIGNATURE Richard A. Wane | 21b. IF FEMALE WAS THERE A PREGNANCY IN PAST THREE MONTHS? NO |
| 14. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) Hispanic | 22a. NAME AND ADDRESS OF CERTIFIER RICHARD F. WARREN, MD 2301 E. 13rd St. Suite 110 Chicago, Illinois 60617 | 23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER Same | 21c. DATE SIGNED 2/15/03 |
| 14a. FATHER-NAME FIRST MIDDLE LAST Juan Rodriguez | 23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | 24. FUNERAL HOME Brown Funeral Home | 21d. HOUR OF DEATH 9:45 P M |
| 15. INFORMANT'S NAME (TYPE OR PRINT) Marline Theodule ADM Clerk | 24a. LOCATION Holy Cross Cemetery | 24b. CITY OR TOWN Calumet City, Illinois | 22b. ILLINOIS LICENSE NUMBER 036-078470 |
| 17. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY, OR TOWN, STATE, ZIP) 2320 E 93rd St Chicago, IL 60617 | 24c. STREET AND NUMBER OR R.F.D. 2939 E. 95th. St. Chicago, Illinois | 24d. STATE Illinois | 22c. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED. |
| 18. PART I. Immediate Cause (Final disease or condition resulting in death) Respiratory failure | 25a. FUNERAL DIRECTOR'S SIGNATURE John L. Wilhelm, M.D. | 25b. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-012287 | 22d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) Feb. 17, 2003 |
| 18. PART II. Other significant conditions contributing to death or not resulting in the underlying cause given in PART I. HTN, S/P Cerebrovascular accident | 26a. LOCAL REGISTRAR'S SIGNATURE John L. Wilhelm, M.D. | 26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) Feb. 17, 2003 | 26. ZIP 60617 |

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SATISFACTION OF
MORTGAGE

LOAN NUMBER:610650-1
NAME:RODRIGUEZ

Lot 44 in Blk 7 in Mary P.M. Palmers Add to South Chicago in the S ½ of Fri Sec 32, T 38 N, R 13, E of the 3rd P.M., in COOK CO., ILL. Acc to the Plat thereof rec September 30, 1882 as Doc 423001 in COOK CO., ILL.

Property of Cook County Clerk's Office