

UNOFFICIAL COPY



CHICAGO TITLE INSURANCE COMPANY
DECEASED JOINT TENANCY AFFIDAVIT



1101104253

Doc#: 1101104253 Fee: \$42.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 01/11/2011 02:28 PM Pg: 1 of 4

Property of Cook County Clerk's Office

State of Illinois)
County of COOK) ss.

Order No. 8021416

MINERVA DIAZ being duly sworn states
that she resides at 4324 S. HONORE in
the City of CHICAGO

That she was acquainted with JUAN ANTONIO DIAZ
deceased who, at the time of his death, was one of the owners of the land
in COOK County, Illinois, described as:

See Exhibit 'A' attached hereto and made a part hereof

That the deceased died NOVEMBER 14, 2009, 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 _____

P.N.M. Co.

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 775,000.00 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.

Subscribed and sworn to before me by the said

INT
SC
P
S
P
S
Y
M
Y

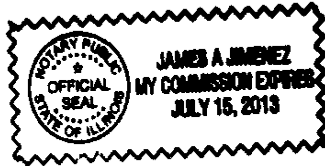
UNOFFICIAL COPY

MINERVA DIAZ

this 10th day of DECEMBER, A.D. 2010

James A. Jimenez
Notary Public

Minerva Diaz
(affiant's signature)



Property of Cook County Clerk's Office
COOK COUNTY
RECORDER OF DEEDS
SCANNED BY _____

UNOFFICIAL COPY

COOK COUNTY
RECORDER OF DEEDS
SCANNED BY _____

LOT 11 IN BLOCK 2 IN WARD'S SUBDIVISION OF BLOCKS 1, 4 AND 5 OF STONE AND WHITNEY'S SUBDIVISION OF PART OF SECTION 6 AND SECTION 7, TOWNSHIP 38 NORTH, RANGE 14, LYING EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index Number (PIN): 20-06-401-031-0000

Address(es) of Real Estate: 4324 South Honore Street, Chicago, IL 60609

Property of Cook County Clerk's Office

UNOFFICIAL COPY

CERTIFICATION OF DEATH RECORD

CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2009 0084111

DATE ISSUED 11/20/2009

| | | | | |
|--|---|---|---|--|
| DECEDENT'S LEGAL NAME JUAN ANOTNIO DIAZ | | SEX MALE | DATE OF DEATH NOVEMBER 14, 2009 | |
| COUNTY OF DEATH COOK | AGE AT LAST BIRTHDAY 79 YEARS | DATE OF BIRTH AUGUST 06, 1930 | | |
| CITY OR TOWN CHICAGO | | HOSPITAL OR OTHER INSTITUTION NAME SAINT ANTHONY HOSPITAL | | |
| PLACE OF DEATH INPATIENT | | | | |
| BIRTHPLACE MEXICO | SOCIAL SECURITY NUMBER | MARITAL STATUS AT TIME OF DEATH MARRIED | SURVIVING SPOUSE'S NAME MINERVA TELLEZ | EVER IN U.S. ARMED FORCES? NO |
| RESIDENCE 4324 S HONORE ST | APT. NO. | CITY OR TOWN CHICAGO | INSIDE CITY LIMITS? YES | |
| COUNTY COOK | STATE IL | ZIP CODE 60609 | FATHER'S NAME JOSE DIAZ | MOTHER'S NAME PRIOR TO FIRST MARRIAGE JOSEFA GALINDO |
| INFORMANT'S NAME ROSARIO LOPEZ | | RELATIONSHIP HOSPITAL RECORDS | MAILING ADDRESS 2875 W 19TH ST, CHICAGO, IL, 60623 | |
| METHOD OF DISPOSITION BURIAL | PLACE OF DISPOSITION RESURRECTION CATHOLIC CEMETERY | LOCATION - CITY OR TOWN AND STATE JUSTICE, IL | DATE OF DISPOSITION NOVEMBER 18, 2009 | |
| FUNERAL HOME OTTO V STRANSKY AND SON, 5112 S WESTERN AVE, CHICAGO, IL, 60609 | | | | |
| FUNERAL DIRECTOR'S NAME O KENNETH STRANSKY | | | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034010263 | |
| LOCAL REGISTRAR'S NAME DAVID ORR | | | DATE FILED WITH LOCAL REGISTRAR NOVEMBER 17, 2009 | |
| CAUSE OF DEATH PART I. CARDIAC ARRHYTHMIA; CONGESTIVE HEART FAILURE | | | | |
| IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small> | | a. _____ <small>Due to (or as a consequence of):</small> | | SEVERAL DAYS |
| | | b. ARTERIOSCLEROTIC HEART DISEASE <small>Due to (or as a consequence of):</small> | | SEVERAL YEARS |
| | | c. _____ <small>Due to (or as a consequence of):</small> | | |
| PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. HTN; ATRIAL FIB; ENCEPHALOPATHY | | | | |
| DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN | | | WAS AN AUTOPSY PERFORMED? NO | |
| FEMALE PREGNANCY STATUS NOT APPLICABLE | | | WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A | |
| MANNER OF DEATH NATURAL | | | | |
| DATE OF INJURY | TIME OF INJURY | PLACE OF INJURY | INJURY AT WORK? | |
| LOCATION OF INJURY | | | | |
| DESCRIBE HOW INJURY OCCURRED: | | | IF TRANSPORTATION INJURY, SPECIFY: | |
| ATTEND THE DECEASED? NO | DATE LAST SEEN ALIVE UNKNOWN | WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO | DATE PRONOUNCED | TIME OF DEATH 12:08 AM |
| CERTIFIER PHYSICIAN | | | DATE CERTIFIED NOVEMBER 16, 2009 | |
| NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR GOPAL LAMALANI, 6441 S PULASKI RD, CHICAGO, ILLINOIS, 60629 | | | PHYSICIAN'S LICENSE NUMBER 036050305 | |



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

