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Doc#: 1112257134 Fee: \$40.00
 Eugene "Gene" Moore RHSP Fee: \$10.00
 Cook County Recorder of Deeds
 Date: 05/02/2011 12:06 PM Pg: 1 of 3

11 BAH 2003

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)
) SS.
 County of Cook)

MARILU MARTNEZ hereinafter called Affiant(s) being duly sworn states that ~~he/she/they~~ resides at: 406 4th Ave, Northlake, IL. That Affiant(s) was acquainted with Juan MARTNEZ, hereinafter referred to as Deceased, and at the time of Decedent's death, was one of the owners of the land in COOK County, Illinois, described as:

That the Deceased died on 10-23-07, as evidenced by a copy of Deceased's death certificate attached hereto.

That the Deceased, at the time of his/her death, held his/her share of the above-mentioned property as a joint tenant and that the Deceased died leaving no last will & testament.

That the total value of the estate of the Deceased, for estate tax purposes, 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 \$.

Affiant makes this affidavit for the purpose of any individual or corporation who may be harmed by the Affiant's lack of veracity.

Subscribed and sworn before me
 this 15 day of April 2011.



Desiree Roman
Desiree Roman
 Notary Public

MARILU MARTNEZ
 Affiant's Signature

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LEGAL DESCRIPTION

LOT 241 AND THE NORTH 10.00 FEET OF LOT 242 IN MILLS AND SON'S MEADOWCREEK, A SUBDIVISION OF THE SOUTH 3/8 OF THE EAST 1/2 OF THE NORTHEAST 1/4 AND THAT PART OF THE EAST 1/2 OF THE SOUTHEAST 1/4 (EXCEPT THE WEST 1/2 OF THE WEST 1/2 LYING NORTH OF LAKE STREET IN SECTION 5, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

FOR INFORMATIONAL PURPOSES ONLY:

Common Address: 406 44th Avenue, Northlake, IL 60164
PIN # 15-05-208-043-0000

Clerk's Office of Cook County

UNOFFICIAL COPY

Certified Copy of a Death Record

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <u>16-92</u>	STATE OF ILLINOIS			STATE FILE NUMBER	
	REGISTERED NUMBER <u>1115</u>	MEDICAL CERTIFICATE OF DEATH				
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS A. DECEASED B. C. D. E. PARENTS 1. 2. 3. CAUSE 4. 5. N. P. CERTIFIER 22a. 22b. 22c. DISPOSITION 24a. 24b. 24c. 24d. 25a. 25b. 25c. 26a. 26b.	DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
	1. <u>Juan Reyna Martinez</u>		2. <u>Male</u>	3. <u>October 23, 2007</u>		
	COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)	UNDER 1 YEAR MOS.	UNDER 1 DAY DAYS	DATE OF BIRTH (MONTH, DAY, YEAR)
	4. <u>Cook</u>		5a. <u>60</u>	5b.	5c.	5d. <u>May 17, 1947</u>
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)	
	6a. <u>Northlake</u>		6b. <u>406 South 44th Avenue</u>		6c. -----	
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
	7. <u>Mexico</u>		8a. <u>Married</u>	8b. <u>Marylu Diaz-Barriga</u>		9. <u>No</u>
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
	10. <u>043</u>		11a. <u>Machine</u>	11b. <u>Concrete Mfg.</u>	12. <u>8</u>	
RESIDENCE (STREET AND NUMBER)			CITY, TOWN, TWP, OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY	
13a. <u>406 S. 44th Avenue</u>			13b. <u>Northlake</u>	13c. <u>Yes</u>	13d. <u>Cook</u>	
STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)		
13a. <u>Illinois</u>		13f. <u>60164</u>	14a. <u>WHITE</u>	14b. <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES SPECIFY: <u>Mexican</u>		
FATHER—NAME FIRST MIDDLE LAST			MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST			
15. <u>Pantaleon Martinez</u>			16. <u>Priciliana Reyna</u>			
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
17a. <u>Mrs. Marylu Martinez</u>		17b. <u>Wife</u>	17c. <u>406 S. 44th Avenue</u> 17d. <u>Northlake, IL 60164</u>			
18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Immediate Cause (Final disease or condition resulting in death) → (a) <u>Cardiac Arrest Secondary</u> DUE TO, OR AS A CONSEQUENCE OF (b) <u>to Heart Failure, Lung Mass</u> DUE TO, OR AS A CONSEQUENCE OF (c) <u>Failure</u>						
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					AUTOPSY (YES/NO) 19a. <u>No</u>	
					WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b. <u>NO</u>	
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		
20a.		20b.		20c. YES <input type="checkbox"/> NO <input type="checkbox"/>		
I (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON			WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	HOUR OF DEATH		
21a. <u>October 23, 2007</u>			21b. <u>NO</u>	21c. <u>9:49 A. M.</u>		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.				DATE SIGNED (MONTH, DAY, YEAR)		
22a. SIGNATURE		22b. <u>10/25/07</u>		ILLINOIS LICENSE NUMBER		
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		22c. <u>Dr. Michelle Alexandre 808 N. 19th Avenue, Melrose Park, IL 60160</u>		22d. <u>036-100953</u>		
23. BURIAL, CREMATION, REMOVAL (SPECIFY)					DATE (MONTH, DAY, YEAR)	
24a. <u>Burial</u>		CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN	STATE	
24b. <u>Queen of Heaven</u>		24c. <u>Hillside</u>			IL	
FUNERAL HOME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN	STATE	
25a. <u>Sax-Tiedemann Funeral Home & Crematorium 9568 Belmont Ave. Franklin Park, IL</u>					ZIP <u>60131</u>	
FUNERAL DIRECTOR'S SIGNATURE			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
25b. <u>[Signature]</u>			25c. <u>034-012097</u>			
LOCAL REGISTRAR'S SIGNATURE			DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
26a. <u>[Signature]</u>			26b. <u>October 25, 2007</u>			

VP200 (REV. 5/89)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE 10/25/07 SIGNED [Signature]
 AT BROADVIEW, ILLINOIS, Illinois OFFICIAL TITLE LOCAL REGISTRAR OF VITAL STATISTICS

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of the facts