# **UNOFFICIAL COPY**



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

DECEASED JOINT TENANCY AFFIDAVIT
State of Illinois ) SS.
County of Cook
that height/they resides at: 400 11 HL Ave Northale Flat 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 20 []  Marito
Notary Public Affiant's Signature

1112257134 Page: 2 of 3

### **UNOFFICIAL COPY**

### 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 JUNIX CIEPTS OFFICE

PIN # 15-05-208-043-0000

1112257134 Page: 3 of 3

### **UNOFFICIAL COPY**

## Certified Copy of a Death Record

REG   REG   REG   RUN   NUN	PARTALECT FIRST PARTALECT	MARRIED WIDOWE Ba. Ma.  R USUAL O  11a. Ma  15a. 60161  T MIDE  On  PE OR PRINT)  Alu Martin  or the diseases, or crock, or heart failure.  (a)  DUE TO, OR A  (b)	ER HOSPITAL OR  6b. 406 D, NEVER MARRIED, ED, DIVORCED (SPECIF  rried OCCUPATION  achine  RACE (WHITE, BLA- INDIAN, etc.) (SPECII 14a. WH  C LAST	Martir RS) UNDER 1 MOS. 1 MOS. 1 MOS. 1 MOS. 1 MOS. 1 MAME 0 Y) 8b. KIND OF 11b. C SITY, TOWN, TW GK, AMERICAN FY) RELATIONSH 17b. Wife Indian death. Do each line.	AST  YEAR UNDER  YEAR UNDER  DAYS HOURS  5c.  UTION-NAME (IF NO  F SURVIVING SP  MATYLU  F BUSINESS OR I  CONCRETE  OF HISPANIC O  146.  MOTHER-NAM  16.  HIP MAILIN  4  17c. N	SEX  2 Male  1 DAY DATE  MIN. 5d. 1  OT IN EITHER GIVI  OUSE (MAIDE  Diaz-Bai NDUSTRY ED Eler Mfg. 12 TRICT NO  RIGIN? (SPECIFY  NO XYES FIRST  Pricili GADDRESS (S 06 S 46 07 th ake	DATE OF DEA  3. OCT OF BIRTH (MONTH, May 17, 19 ESTREET AND NUMBER  NAME, IF WIFE)  CTICA UCATION (SPECIFY Conentary/Secondary (0 ENTITY (YES/NO) 13c. Yes NO OR YES-IF YES, SPECIFY: Memory S	Doer 23, 2007  DAY, YEAR)  47  OPEMER RM. INPATIENT (SPE 6C.————————————————————————————————————
Victor   V	ASED-NAME  Juan  TOOK  TOWN, TWP, OR ROAD  Northlake  IPLAC (CITY AND STATE GN C UNITY)  EXICO  AL SECURITY NUMBER  DENCE (STREET ON THE  ILLINOIS  ERNAME FIRST  Pantaleo  RMANTS NAME (TYP  Mrs. Mary  ARTI. Enter  Security in death)  CHING THE UNDERLYING  SELAST.	MARRIED WIDOWE 8a. Ma.  R USUAL 0  3 11a. Ma  MBER)  10 1 Venue    Z - C DE	Reyna  AGE-LAST BIRTHDAY (M) Sa. 6  ER HOSPITAL OR  6b. 406 D. NEVER MARRIED, ED, DIVORCEO (SPECIF  rried DCCUPATION  AChine  RACE (WHITE, BLAINDIAN, etc.) (SPECIF 14a. WHA  Martir  Martir  ACC (M)  Martir  MARTIR  MARTIR  ACC (M)  MARTIR  MARTIR	Martir Res   Mos   OTHER INSTITUTE SOUTH 4 Y)   Sb.   KIND OF   I1b. C SITY, TOWN, TW 3b.   North OK, AMERICAN FY)   RELATIONSH 17b. Wife of the death. Do each line.	YEAR UNDER DAYS HOURS 5c. UTION-NAME (IF NO F SURVIVING SP Marylu F BUSINESS OR II CONCrete OF HISPANIC O 146.  MOTHER-NAM 16.  HIP MAILIN	2 Male  1 DAY DATE MIN. 5d. 1 OT IN EITHER, GIVE  OUSE (MAIDE Diaz-Ba; NDUSTRY ED EIER Mfg. 12. TRICT NO  RIGIN? (SPECIFY NO X YES FIRST  Pricili GADDRESS (SO OCT blake	3. Octo OF BIRTH (MONTH,  May 17, 19 STREET AND NUMBER  NAME, IF WIFE)  CTICA UCATION (SPECIFY OF MINISTREET AND NO. OR YES-IF YES, SPECIFY MEDILE  ANA TREET AND NO. OR R.F.  LT. 6016	Doer 23, 2007  DAY, YEAR)  47  OPEMER RM. INPATIENT (SPE 6C.————————————————————————————————————
1.   COUNT	TY OF DEATH  COOK  TOWN, TWP, OR ROAD  Northlake  IPLACT (CITY AND STATE ON AL SECURITY NUMBER  DENCE (STREET NUMBER  406 S. 441  E  Illinois  ERANTS NAME (TYP  Mrs. Mary  ART I. Ente dediate Cause (Final asso or condition liting in death)  DITIONS, IF ANY CHI GIVE RISE TO DIATE CAUSE (a) ING THE UNDERLYING SELAST.	MARRIED WIDOWE Ba. Ma.  R USUAL O  11a. Ma  15a. 60161  T MIDE  On  PE OR PRINT)  Alu Martin  or the diseases, or crock, or heart failure.  (a)  DUE TO, OR A  (b)	AGE-LAST BIRTHDAY (YI Sa. 6  ER HOSPITAL OR 6b. 406 D. NEVER MARRIED. D. DIVORCED (SPECIF TRIED DICCUPATION  COLUMN ACTURE  RACE (WHITE, BLANINDIAN, etc.) (SPECIF 14a. WH COLUMN ACTURE  MARTIN  MARTIN  AS A CONSEQUENCE OF THE COLUMN ACTURE  AS A C	SOUTH 4  Y) NAME O  SITY, TOWN, TW  St. North  KIND OF  ITE  RELATIONSH  17b. Wife  death line.	YEAR UNDER DAYS HOURS 5c. UTION-NAME (IF NO 4th Aven IF SURVIVING SP Marylu BUSINESS OR II COncrete IP. OR ROAD DIS 1 a ke 0 HISPANIC O 14 B.  MOTHER-NAM 16. HIP MAILIN	DATE MIN.  Sd. 1  OT IN EITHER, GIVE  OUSE (MAIDE  Diaz-Bar  NDUSTRY ED  Eler  Mfg. 12.  TRICT NO.  RIGIN? (SPECIFY  NO. X YES  FIRST  Pricili  GADDRESS (S  OF S 446  OT h ake	OF BIRTH (MONTH,  May 17, 19  STREET AND NUMBER  VINAME, IF WIFE)  CTICA  UCATION (SPECIFY CONTENTION)  INSIDE CITY (YES/NO)  13c. Yes  NO OR YES-IF YES, SPECIFY; Mediana  MIDDLE  Ana  REET AND NO, OR R.F.  LT. A. C. O. C. C.  OF BIRTH (MONTH, MONTH, MONTH)  ANA  TREET AND NO, OR R.F.  LT. A. C. O. C. C.  A. C. C. C. C. C. C. C.  A. C. C. C. C. C. C.  A. C.	DAY, YEAR)  4 7  R)   FHOSP, OR INST. INDICATE D. OP/EMER. RM. INPATIENT (SPE   8C
### Annual Park	COOK TOWN, TWP, OR ROAD Northlake IPLAC (CITY AND STATE GN C UNITY) EXICO AL SECURITY NUMBER  406 S. 44t E Illinois IER-NAME FIRST Pantalec RMANTS NAME (TYP Mrs. Mary ART I. Ente shoot asse or condition Iting in death) DITIONS, IF ANY CHI GIVE RISE TO DIATE CAUSE (a) ING THE UNDERLYING SE LAST.	MARRIEE Wildows 8a Ma: R USUAL O 3 11a Ma  11a Ma  13a 60 161 T MI'D'  ON PE OR PRINT)  / Lu Martin er the diseases, or cook, or heart failure.  (a)  DUE TO, OR A  (b)	BIRTHDAY (MI Sa 6 6 6 4 0 6 6 4 0 6 6 4 0 6 6 6 6 6 6 6	RES) MOS.  10 5b.  OTHER INSTITUTE  SOUTH 4  Y) 8b.  KIND OF  11b. C  SITY, TOWN, TW  3b. North  CK, AMERICAN  FY)  RELATIONSH  17b. Wife  Indicate the death. Does ach line.	DAYS HOURS 5c.  UTION-NAME (IF NO 4th Aven IF SURVIVING SP  Marylu F BUSINESS OR II CONCrete IP. OR ROAD DIS 1 ake OF HISPANIC O 146.  MOTHER-NAM 16.  HIP MAILIN 4 17c. N	MIN. 5d. 1 ot in Either, givi  Diaz-Bai NDUSTRY ED Eler Mfg. 12. TRICT NO. RIGIN? (SPECIFY NO. X YES FIRST  Pricili GADDRESS (S. 44) Of S. 44	AND THE SPECIFY MEET AND NO. OR RETAINS AND NO. OR	14 7  IF HOSP, OR INST. INDICATE D. OPJEMER, RM. INPATIENT (SPE 6C.————————————————————————————————————
## CAUSE STRUCTIONS  4. CITY, 6a. BIRTH FOREITY FOREIT	Northlake Northlake PLACT (CITY AND STATE GN C UNITY)  EXICO AL SECURITY NUMBER  DENCE (STREET OF THE ELLINOIS  ER-NAME FIRST  Pantaleo RMANTS NAME (TYP  Mrs. Mary  ARTI. Ente show assort condition Ring in death)  CHICAGO S. 44  ENTE  CONTROL  CO	MARRIEE Wildows 8a Ma: R USUAL O 3 11a Ma  11a Ma  13a 60 161 T MI'D'  ON PE OR PRINT)  / Lu Martin er the diseases, or cook, or heart failure.  (a)  DUE TO, OR A  (b)	ER HOSPITAL OR  6b. 406 D. NEVER MARRIED, ED, DIVORCED (SPECIF  Tried DCCUPATION  CACHINE  MARTIN  MARTIN  DEZ  OMPICIATION The CASE  AS A CONSEQUENCE OF CASE  AS A CONSEQUENCE OF CASE  A CONSEQUENCE OF CAS	SOUTH 4  Y)  SOUTH 4  Y)  Sb.  KIND OF  11b. C  SITY, TOWN, TW  3b. North  CK, AMERICAN  FY)  RELATIONSH  17b. Wife  do the death. Do each line.	4th Aven 4th Aven F SURVIVING SP Marylu BUSINESS OR I CONCRETE P OR ROAD DIS 1 a ke OF HISPANIC O 146.  MOTHER-NAM 16.  HIP MAILIN	OT IN EITHER, GIVE  OUSE (MAIDE  Diaz-Ba)  NDUSTRY ED  Eler  Mfg. 12.  TRICT NO.  RIGIN? (SPECIFY  NO. X YES  FIRST  Pricili  GADDRESS (SO  OCT hicks	INAME, IF WIFE)  TIGA  UCATION (SPECIFY OF THE NAME)  INSIDE CITY (YES/NO)  13c. Yes  NO OR YES-IF YES, SPECIFY MEDDLE  ANA  TREET AND NO, OR R.F.  LT. 6016	IF HOSP. OR INST. INDICATE D. OP/EMER. RM. INPATIENT (SPE 6c.————————————————————————————————————
CAUSE   CERTIFIER   CERTIFIER   CAUSE	Northlake  IPLAC (CITY AND STATE ON C UNITY)  EXICO  AL SECURITY NUMBER  O 4  DENCE (STREET NUMBER  406 S. 44t  E  Illinois  IER-NAME FIRST  Pantalec  RMANTS NAME (TYP  Mrs. Mary  ART I. Enter  Short  Short  CHICAN IN CONTROL  CHICAN IN CONT	MARRIEE Wildows 8a Ma: R USUAL O 3 11a Ma  11a Ma  13a 60 161 T MI'D'  ON PE OR PRINT)  / Lu Martin er the diseases, or cook, or heart failure.  (a)  DUE TO, OR A  (b)	RACE (WHITE, BLAINDIAN, etc.) (SPECIII)  RACTION  RACE (WHITE, BLAINDIAN, etc.) (SPECIII)  Martin  Martin  ACCIONAL STANDARD CONSEQUENCE (CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE (CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE (CONSEQUENCE CONSEQUENCE CONSEQUENC	South 4  Y)  8b.  KIND OF  11b. C  SITY. TOWN, TW  3b. North  CK, AMERICAN  FY)  RELATIONSH  17b. Wife  d the death. Do each line.	4th Aven F SURVIVING SP Marylu BUSINESS OR I CONCRETE F, OR ROAD DIS 1 lake OF HISPANIC O 146.  MOTHER-NAM 16. HIP MAILIN	Diaz-Bai NDUSTRY ED Eler Mfg. 12. TRICT NO.  RIGIN? (SPECIFY NO. X YES FIRST Pricili GADDRESS (S 06 S 44)	INAME. IF WIFE)  TIGE  UCATION (SPECIFY OF THE PROPERTY OF THE	OPJEMER, RM. INPATIENT (SPE 6C.————————————————————————————————————
DECEASED 7-Me B. SOCU C. 10.  RESIL  PARENTS 15. INFO 17a. 3. 18. P. Immin disse resul CAUSE STAT  CAUSE  4. PAR 5.  DATE P. 20a. I (Dit AND I 21a. TO TI CERTIFIER 22a. NAMI 23. BURI	PLACT (CITY AND STATE ON CUNITY)  EXICO AL SECURITY NUMBER  0 4  DENCE (STREET ON TOWN  406 S. 44t  E  Illinois  FIRST  Pantalec  RMANTS NAME (TYP  Mrs. Mary  ART I. Ente  shot distribution of the course (Final assor or condition)  DITIONS, IF ANY  HIGIVE RISE TO DIATE CAUSE (a)  ING THE UNDERLYING SE LAST.	WIDOWE  8a. Ma:  R USUAL O  3 11a. Ma  WHER)  TO IVENUE  Z C DE  137.60161  MI DE  ON  PE OR PRINT)  Alu Martin  or the diseases, or cook, or heart failure.  (a)  DUE TO, OR A  (b)	D, NEVER MARRIED, ED, DIVORCED (SPECIF rried DCCUPATION  Chine  RACE (WHITE, BLAST INDIAN, etc.) (SPECIF 14a. (W/H  E LAST Martir  Martir  AS CONSEQUENCE (C. M.)  RACE (WHITE, C. USE LIST Only One Call one	NAME O  St.  KIND OF  11b. C  STY, TOWN, TW  3b. North  CK, AMERICAN  FY)  RELATIONSH  17b. Wife  d the death. Do each line.	Marylu  BUSINESS OR I  CONCRETE  P. OR ROAD DIS  Lake  OF HISPANIC O  146.  MOTHER-NAM  16.  HP MAILIN  4  17c. N	Diaz-Bai NDUSTRY ED Eler Mfg. 12 TRICT NO RIGIN? (SPECIFY NO X YES FIRST Pricili GADDRESS (S 44)	UCATION (SPECIFY CONTENTARY/SECONDARY (OF SECONDARY (OF SE	WAS DECEASED EVER ARMED FORCES? (YES 9. NO ONLY HIGHEST GRADE COMPLETED 12) College (1-4 or 5+) COUNTY 13d. COOK ECIFY CUBAN, MEXICAN, PUERTO RI (MAIDEN) LAST REYNA D., CITY OR TOWN, STATE, ZIP)
Total   Particular   Particul	AL SECURITY NUMBER  10 4 DENCE (STREET AND TO A  406 S. 44† E  Illinois IER-NAME FIRST  Pantalec  RMANTS NAME (TYP  Mrs. Mary  ART I. Enter Short Short Condition Onling in death)  DITIONS, IF ANY CHI GIVE RISE TO DIATE CAUSE (a) ING THE UNDERLYING SELAST.	Ba. Ma: R USUAL O  11a. Ma  11a. Ma  11a. Ma  11a. Ma  13a. 60 1 61  T MI DO  ON  PE OR PRINT)  (a)  DUE TO, OR A  (b)	RACE (WHITE BLAINDIAN, etc.) (SPECII 14a. WHEELE LAST 20 CONSEQUENCE CONSEQUEN	Sb. KIND OF 111b. C SITY, TOWN, TW 3b. North CK, AMERICAN FY)  RELATIONSH 17b. Wife death. Do each line.	Oncrete Oncrete IP, OR ROAD DIS I a ke OF HISPANIC O 146.  MOTHER-NAM 16.  HIP MAILIN	NDUSTRY ED Eler Mfg. 12. TRICT NO.  RIGIN? (SPECIFY NO. X YES FE FIRST  Pricili GADDRESS (SO OCT 1 4 46	UCATION (SPECIFY CONTROL OF THE PROPERTY OF TH	ONLY HIGHEST GRADE COMPLETED  12) College (1-4 or 5+)  13d. COOK  CIFY CUBAN, MEXICAN, PUERTO RI  EXICAN  (MAIDEN) LAST  Reyna  D., CITY OR TOWN, STATE, ZIP)
C. 10.  RESIGNATION TO THE PARENTS  1. 13e. 1  PARENTS  1. 17e. 1  17e	DENCE (STREET AND TO A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11a. MacMaern)  to ivenue  Z c DE  13r.60161  Ton  PE OR PRINT)  / Lu Martin  er the diseases, or crock, or heart failure.  (a)  DUE TO, OR A  (b)	RACE (WHITE, BLAMINDIAN, etc.) (SPECII 14a. W.H.  LAST  Martir  DEZ  Omplication: thr. cruse List only one carrent	3b. North CK, AMERICAN FY) ITE RELATIONSH 17b. Wife did the death. Do each line.	Oncrete IP. OR ROAD DIS I Lake OF HISPANIC O 14B. [] MOTHER-NAM 16. HIP MAILIN	Mfg. 12. TRICT NO.  RIGIN? (SPECIFY  NO. X YES  FE FIRST  Pricili  GADDRESS (S. 4.6)  Of S. 4.6  Of blake	INSIDE CITY (YESNO) 13c. Yes NO OR YES-IF YES SPECIFY; Me MIDDLE  Ana REET AND NO. OR R.F. Lth Avenue T. 1. 6016	-12) College (1-4 or 5+)  COUNTY  13d. COOK  ECIFY CUBAN, MEXICAN, PUERTO RI  EXICAN  (MAIDEN) LAST  Reyna  D., CITY OR TOWN, STATE, ZIP)
D	A06 S. 44t  E  Illinois  ER-NAME FIRST  Pantalec  RMANTS NAME (TYP  Mrs. Mary  ART! Ente  sale or condition  Intimo in death)  DITIONS, IF ANY  H GIVE RISE TO  DIATE CAUSE (a)  ING THE UNDERLYING  SE LAST.	TON PEOR PRINT)  (a)  DUE TO, OR A  (b)	RACE (WHITE, BLAN INDIAN, etc.) (SPECIAL INDI	STY, TOWN, TW  3b. North CK, AMERICAN FY) T  RELATIONSH 17b. Wife d the death. Do each line.	IP, OR ROAD DIS  I Dake  OF HISPANIC O  146.   MOTHER-NAM  16.  HP MAILIN  4  17c. N	Mfg. 12 TRICT NO  RIGIN? (SPECIFY NO XYES F FIRST  Pricili IG ADDRESS (S 44)	INSIDE CITY (YES/NO)  13c. Yes  NO OR YES-IF YES, SPE  SPECIFY: Me  MIDDLE  ana  IREET AND NO. OR R.F.  Eth Avenue  T. 16016	COUNTY  13d. COOK  CIFY CUBAN, MEXICAN, PUERTO RI  (MAIDEN) LAST  Reyna  D., CITY OR TOWN, STATE, ZIP)
13a. STAT 13e. ] PARENTS 15. INFOI 17a. ] 18. P.   Immudisee   Imm	406 S. 44t  E  Illinois  IER-NAME FIRST  Pantalec  RMANTS NAME (TYP  Mrs. Mary  ARTI. Ente shock asso or condition litting in death)  DITIONS, IF ANY H GIVE RISE TO DIATE CAUSE (a) ING THE UNDERLYING SE LAST.	TO IVENUE  Z C DE  13.60161  MI D'  ON  PE OR PRINT)  / Lu Martin  er the diseases, or cock, or heart failure.  (a)  DUE TO, OR A  (b)	RACE (WHITE, BLA: INDIAN, etc.) (SPECI) 14a. W/A  LAST  Martir  Metric  Martir  ACCIO  AS A CONSEQUENCE (  H & M C C	3b. North CK. AMERICAN FY) I TE RELATIONSH 17b. Wife od the death. Do each line.	1 a ke OF HISPANIC O 146.  MOTHER-NAM 16. HIP MAILIN 4 17c. N	NG X YES  NO X YES  F FIRST  Pricili  GADDRESS G  OF S 44	(YES/NO)  13c. Yes  NO OR YES-IF YES,SPE  SPECIFY: Me  MIDDLE  ana  rreet and no. or r.f.  th. Avenue  T. 1. 6016	13d. Cook ECIFY CUBAN MEXICAN, PUERTO RI EXICAN (MAIDEN) LAST REYNA .D., CITY OR TOWN, STATE, ZIP)
PARENTS  1	Illinois  IR-NAME FIRST  Pantalec  RMANTS NAME (TYP)  Mrs. Mary  ARTI. Enter  short  short  Condition in death)  DITIONS, IF ANY  H GIVE RISE TO  DIATE CAUSE (a)  ING THE UNDERLYING  SE LAST.	T C DE  131.60161  T MI DE  ON  PE OR PRINT)  / Lu Martin  er the diseases, or can  cock, or heart failure.  (a)  DUE TO, OR A	RACE (WHITE, BLA: INDIAN, etc.) (SPECII 14a// LAST  Martir  De Z  omplication the cruse List only one care on  A Coli Coling AS A CONSEQUENCE (	CK, AMERICAN FY)  T  1	OF HISPANIC O  146.   MOTHER-NAM  16.   MAILIN  17c. N	NO XYES FIRST Pricili IGADDRESS (8 06 S 44	13c. Yes NO OR YES-IF YES.SPE SPECIFY: Me MIDDLE  ana reet and No. OR R.F. th Avenue	ECIFY CUBAN, MEXICAN, PUERTO RI  EXICAN (MAIDEN) LAST  Reyna .D., CITY OR TOWN, STATE, ZIP)
13e. ]   FATH   15.   INFO   17a.   18.   19.	Illinois  IR-NAME FIRST  Pantalec  RMANTS NAME (TYP)  Mrs. Mary  ARTI. Enter  short  short  Condition in death)  DITIONS, IF ANY  H GIVE RISE TO  DIATE CAUSE (a)  ING THE UNDERLYING  SE LAST.	T C DE  131.60161  T MI DE  ON  PE OR PRINT)  / Lu Martin  er the diseases, or can  cock, or heart failure.  (a)  DUE TO, OR A	Martin  Mez  Martin	CK, AMERICAN FY)  T  1	OF HISPANIC O  146.   MOTHER-NAM  16.   MAILIN  17c. N	NO XYES FIRST Pricili IGADDRESS (8 06 S 44	SPECIFY Me MIDDLE ana IREET AND NO. OR R.F. Ith Avenue	exican (MAIDEN) LAST Reyna D. CITY OR TOWN, STATE, ZIP)
PARENTS  1. INFO  2. 17a.  3. 18. P. Immidsee result CONE WHIC IMME STAT: CAUSE  4. PAR'  5. DATE P. 20a. 1 (DI ANDI ANDI ANDI ANDI ANDI 21a. TO TI  CERTIFIER  22c. NAMI 22c. NAMI 23. BURI REM	Pantalec RMANTS NAME (TYP  Mrs. Mary ART I. Ente show asso or condition lting in death)  DITIONS, IF ANY CH GIVE RISE TO DIATE CAUSE (a) ING THE UNDERLYING SE LAST.	On PE OR PRINT)  / lu Martin er the diseases or cock, or heart failure.  (a)  DUE TO, OR A  (b)	Martin  Martin	RELATIONSH 17b. Wife ad the death. Do each line.	MOTHER-NAM 16. HP MAJLIN 4 17c. N	FIRST  Pricili IGADDRESS (S  06 S 44  Orthlake	MIDDLE ana TREET AND NO. OR R.F. I th Avenue	(MAIDEN) LAST  Reyna  D., CITY OR TOWN, STATE, ZIP)  4
DATE   15.   INFO!   17a.   18. P.	Pantalec RMANTS NAME (TYP  Mrs. Mary ARTI. Ente short asse or condition iting in death)  DITIONS, IF ANY CH GIVE RISE TO DIATE CAUSE (a) ING THE UNDERLYING SE LAST.	On PE OR PRINT)  /lu Martin or the diseases or or ock, or heart failure.  (a)  DUE TO, OR A	Martin  De Z  Omplication the cause List only one can a consequence of the consequence of	RELATIONSH 17b. Wife d the death. Do each line.	16. IIP MAILIN 4	Pricili GADDRESS (S 06 S. 44	ana rreet and no. or r.f. th Avenue	Reyna D., city or town, state, zip)
15. INFOI 2. 17a. 18. P. Immidisee result disee result which is the start CAUSE  4. PART 5. DATE 20a. 1 (Dit AND I 21a. TO TI 22a. S. NAMI 22c. NAMI 22c. NAMI 23. BURI REM	Mrs. Mary ART I. Enter Short Cause (Final asse or condition liting in death)  DITIONS, IF ANY H GIVE RISE TO DIATE CAUSE (a) ING THE UNDERLYING ISE LAST.	PE OR PRINT)  /lu Martin  /lu Martin  /rithe diseases, or crock, or heart failure.  (a)  // DUE TO, OR A  (b)	nez  omplication the cruse List only one are on  a culture as a consequence of  the ur	RELATIONSH 17b. Wife of the death. Do each line.	IIP MAILIN 4 17c. N	GADDRESS (S 06 S 44	reet and no. or r.f th Avenue	.D., CITY OR TOWN, STATE, ZIP)
CAUSE  CA	Mrs. Mary ART I. Enter Short Cause (Final asse or condition liting in death)  DITIONS, IF ANY H GIVE RISE TO DIATE CAUSE (a) ING THE UNDERLYING ISE LAST.	PE OR PRINT)  /lu Martin  /lu Martin  /rithe diseases, or crock, or heart failure.  (a)  // DUE TO, OR A  (b)	nez  omplication the cruse List only one are on  a culture as a consequence of  the ur	RELATIONSH 17b. Wife of the death. Do each line.	17c. N	GADDRESS (S 06 S 44	reet and no. or r.f th Avenue	.D., CITY OR TOWN, STATE, ZIP)
CAUSE CAUSE CAUSE CAUSE  CAUSE	ART I. Enter show as a condition in death)  DITIONS, IF ANY CH GIVE RISE TO DIATE CAUSE (a) ING THE UNDERLYING SE LAST.	(a)  (b) (b)	omplication the cruse List only one car on a CAS A CONSEQUENCE of TRUE	d the death. Do each line.	not enter the mode	06 S. 44 Orthlake e of dying, such a	th Avenue , IL 6016 s cardiac or respirato	APPROXIMATE INTE
CAUSE CAUSE CAUSE CAUSE  CAUSE	ART I. Enter show as a condition in death)  DITIONS, IF ANY CH GIVE RISE TO DIATE CAUSE (a) ING THE UNDERLYING SE LAST.	(a)  (b) (b)	omplication the cruse List only one car on a CAS CONSEQUENCE of HRUCH	d the death. Do each line.	not enter the mode	e of dying, such a	s cardiac or respirato	APPROXIMATE INTE
CAUSE CAUSE CAUSE  CAUS	ediate Cause (Final sase or condition liting in death)  DITIONS, IF ANY  HI GIVE RISE TO DIATE CAUSE (a) ING THE UNDERLYING SE LAST.	(a) DUE TO, OR A	ardia as a consequence He urt	01	(les	+ .	Second	BETWEEN ONSET AN
CAUSE  CAUSE  CONE WHIC IMME STATI CAUS  DATE  20a. 1 (Din AND I 21a. TO TI  CERTIFIER  22c. NAMI 23. BURI REM	oliting in death) DITIONS, IF ANY HI GIVE RISE TO DIATE CAUSE (a) ING THE UNDERLYING SE LAST.	DUE TO, OR A	Heart	100, 1	res	<u>+ ,</u>	Second	lary
CAUSE WHIC IMME STAT: CAUS STAT:	CH GIVE RISE TO IDIATE CAUSE (a) ING THE UNDERLYING BE LAST.	(b) -) <sub>0</sub>	Heart	FO1.1.				
CAUSE WHIC IMME STAT: CAUS STAT: CAUS PART STA	CH GIVE RISE TO IDIATE CAUSE (a) ING THE UNDERLYING BE LAST.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	HEUTT AS A CONSEQUENCE	#3%.1.				/
## CAUSE  STATICAUS  4. PART  5. DATE  P. 20a. 1 (DIC AND I 21a. TO TI  CERTIFIER 22a. 1 NAMI  22c. NAMI  23. BURI  REM	ING THE UNDERLYING SE LAST.	DUE TO, OR A	AS A CONSEQUENCE		11/e	Lun	$c m_{\nu}$	ce
CAUS  PAR  1. DATE  20a. 1 (DIC AND I 21a. TO TI  CERTIFIER 22a. 1 NAMI  22c. NAMI  23. BURI  REM	BE LAST.			OF .	<del>-</del> 7		<del>5 / ///</del>	
DATE P	Til. Other significant co	(c) 1	- /		) x.			
DATE P			death but not resulting in the	underlying cause gi	iven i PARTI.	<b></b>	AUTOPSY	WERE AUTOPSY FINDINGS AVAILABLE PR
20a. 1 (DII AND I) 21a. TO TI  CERTIFIER 22a. NAMI 22c. NAMI 23. BURI		·				١	(YES/NO)	COMPLETION OF CAUSE OF DEATH? (YES
20a. 1 (DII AND I) 21a. TO TI  CERTIFIER 22a. NAM! 22c. NAM! 23. BUR! REM	OF OPERATION, IF AN	NV MAIODE	INDINGS OF OPERAT	ION	<del></del>		19aNO	MALE, WAS THERE A PREGNANCY
I (DIC AND I) 21a.   TO TI	Of Of Election, if All		INDINGS OF GLENNIN	,0,1		0.	1	E MONTHS?
CERTIFIER 22a. S NAM! 22c. NAM! 23. BURI	N (DID HOT) ATTEND	20b.	(MONTH, DAY, YEAR)			WAS CUPONE	20c.	YES LINO LI
CERTIFIER  22a. S NAME  22c. NAME  23. BURI	D) (DID NOT) ATTEND T LAST SAW HIM/HER AL	LIVE ON DECEMBED		7 447		EXAMILER NO	TIFIED? (YES/NO)	
CERTIFIER  22a. S NAME  22c. NAME  23. BURI  REM	HE BEST OF MY KNOW				LACE AND DUE 1	21b. 1		c. 9:49 A. ATE SIGNED (MØNTH, DAY, YEA
NAMI 22c. NAMI 23. BURI		177	1 1	NO PROPERTY OF THE PROPERTY OF	1>			10/01/1
22c. NAMI 23 BURI REM	SIGNATURE P	ERTIFIER	FE OR PRINT)					INOIS LICENSE NUMBER
NAMI 23. BURI REM				101h 7	esus Ma	Jacobo Da		225 114:01 S
23. BURI REM	Dr. Michel:	LE ALEXAN	CATE OUT NO.	YPE OR PRINT)	enue, Me			IE: IF AN INJURY WAS INVOLVED I
BURI REM	, , , , , _, , _, , , , , , , , , ,					جي.		( ) 'Y THE CORONER OR MEDICAL E ( ) BE NOTIFIED.
REM	IAL, CREMATION,	CEMETERY OR	CREMATORY-NAME		LOCATION	CITY OR TOWN	STATE	DATE (MONTH, DAY, YEA
	OVAL (SPECIFY)	1		1			_	1 10/07/00/
	Burial	24b. Quee:	n of Heaver	I AND NUMBER OR	24c. Hill R.F.D.	CITY OR T		STATE 62P
DISPOSITION		mann Funei	ral Home &	Cremato	rium 956	8 Belmon	t Ave. Fra	anklin Park, II
· · · · · · · · · · · · · · · · · · ·	ERAL DIRECTOR'S SIG						FUNERAL DIRECTOR'S	ILLINOIS LICENSE NUMBER
255		$\sim$	De (1)	69			<sub>25c</sub> 034-01	12097
	•	NATURE \		t	· · ·		DATE FILED BY LOCAL	
	. 121	l D	$\sim$	HILL	SIDE ILLINOIS	60162	a Octo	her 25,20
	1100	mes " Plea	vere /					ED ON 1989 U.S. STANDARD CERT
DISPOSITION  25a. FUNE 25b. LOC. 26a.	ERAL DIRECTOR'S SIGN  AL REGISTRAR'S SIGN  O (REV. 5/89)	NATURE  NATURE  NATURE  Language of the control of	Illinois Department of P	Cremato: HILL ublic Health- Div	SIDE ILLINOIS	8 Belmon 6 60162  ords	t Ave. Fr: FUNERAL DIRECTOR'S 25c. 034-01 DATE FIED BY LOCAL 26b. (BAS	anklin ILUNOIS LICEN L 2097 REGISTRAR Lea 2
	,			SGNED .	1 Nov	5-10	wen!	4-
·	COT 40			<b>U</b> /				
BROADVIEW,	,				merce Li	OCAL REG	ISTRAR OF	VITAL STATIST
	COT 4 0 1		PHD:: +	AFFICIAT	. [[][.]			