

UNOFFICIAL COPY



1121655126

DECEASED JOINT TENANCY AFFIDAVIT

Doc#: 1121655126 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 08/04/2011 02:47 PM Pg: 1 of 3

Prepared By and Return To:

Russel G. Robinson, Esq.
Robinson Payne LLC
2800 W. Higgins Road, Suite 160
Hoffman Estates, IL 60169
847-882-8888

Taxpayer Name and Address:

Joyleilani Rodriguez
2631 Pauline Avenue
Glenview, IL 60025

State of Illinois)
County of Cook) SS.

JOYLEILANI RODRIGUEZ, a/k/a JOY LEILANI RODRIGUEZ, being duly sworn states that she resides at 2631 Pauline Avenue, Glenview, IL 60025.

That she was married to EDUARDO G. RODRIGUEZ, deceased, who at the time of his death was one of the owners of the land in Cook County, Illinois, legally described as follows:

LEGAL DESCRIPTION IS ATTACHED HERETO AS EXHIBIT A

Permanent Index Number: 09-12-309-005

Property Address: 2631 Pauline Avenue, Glenview, IL 60025

That the deceased died on April 14, 2005.

That the deceased died:

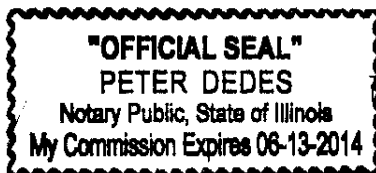
- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of Probate Division of the Circuit Court of _____ County Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois on _____

Date: 7/22/2011

Joyleilani Rodriguez
Joyleilani Rodriguez

I, the undersigned, a Notary Public in and for the County and State aforesaid, DO HEREBY CERTIFY that JOYLEILANI RODRIGUEZ who produced _____ as identification or is personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and under oath, acknowledged that she signed, sealed and delivered the said instrument as a free and voluntary act, for the uses and purposes therein set forth.

Date: 7/22/2011



Peter Deedes
Notary Public

UNOFFICIAL COPY

EXHIBIT A

LEGAL DESCRIPTION

LOT 104 IN EUGENIA, BEING A SUBDIVISION OF PART OF THE NORTH WEST 1/4 OF THE SOUTH WEST 1/4 AND PART OF THE SOUTH WEST 1/4 OF THE SOUTH WEST 1/4 AND PART OF THE SOUTH EAST 1/4 OF THE SOUTH WEST 1/4 OF SECTION 12, TOWNSHIP 41 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office

UNOFFICIAL COPY

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

APR 15 2005

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

David Orr
COUNTY CLERK

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.0	STATE OF ILLINOIS	STATE FILE NUMBER	
REGISTERED NUMBER		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 23 DISPOSITION	1. DECEASED NAME FIRST MIDDLE LAST EDUARDO RODRIGUEZ		2. SEX MALE	
	3. DATE OF DEATH (MONTH, DAY, YEAR) APRIL 14, 2005		4. COUNTY OF DEATH COOK	
	5a. AGE-LAST BIRTHDAY (YRS) MOS DAYS		5b. UNDER 1 YEAR	5c. UNDER 1 DAY
	6a. GLENVIEW		6b. 2631 PAULINE	
	7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
	8b. MARRIED		8c. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) JOY DIZON	
	9. SOCIAL SECURITY NUMBER		9. NO	
	10. RESIDENCE (STREET AND NUMBER) 2631 PAULINE		11. CITY, TOWN, TWP. OR ROAD DISTRICT NO. GLENVIEW	
	12. STATE ILLINOIS		13. ZIP CODE 60025	
	14. FATHER-NAME FIRST MIDDLE LAST		15. MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST	
16. INFORMANT'S NAME (TYPE OR PRINT) MRS. JOY RODRIGUEZ		17. RELATIONSHIP WIFE		
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.		19. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 2631 PAULINE- GLENVIEW, IL 60025		
19. IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) [REDACTED]		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
20. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) [REDACTED]				
21. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				
22. DATE OF OPERATION, IF ANY		23. MAJOR FINDINGS OF OPERATION		
24. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) April 11, 2005		25. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) NO		
26. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		27. HOUR OF DEATH 4:00 A. M.		
28. SIGNATURE <i>Arthur Hooberman</i>		29. DATE SIGNED (MONTH, DAY, YEAR) APRIL 15, 2005		
30. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ARTHUR HOOBERMAN, M.D. 1700 LUTHER LN- PARK RIDGE, IL		31. ILLINOIS LICENSE NUMBER 36-072749		
32. BURIAL, CREMATION, REMOVAL (SPECIFY)		33. CEMETERY OR CREMATORY-NAME		
34. FUNERAL HOME NAME		35. LOCATION CITY OR TOWN STATE		
36. COLONIAL-WOJCIECHOWSKI FH 8025 W. GOLF ROAD- NILES, IL 60714		37. DATE (MONTH, DAY, YEAR) 4/16/2005		
38. FUNERAL DIRECTOR'S SIGNATURE <i>J.D. Wojciechowski</i>		39. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 34-012366		
40. LOCAL REGISTRAR'S SIGNATURE <i>David Orr</i>		41. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) APR 15 2005		