## **UNOFFICIAL COPY**



Doc#: 1220950015 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee: \$10.00

Cook County Recorder of Deeds
Date: 07/27/2012 08:31 AM Pg: 1 of 2

STATE OF ILLINOIS )

(COUNTY OF COOK )

## DECEASED JOINT TENANCY AFFIDAVIT

I, German Vazquez, being duly sworn states that he resides at 4251 North Bernard Street in the City of Chicago, Illinois 60618

That he was Brother of Silverio Vazquez, deceased who at the time of his death, was one of the owners of the land in Cook County, Illinois described as:

LOT 45 IN BLOCK 4 IN A. H. HILL AND COMPANY'S BOULEVARD ADDITION TO IRVING PARK PEING A SUBDIVISION BY ALONZO H. HILL OF THE EAST 1/2 OF THE WEST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 14, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILL NOIS.

Permanent Real Estate Index Number: 13-14-411-304-0000

Address(es) of Real Estate:

4251 N. Bernard Street Chicago IL 60618

That the deceased died on May 6, 2010 as evidenced by a certified copy of the death certificate of the deceased attached hereto.

Subscribed and sworn to before me this 25th day of July 2012.

Notary Public

German Vazquez

OFFICIAL SEAL
EMILIO A GARCIA
NOTARY PUBLIC - STATE OF ILLINOIS
NY COMMISSION EXPIRES: 10/02/15

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## CERTIFICATION OF DEATH RECORD

## CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

DECEDENT'S LEGAL NAME SILVERIO F VAZQUEZ COUNTY OF DEATH								DATE ISSUED   05/   SEX			
COOK  AGE AT LAST BIRTHDAY 61 YEARS						DATE OF BIRTH JUNE 20, 1948					
CHICAGO  PLACE OF DEATH					HOSPITAL OR C	OF NA	NSTITUTION	NAME HOSP CENTE	R		
INPATIENT BIRTHPLACE										-	
MEYICO MA					MARITAL STATUS AT TIME OF DEATH SUR DIVORCED			G SPOUSE'S NAME	EVER IN U.S. ARM FORCES? NO		
4251 N BERNARD S				APT. NO		CHIC	TOWN			INSIDE CITY LIMITS:	
COOK		0618	FATHER'S NAME ANTONIC					MOTHER'S NAM	E PRIOR TO FIR	YES ST MARRIAGE	
INFORMANT'S NAME GERMAN VAZQUE		RELATIONSHIP BROTHER			MERCEDES VELAZQUEZ  MAILING ADDRESS 4251 N BERNARD ST, CHICAGO, IL, 60618						
METHOD OF DISPOSITION CREMATION		C. OF DISPOSITION  IF. LAKES CREMATORY				LOCATION - CITY OR TOWN AND STATE DATE OF DISPOSITION					
GREIN FUNERAL DI	RECTORS, 21				<del></del>		WE ALER	<b>₹, (L</b>	MAY	11, 2010	
GREIN FUNERAL DIRECTORS, 2114 W IRV NC PARK RD, CHICAGO, IL, 60618 FUNERAL DIRECTOR'S NAME NICOLE SERNE SMITH							<u> </u>	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
LOCAL REGISTRAR'S NAME DAVID ORR						-	DATE FILED WITH LOCAL REGISTRAR				
CAUSE OF DEATH PA	ARTI METASTA	TIC CARCII	NOMA	4				MAY 10, 20	10		
(Final disease or condition resulting in death)	b. RENAL FA	W. upe	. Out	e to (or as	a co. sequence of):				AAIE ITVEE DEATH	МОМТ	
	D. NEMAL PA	NILURE					14.1		PROXIMA VAL BET 1 AND DE	MONTI	
is a income and a second	c FREE PER	RITONEAL A	Due IR	e to (or ars:	a consequence of)	7	5		APPRO) INTERVAL ONSET AND		
	· · · · · · · · · · · · · · · · · · ·	-	Due	to (or as a	consequence of);	Ų		· · · · · · · · · · · · · · · · · · ·		MONTI	
ART II. Enter other significant	conditions contrib	uting to deat	but not resulting	g in the L	inderlying cause (	given in	PART I.	WASA	N AUTOPSY PER	FORMED? NO	
DID TOBACCO USE CONTRIBUTE TO DEATH? FEMALE PREGNANCY STATUS							WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A				
			FEMALE PREGNANCY STATUS NOT APPLICABLE				W N. ER OF DEATH				
DATE OF INJURY		TIME OF	TIME OF INJURY PLACE OF INJURY					ROUR		INJURY AT WORK?	
OCATION OF INJURY		<del></del>								1	
SCRIBE HOW INJURY OCCU	RRED:	<del></del>					<del></del>		IF TRANSPOR	TIJN INJURY, SPECIF	
TEND THE DECEASED?	DATE LAST SEE	N ALIVE	MACHENIA	Al princip		<del></del>	<b>-</b>			o Significant	
YES	MAY 06, 20		WAS MEDICA CORONER C	ONTACT	ED? NO		DATE PRO	NOUNCED		TIME OF DEATH 12:32 PM	
PHYSICIAN ME, ADDRESS AND ZIP CODE	F OF PERSON OF	IDI CITALI	· .						DATE CERTIFIED MAY 06, 20	<del></del>	
ME, ADDRESS AND ZIP CODE GREENFIELD, VICTOR	IA, 2233 W DIV	IPLETING CAL (ISION, CH	JSE OF DEATH IICAGO, ILLI	NOIS,	60622					LICENSE NUMBER	



This is to certify that this is a true and correct copy from the official death record filed with Illinois Department of Health.



