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CHICAGO TITLE INSURANCE COMPANY

DECEASED JOINT TENANCY AFFIDAVIT

A12-12304



1223634011

Doc#: 1223634011 Fee: \$44.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 08/23/2012 08:32 AM Pg: 1 of 4

Property of Cook County Clerk's Office

State of Illinois)
County of) ss.

Order No. A12-1230

Abel Alvarez being duly sworn states
that he resides at 2336 S. Human Ave.
the City of Chicago

That he was acquainted with
Maria Alvarez
deceased who, at the time of her death, was one of the owners of the land
in Cook County, Illinois, described as:

LOT 15 IN B. F. JACOBS SUBDIVISION OF LOTS 24, 25, 32, 33 AND 40 IN THE SUBDIVISION OF THE WEST 1/2 OF THE NORTHEAST 1/4 OF SECTION 26, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

That the deceased died May 15, 2004, 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 _____.

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 _____ 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

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this 14 day of August, A.D. 2012

Julissa Chavez
Notary Public

Abel Warzitt
(affiant's signature)



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2336 S. Homan Avenue
Chicago, IL 60623

Property Index Number:
16-26-211-036-0000

Property of Cook County Clerk's Office

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COOK COUNTY CLERK VITAL RECORDS
CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2009 0040247 DATE ISSUED 8/10/2012

DECEDENT'S LEGAL NAME MARIA NEVAREZ			SEX FEMALE	DATE OF DEATH MAY 15, 2009
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 73 YEARS	DATE OF BIRTH JANUARY 28, 1936	
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME UNIVERSITY OF ILLINOIS HOSPITAL		
PLACE OF DEATH INPATIENT				
BIRTHPLACE MEXICO	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME ABEL NEVAREZ	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 2336 SOUTH HOMAN AVE		APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60623	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION FLORENCIO ARELLANO	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JULIA PEREZ
INFORMANT'S NAME JOHNETTA WILCOXSON		RELATIONSHIP HOSPITAL RECORDS	MAILING ADDRESS 1740 W TAYLOR, CHICAGO, IL, 60612	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION GARAME DE ABAJO CEMETERY		LOCATION - CITY OR TOWN AND STATE DURANGO, MEXICO	DATE OF DISPOSITION MAY 24, 2009
FUNERAL HOME FUNERARIA DEL ANGEL SAGRADO CORAZON FUNERAL HOME, 5218 S.KEDZIE, CHICAGO, IL, 60632				
FUNERAL DIRECTOR'S NAME ESMERALDA RAMIREZ			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015830	
LOCAL REGISTRAR'S NAME TERRY MASON MD			DATE FILED WITH LOCAL REGISTRAR MAY 18, 2009	
CAUSE OF DEATH PART I. INTRACEREBRAL HEMORRHAGE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
a. _____ Due to (or as a consequence of):				
b. CEREBRAL ANEURYSM				
c. _____ Due to (or as a consequence of):				
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				
			WAS AN AUTOPSY PERFORMED? UNKNOWN	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? UNKNOWN	
FEMALE PREGNANCY STATUS NOT APPLICABLE			MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED				
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE MAY 15, 2009	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 12:33 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED MAY 17, 2009	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH TROY A MUNSON, 1740 W TAYLOR, CHICAGO, ILLINOIS, 60612				PHYSICIAN'S LICENSE NUMBER 125052152

THE WORD VOID APPEARS WHEN PHOTOCOPIED

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

David Or
David Or
Cook County Clerk

