

# UNOFFICIAL COPY

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS } ss. Order Number: \_\_\_\_\_  
County of Cook }

Erolinda Ramos being duly sworn, states that Erolinda Ramos  
resides at 2825 S. Christiana in the city of Chicago.  
That Erolinda Ramos was acquainted with Jose A. Ramos deceased  
who, at the time of Jose A. Ramos death, was one of the owners of the land  
in Chicago, Cook County, Illinois, described as:

LOT 39 IN BLOCK 1 ON THE SUBDIVISION OF BLOCK 14 IN THE  
SUBDIVISION OF THE SOUTHEAST 1/4 AND THE EAST 1/2 OF THE  
SOUTHWEST 1/4 OF SECTION 26, TOWNSHIP 39 NORTH, RANGE 13,  
EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Pin # 16-26-1421-010-0000



Doc#: 1227931076 Fee: \$60.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 10/05/2012 04:23 PM Pg: 1 of 2

That the deceased died on July 11, 2008, as evidenced by a certified copy of the 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  
75,000.00.

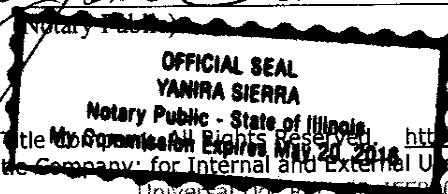
Affiant makes this affidavit for that purpose of inducing the Greater Illinois Title Company to issue it's Title Insurance Policy,  
describing the above mentioned property.

Subscribed and sworn to before me by the said Erolinda Ramos.

This 5th day of October, 2012.

Erolinda C Ramos  
(Affiant Signature)

Yanira Sierra  
Notary Public



# UNOFFICIAL COPY

## STATE OF ILLINOIS CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **18.10**  
LOCAL FILE NUMBER **609431**

**167 JUL 08**

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (include AKAs if any) (First, Middle, Last) <b>JOSE A. RAMOS</b>		2. SEX <b>MALE</b>	3. DATE OF DEATH (Month/Day/Year) (Spell Month) <b>JULY 11, 2008</b>	
4. COUNTY OF DEATH <b>COOK</b>	5a. AGE AT LAST BIRTHDAY (Years) <b>54</b>	5b. UNDER 1 YEAR Months _____ Days _____	5c. UNDER 1 DAY Hours _____ Minutes _____	6. DATE OF BIRTH (Month/Day/Year) <b>AUGUST 21, 1953</b>
7a. CITY OR TOWN <b>CHICAGO</b>		7b. HOSPITAL OR OTHER INSTITUTION NAME (if not in either, give street and number) <b>MT. SINAI HOSPITAL</b>		
7c. PLACE OF DEATH (Check only one: see instructions)				
IF DEATH OCCURRED IN A HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival		IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____		
8. BIRTHPLACE (City and State or Foreign Country) <b>MEXICO</b>	9. SOCIAL SECURITY NUMBER <b>342-82-8992</b>	10. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) <b>EROLINDA CASAS</b>	12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13a. RESIDENCE (Street and Number) <b>2825 S. CHRISTIANA</b>		13b. APT. NO.	13c. CITY OR TOWN <b>CHICAGO</b>	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13e. COUNTY <b>COOK</b>	13f. STATE <b>IL</b>	13g. ZIP CODE <b>60623</b>	14. FATHER'S NAME (First, Middle, Last) <b>VICTORINO RAMOS</b>	15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>FRANCISCA TORRES</b>
16a. INFORMANT'S NAME <b>EROLINDA CASAS RAMOS</b>		16b. RELATIONSHIP <b>WIFE</b>	16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) <b>2825 S. CHRISTIANA, CHICAGO, IL 60632</b>	
17. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____		18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) <b>MUNICIPAL CEMETERY</b>		19. LOCATION - CITY, TOWN AND STATE <b>Santa Maria de Los Angeles, Jalisco, Mexico</b>
20. DATE OF DISPOSITION (Month/Day/Year) <b>JULY 19, 2008</b>		21a. FUNERAL HOME NAME <b>FUNERARIA DEL ANGEL SAGRADO CORAZON</b>		21b. FUNERAL DIRECTOR'S SIGNATURE <i>Esmeralda Ramirez</i>
21c. STREET AND NUMBER <b>5218 S. KEDZIE CHICAGO, IL 60632</b>		21d. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034-015830</b>		22. LOCAL REGISTRAR'S SIGNATURE <i>Jerry Mason</i>
22. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) <b>JUL 15 2008</b>		23. DATE OF DEATH		24. CAUSE OF DEATH (See instructions and examples)
24. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) → <b>PERITONITIS</b>				
Due to (or as a consequence of):				
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST				
b. <b>MULTIPLE INJURIES</b>				
Due to (or as a consequence of):				
c. <b>AUTOMOBILE STRIKING TRAIN</b>				
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.				
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		28. IF FEMALE: <input type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within one year of death but time unknown <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past 1 month		25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
30. DATE OF INJURY (Month/Day/Year) <b>JULY 7, 2008</b>		31. TIME OF INJURY <b>8:37 A.M.</b>	32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area) <b>RAILWAY CROSSING</b>	26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No
34. LOCATION OF INJURY Street and Number <b>4800 WEST 26TH STREET, CICERO, ILLINOIS</b>		Apartment Number _____	City or Town _____	29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Passenger <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation
35. DESCRIBE HOW INJURY OCCURRED: <b>MOTOR VEHICLE - TRAIN ACCIDENT</b>		36. IF TRANSPORTATION INJURY, SPECIFY: <input checked="" type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify): _____		33. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
37. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON _____		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		39. DATE PRONOUNCED (Month/Day/Year) <b>JULY 11, 2008</b>
40. TIME OF DEATH <b>9:01 A.M.</b>		41. CERTIFIER (Check only one): <input type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.		43. PHYSICIAN'S LICENSE NUMBER
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) <b>JAMES A. FILKINS, M.D., J.D.</b>		42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) <b>2121 W. HARRISON ST., CHICAGO, ILLINOIS 60612-3705</b>		
44. THIS IS TO CERTIFY that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health		45. DATE CERTIFIED (Month/Day/Year) <b>JUL 15 2008</b>		46. SIGNATURE OF CERTIFIER <i>James A. Filkins M.D.</i>

Illinois Department of Public Health - Division of Vital Records  
VR200 (Rev. 1/08)

CITY OF CHICAGO  
DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN  
REPRODUCED EXACT AS LISTED OVER  
ORIGINAL'S QUALITY.

*James A. Filkins M.D.*

I, JERRY MASON, M.D., LOCAL  
HEALTH OFFICER OF THE CITY OF CHICAGO,  
HEREBY CERTIFY THAT THE SIGNATURE OF  
THE CERTIFIER IS THAT OF JAMES A. FILKINS,  
M.D., M.P.H., AND THAT HE IS A LICENSED  
MEDICAL EXAMINER OR CORONER IN THE  
STATE OF ILLINOIS AND THE SIGNATURE OF  
THE REGISTRAR IS THAT OF JERRY MASON,  
M.D., M.P.H., AND THAT HE IS A LICENSED  
LOCAL HEALTH OFFICER OF THE CITY OF  
CHICAGO.

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO  
JUL 15 2008