

# UNOFFICIAL COPY



Doc#: 1317834042 Fee: \$44.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 06/27/2013 09:27 AM Pg: 1 of 4

ALB 07/25/13  
STATE OF TEXAS

COUNTY OF Hidalgo<sup>SS</sup>

## DECEASED JOINT TENANT AFFIDAVIT

RENE RAMIREZ, hereby referred to as the affiant, states under oath that the affiant resides at 118 W. Tulip Avenue, McAllen Texas; that the affiant was acquainted with LYDIA RAMIREZ one of the owners of the property, by virtue of a properly recorded in joint tenancy warranty deed, said property, located in Cook County, Illinois and legally described as follows:

SEE ATTACHED FOR LEGAL DESCRIPTION

Permanent Tax No.: 26-06-302-024

Property Address: 9102 S. Kingston<sup>Prue</sup>, Chicago, Illinois 60617

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent LYDIA RAMIREZ, died on December 19, 2010 leaving no Last Will and Testament;

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That the Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate has been paid in full.

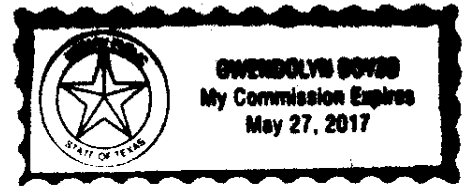
PLEASE SIGN

*René Ramirez*  
RENE RAMIREZ

Subscribed and sworn to before me

this 28<sup>th</sup> day of May, 2013

*[Signature]*  
NOTARY PUBLIC



Prepared by:

W. LEE NEWELL, JR.  
134 Pulaski Road  
Calumet City, Illinois 60409

Mail To:

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134 Pulaski Road  
Calumet City, Illinois 60409

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CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NUMBER 142-10-154511

DECEASED (Full name, including maiden name, if any) (Print, Middle, Last) (Maiden) DATE OF DEATH (ACTUAL OR PRESUMED)

LYDIA RAMIREZ RODRIGUEZ 12/19/2010

SEX DATE OF BIRTH AGE (Years) MARRIAGE STATUS (Check one) MARRIED  SINGLE  DIVORCED  NEVER MARRIED  UNKNOWN

FEMALE 11/07/1933 77 MARRIED SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)

100. RESIDENCE STREET ADDRESS 100. APT. NO. 100. CITY OR TOWN

1407 N. MAIN RENE RAMIREZ SR MCALLEN

100. COUNTY 100. STATE 100. ZIP CODE 100. INSIDE CITY LIMITS?

HICALCO TEXAS 78501  Yes  No

101. FATHER'S NAME 102. MOTHER'S NAME (Prior to first marriage)

RAMON RODRIGUEZ BERTHA BOURBOIS

11. DEATH OCCURRED IN HOSPITAL (If death occurred somewhere other than a hospital, check appropriate box)  Inpatient  Outpatient  Domiciliary  Hospice Facility  Nursing Home  Decedent's Home  Other (Specify)

13. PLACE OF DEATH (Check only one)

14. COUNTY OF DEATH 15. CITY OR TOWN (If outside city limits, give precinct name) 16. FACILITY NAME (If in institution, give name)

HICALCO MCALLEN 78503 MCALLEN MEDICAL CENTER

17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED 18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)

GLORIA BROUSSARD - DAUGHTER 19. BOONE DR. SAN MARCOS, TX 78666

19. METHOD OF DISPOSITION (Check one)  Burial  Cremation  Donation  Entombment  Removal from state  Other (Specify)

20. SIGNATURE AND ADDRESS OF FUNERAL HOME (Street and Number, City, State, Zip Code)

ROSELAWN CEMETERY MCALLEN, TX 1901 PECAN MCALLEN, TX 78501

21. RIVERA FUNERAL HOME-MCALLEN, INC. 1901 PECAN MCALLEN, TX 78501

22. PLACE OF BURIAL (Name, cemetery, cemetery, other place) 23. LOCATION (City/Town, State)

ROSELAWN CEMETERY MCALLEN, TX

24. NAME OF FUNERAL HOME 25. ADDRESS OF FUNERAL HOME (Street and Number, City, State, Zip Code)

RIVERA FUNERAL HOME-MCALLEN, INC. 1901 PECAN MCALLEN, TX 78501

26. CERTIFIER (Check only one) 27. SIGNATURE OF CERTIFIER 28. DATE CERTIFIED (Month/Day/Year) 29. LICENSE NUMBER 30. TIME OF DEATH (Actual or presumed)

MANUEL SEAS, BY ELECTRONIC SIGNATURE 12/27/2010 1K1869 07:30 AM

31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) 32. TITLE OF CERTIFIER

MANUEL SEAS 4979 S JACKSON RD STEE EDINBURG TX 78556 MD

33. PART I: TERMINAL ILLNESS OR DISEASE, INJURY, OR COMPLICATIONS THAT DIRECTLY CAUSED DEATH (Specify date of onset, date of death, and date of last examination, and specify if death was due to terminal illness or injury, or complication of terminal illness or injury, or both) (Specify etiology, if not immediately apparent, on ventricular fibrillation without being in the hospital) (Specify etiology, if not immediately apparent, on ventricular fibrillation without being in the hospital)

IMMEDIATE CAUSE (Final disease or condition resulting in death) a. ACUTE MYELOID LEUKEMIA

Due to (or as a consequence of) b. Due to (or as a consequence of) c. Due to (or as a consequence of) d. Due to (or as a consequence of)

PART 2: UNDERLYING CAUSE GIVEN IN PART I 34. WAS AN AUTOPSY PERFORMED?  Yes  No

35. MANNER OF DEATH 36. DID TOXICOLOGIC CONTRIBUTION TO DEATH?  Yes  No  Probably  Unknown

37. IF TRANSPORTATION INJURY, SPECIFY:  Driver/operator  Passenger  Pedestrian  Other (Specify)

38. DATE OF INJURY (Month/Day/Year) 39. TIME OF INJURY 40. INJURY AT WORK?  Yes  No 41. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, workplace)

42. LOCATION (Street and Number, City, State, Zip Code) 43. COUNTY OF INJURY

44. DESCRIBE HOW INJURY OCCURRED

45. REGISTRAR FILE NO. 46. DATE RECEIVED BY LOCAL REGISTRAR 47. REGISTRAR

02 1534 12/22/2010 REGISTRAR - CITY OF MCALLEN, ELECTRONICALLY FILED

EDR NUMBER 00000084212

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED

DEC 22 2010

GERALDINE R. HARRIS



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LOT 2 IN BLOCK 2 IN SOUTH CHICAGO HEIGHTS, BEING A SUBDIVISION OF THE WEST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 6 (NORTH OF INDIAN BOUNDARY LINE) IN TOWNSHIP 37 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN (EXCEPT RAILROAD LAND), IN COOK COUNTY, ILLINOIS.

PIN # 26-06-302-024-0000

PROPERTY ADDRESS: 9102 SOUTH KINGSTON AVENUE  
CHICAGO IL 60617

Property of Cook County Clerk's Office