UNOFFICIAL COPY

Doc#: 1319322076 Fee: \$42.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds
Date: 07/12/2013 12:15 PM Pg: 1 of 3

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS

) SS

COUNTY OF

Blandina C. Cárdenas, being duly sworn states that he/she resides at 1431 S. 61st Ct., Cicero, IL 60804.

That he/she was married to <u>Humberto C. Cárdenas</u>, deceased, who, at the time of his/her death, was one of the owners of the land in <u>Cook</u> County, Illinois, described as follows:

The north thirty-three (33) feet of the west half (1/2) of lot seven (except that part thereof taken for street and alley) (7) in block twelve (12), in Mandell and Hyman's Subdivision of the east half (1/2) of the north west quarter (1/4) and the west half (1/2) of the north east quarter (1/4) of section 20, town 39 north, range 13, east of the third principal meridian.

That the deceased died <u>September 27, 2012</u>, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died:

| Leaving no Last \ | Will & | Testament. |
|-------------------|--------|------------|
|-------------------|--------|------------|

X 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 Cook County, Illinois.

1319322076 Page: 2 of 3

UNOFFICIAL COPY

| 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 |
| • |
| 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 \$100,000 dollars. |
| Blandin C Corden |
| SUBSCRIBED AND SWORN TO before me by the said Blanding C. Cardens, |
| this 1th day of June, 2013 |
| OFFICIAL SEAL ERWIN TOLENTINO NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES: 12/27/15 |
| |
| Address of Property: 1431 S. 61 st Ct., Cicero, IL 60504 PIN: 16-20-120-012-0000 |
| |
| T'S OFFICE |
| O _E |
| Co |
| |
| |

1319322076 Page: 3 of 3

THE WORD VOID APPEARS WHEN PHOTOCOPIED

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

| | | | | 45, 45, 4 | 1 4 2 4 4 5 | |
|-------------|------------|-----|------|---|-------------|--------|
| 10 Sept. 10 | | 100 | | | | |
| | | | | | | 1000 |
| | | 100 | | | | 10 100 |
| | arrian mar | | | * | | |

| TATE FILE NUMBER 2012 (| 9072368 | | | DATE ISSUED 10/2/2012 |
|--|--|---|--|--|
| DEGEDENTS LEGAL NAME HUMBERTO CARDENA | is | | SÉX MALE | DATE OF DEATH SEPTEMBER 27, 2012 |
| COUNTY OF BEATH COOK | * 34 Net 34 Net 5 (47) | T LAST BIRTHDAY YEARS | DATE OF BIRTH OCTOBER 07, 193 | 8 |
| CHICAGO | | - 2-00 | OR OTHER INSTITUTION NAME IWESTERN MEMORIAL HOSPI | FAL |
| PLACE OF DEATH INPATIENT | | | | |
| BATHPLACE MEXICO | SOCIAL SECURITY NUMB | ER STATUS AT TIME OF DEATH MARRIED | SURVIVING SPOUSE/CIVIL UNION PA BLANDINA CARRILLO | RTNER'S MAIDEN NAME EVER IN U.S. ARMED FORCES? NO |
| RESIDENCE 1431: S 61ST CT | | APT. NO. | CITY OR TOWN CICERO | INSIDE CITY LIMITS? YES |
| COUNTY ST | | VCO PARENT'S NAME PRIOR TO FIRST NL CARDENAS | | ENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JESUS DIAZ |
| INFORMANT'S NAME BLANDINA CARDENAS | | RELATIONSHIP WIFE | MAILING ADDRESS 1431 S. 61ST CT, CICER | RO; IL, 60804 |
| METHOD OF DISPOSITION BURIAL | PL/ .f OF DI EV ERGR | SPOSITION EEN CEMETERY | LCCATION - CITY OR TOWN AN | DISTATE DATE OF DISPOSITION OCTOBER 95, 2012 |
| FUNERAL HOME WOODLAWN FUNERAL | HOME, 7750 W. CLP | / /√.< RD, FOREST PARK, | IL, 60130 | |
| FUNERAL DIRECTOR'S NAME JOHN W ISAACSON | | | FUNERAL DIRI 0340151(| ECTOR'S ILLINOIS LICENSE NUMBER 13 |
| LOCAL REGISTRAR'S NAME DAVID ORR | | | | ITH LOCAL REGISTRAR R 1, 2012 |
| CAUSE OF DEATH PART | I. MULTIPLE MYELOMA | | | UNK UNKNOWN |
| (Final disease or condition resulting in death) | b. | Due to for as a priseque | nce of) | |
| | | Due to for as a conseque | nbalof | |
| | C. | | | |
| PART II. Enter other significant co | nditions contributing to dest | Due to (or as a conseque | | AS AN AUTOPSY PERFORMED? NO |
| | | | W | ERE AUTOPSY FINDINGS USED TO |
| FEMALE PREGNANCY STATUS NOT APPLICABLE | | | · · | MPLETE CAUSE OF DEATH? N/A |
| DATE OF INJURY | TIME OF | INJURY PLACE OF I | | ATURAL INJURY AT WORK? |
| LOCATION OF INJURY | | | | |
| DESCRIBE HOW INJURY DOCUM | RED: | | | IF TRANSP JAT ATION HAJURY, SPECIFY |
| ATTEND THE DECEASED? YES | DATE LAST SEEN ALIVE SEPTEMBER 27, 20 | WAS MEDICAL EXAMINER O | R DATE PRONOUNCED NO | TIME OF DEATH 07/37 PM |
| CENTIFIER PHYSICIAN | | | | DATE CERTIFIED SEPTEMBER 27, 2012 |

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.

NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH

SCHENK, MEGHANN, 251 E HURON, CHICAGO, ILLINOIS, 80611

David Orr Cook County Clerk

PHYSICIAN'S LICENSE NUMBER

125-058018

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE