

# UNOFFICIAL COPY



1334410051

## DECEASED JOINT TENANCY AFFIDAVIT

Doc#: 1334410051 Fee: \$60.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 12/10/2013 02:22 PM Pg: 1 of 2

STATE OF ILLINOIS )  
COUNTY OF COOK ) SS.

**Alicia Coronado** being duly sworn states that she resides at 2037-39 W. Huron in the City of Chicago, State of Illinois.

That she was acquainted with Arthur Coronado (deceased) who, at the time of his death, was one of the owners of the land in Cook County, Illinois, commonly known as: 2037-39 W. Huron, Chicago, Illinois and legally described in the below legal description.

Lots 16 and 17 in C.D. Gibson's Subdivision of Block 12 in the Canal Trustees' Subdivision of Section 7, Township 39 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

That the deceased died on September 28, 2013, as evidenced by a certified copy of a death certificate of the deceased attached hereto.

# 17-07-112-008-0000  
CHECK ONE: # 17-07-112-009-0000

- That the deceased died: Leaving no Last Will & Testament; or
- 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; or
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois on or about October 21, 2013.

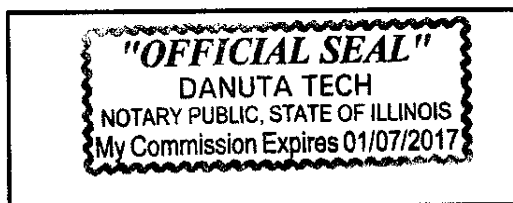
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually, in joint tenancy or tenancy by the entirety at the time of the death of the deceased, does not exceed the sum of \$100,000.

Alicia Coronado  
(Affiant's Signature)

Subscribed and sworn to me this 9 day of December, 2013.

My Commission Expires: 01/07/2017

Danuta Tech  
Notary Public



**UNOFFICIAL DEATH COPY**

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

STATE FILE NUMBER 2013 0074468

DATE ISSUED 10/3/2013

DECEDENT'S LEGAL NAME ARTHUR CORONADO		SEX MALE	DATE OF DEATH SEPTEMBER 28, 2013	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 86 YEARS	DATE OF BIRTH MAY 24, 1927		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME 2039 W HURON		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE DALLAS, TX	SOCIAL SECURITY NUMBER 341-20-1095	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME ALICIA CAZARES	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 2039 W HURON	APT. NO.	CITY OR TOWN CHICAGO		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60612	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION TRINITY CORONADO	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LUZ UNKNOWN
INFORMANT'S NAME ART CORONADO		RELATIONSHIP SON	MAILING ADDRESS 2039 W HURON, CHICAGO, IL, 60612	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION MORGAN CREMATION SERVICE	LOCATION - CITY OR TOWN AND STATE NORTHLAKE, IL	DATE OF DISPOSITION OCTOBER 03, 2013	
FUNERAL HOME RAGO BROTHERS FUNERAL HOME, 7751 WEST IRVING PARK ROAD, CHICAGO, IL, 60634				
FUNERAL DIRECTOR'S NAME JOSEPH L. RAGO			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015155	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR OCTOBER 3, 2013	
<b>CAUSE OF DEATH</b> PART I: METASTATIC LIVER CANCER				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	TWO MONTHS
		b.		
		c.		
Due to (or as a consequence of):				
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I.				
			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
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:			IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 12:08 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED SEPTEMBER 30, 2013	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH JOANNA LYNN MARTIN, 833 W CHICAGO AVE, 3RD FLOOR, CHICAGO, IL, 60642			PHYSICIAN'S LICENSE NUMBER 036110886	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



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 Orr*  
David Orr  
Cook County Clerk



**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**