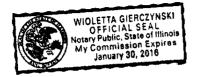
This Document prepared by: 1335356009 Fee: \$42.00 Robert P. Groszek, Atty RHSP Fee:\$9.00 RPRF Fee: \$1.00 3601 N. Pulaski Rd., Karen A. Yarbrough Chicago, Illinois 60641 Cook County Recorder of Deeds Date: 12/19/2013 10:04 AM Pg: 1 of 3 STATE OF ILLINOIS) ss: **COUNTY OF COOK** Being duly sworn under oath states that He resides at 3552 W. LeMovne in the city of Chicago, Illinois 60651. That He was acquainted with Nancy Garcia as the husband of the deceased, who at the time of her death, Nancy Garcia was the owner of the land in Cook County, Illinois described as: 3552 W. LeMoyne Chi(ap), IL 60651 P.I.N. 16-02-204-027-0000 Legally Described as: LOT 27 IN BLOCK 3 IN VAN SCHAAK AND HERRICK'S SUBDIVISION OF THE NORTHWEST QUARTER OF THE NORTHEAST QUARTER OF SECTION 2, TOWNSHIP 39 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. That the deceased died July 09, 2001 as evidenced by a certified copy of death certificate of the deceased attached hereto. That the deceased died: IMG (Leaving no Last Will and Testament. Leaving a Last Will and Testament a copy of which is attroched 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 and 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, loes not exceed the sum of 150,000 dollars. Affiant makes this affidavit for the purpose of inducing the Cook County Recorder of Deeds to remove the name of the deceased as an owner of the hereinafter legally described real estate. SUBSCRIBED and SWORN to

Notary Public



Before me by the said Jesus M. Garcia on

AFTER RECORDING, MAIL TO:

SATURN TITLE, LLC 1030 W. HIGGINS RD. SUITE 365 PARK RIDGE, IL 60068 131433

MULTICOLOR SIGNATURE SEAL IS THIS CERTIFICATE COPY VALID WHEN

DEPARTMENT OF PUBLIC HEALTH CITY OF CHICAGO

Chelon, LOCAL REGISTRAR

B

AW AND ORDINANCES.

EPT BY ME IN ORDINANCE OF SAID HEET IS A TRUE COPY OF A RECORD CCOMPANYING CERTIFICATE ON THIS HE CITY OF CHICAGO; THAT THE IF ILLINOIS AND THE ORDINANCES OF IY VIRTUE OF THE LAWS OF THE STATE IND DEATHS FOR THE CITY OF CHICAGO HE RECORDS OF BIRTHS, STILLBIRTHS ERTIFY THAT I AM THE KEEPER OF HE CITY OF CHICAGO, DO HEREBY EGISTRAR OF VITAL STATISTICS OF TOHN L. WILHELM M.D., LOCAL

EGISTERED	MEDICAL CERTIFICATE OF DEATH	5 W
CEASED-NAME FIRST	MIDDLE LAST SEX DATE OF DEATH, MONTH DAY YEAR,	0
Nan	Cy (Jarcia 2	
DUNTY OF DEATH	DAY (EAR)	
Cook	5b. 5c. 5d. February 9, 194	
TY, TOWN, TWP, OR ROAD DISTRICT NUMBER	HOSPITAL OR OTHER INSTITUTION- NAME (IF NOT IN EITHER GIVE STREET AND NUMBER) OF EMER	e)
Chicago	6b 3552 W. Lemoyne 6c Hospice	7 3
STATEON	MARRIED, NEVER MARRIED, NAME OF SURVIVING SPOUSE (MAIDENHAME IF WIFE) WAS DECEASED EVER IN U.S.	-4 ⁻³
	8b Jesus M. Garcia	0
YNUMBER	USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY PHICHEST GRADE COMPLETED) Elementary Secondary (6-12) College (11-4 or 5-1)	_
). 11a.	Homemaker 11b. Home 12.	m 1
SIDENCE (STHEET AND Normaliff)	CITY, TOWN, TWP. OH HOAD DISTRICT NO. INSIDECITY COUNTY	ο :
a. 3552 W. Lemoyne	13b Chicago	-
TATE	RACE (WHITE BLACK, AMERICAN OF HISPANIC ORIGIN? (SPECIFY NO DRIVES-IF YES SPECIFY CUBAN MEXIC 'N PUERTORICAN BIC)	0 70
e. IL 131. 60651	14a Hispanic 14b. []NO X]YES SPECIFY: Mexical	x 0
THER-NAME FIRST MIDDLE	DLE LAST MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST	
J. Santos	16. Isaura	
FORMANT'S NAME (TYPE OF PRINT)	MAILING ADDRESS (SIREETANDRO CHAP'S C. OHIGWA STATE ZIF)	
B. Jesus M. Garcia B. PARTI. Shock or hear	Early 18 described in the described in the described in the mode of dying such as cardiac or respire for a rest with the described in the described or respire to the described in the described in the described or respire to the described in the	
(Final	Leukemia	
ONDITIONS, IF ANY ONDITIONS, IF ANY (b)	DUE TO, OR AS A CONSEQUENCE OF (b)	
YING	DUE TO, ORAS A CONSEQUENCE OF (c)	
ARTII. Other significant conditions contributing to	ARTII. Opier significant conditions contributing to death but not resulting in the underlying cause given in PARTI. AUTOPSY ARE LITCHS FRACIALS AND UNESTAIN. 19a. NO 19b.	
TE OF OPERATION, IF ANY MAJ	MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?	
)a. 20b).	
DID) (THO NOT) ATTEND THE DECEASED ND LAST SAW/HIM/HER ALIVE ON	EXAMINER NOTIFIED? INESNO.	
THE BEST OF MY KNOWLEDGE, DEATH	SE(S) STATED DATE SIGNED , MONTH DAY YE	
SIGNATURE >	mary () (22b. 7/9/0)	
Ił.	II I NOIS I CENTERN) INDED	

COUNTY OF COOK STATE OF ILLINOIS

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2 4

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REGISTERED

REGISTRATION DISTRICT NO.

FUNERAL HOME

Alvarez Funeral Directors PC,

2500 N.

Cicero Avenue, Chicago,

FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-011737

60639

AFFIXED.

CITY OR TOWN

STATE II

Susan Alvarez

DATE FILED BY LOCAL REGISTRARIMONTH DAY 266.

R. Wilhelm no

FUNERAL DI

STREET AND NUMBER OR R F D

24c Stickney, IL

CEMETERY OR CREMATORY-*NAME* Mt. Auburn Memorial

BURIAL, CREMATION REMOVAL (SPECIFY)

24a.

Burial

LOCATION

CITY OR TOWN

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER

220 0 36. U75838

MUST BE NOTIFIED.

DATE 240

July 12, MONTH DAY YEAR!

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2332 C

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

22c. M

Marshketo

NAME AND ADDRESS OF CERTIFIER

1335356009 Page: 2 of 3

S 7 7 8 6

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE

1335356009 Page: 3 of 3

UNOFFICIAL COPY

Legal Description

File #:

1311233

Borrower Name:

Carlos Rivera

Address:

3552 W. LeMoyne

Chicago, IL 60651

Pin #: 16-02-204-027-0000

Legal Description:

LOT 27 IN BLOCK 3 IN VAN SCHAAM AND HERRICK'S SUBDIVISION OF THE NORTHWEST QUARTER OF THE NORTHEAST QUARTER OF SECTION 2, TOWNSHIP 39 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.