UNOFFICIAL C

Prepared by:

Roger R. Ochoa, Esq. 1127 E. Cambridge Dr. Schererville, IN 46375

Licensed in IL, Bar ID No. 6287012

1408345037 Fee: \$42.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 03/24/2014 10:21 AM Pg: 1 of 3

Return to:

service Link cast Recording Department 4000 industrial Bivid.

Aliquippa, PA 15007

DECEASED JOINT TENANT AFFIDAVIT OF DEATH

State of Illinois County of Cook

)) ss. Order No. 18012507

Affiant, Antonia & Almoradie, being duly sworn, states that he resides at 1749 W. Leland Avenue, Chicago, IL 60640. That he was acquainted with Alicia D. Almoradie, Deceased, who at the time of her death was one of the owners of the land described and referred to herein, located in Cook County, Illinois, and described as:

See Exhibit A attached here o and made a part hereof

That the deceased died September 102.0%, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died:

| $ \chi $ | Leaving no Last Will & Testament. |
|----------|--|
| 尸 | |
| 1 1 | 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. |
| | 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 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 death of the deceased, do s not exceed the sum of \$100,000.00 dollars.

Affiant makes this affidavit for that purpose of inducing the National Title Insurance of New York, Inc. to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said Antonio T. Almoradie.

day of March, A.D. 20 19

Notary/Publ

HER-NAME

ILLINOIS

13f. 60640

14a.

FILIPINO

MOTHER-NAME 14b. XX NO

FIRST

MIDDLE

(NPCEN)

LAST

TRINIDAD

AL MIREZ

60640

RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)

RMANT'S NAME (TYPE OR PRINT)

OINOLNY

7 MIDDLE

DeRAMOS

ANTONIO ALMORADIE

Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respirately an est, shock, or heart failure. List only one cause on each ling.

17b. HUSBAND

17c. 1749 W.LELAND CHI ACO, ILLINOIS MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)

BETWEEN ONSET AND DEATH

Hours

クラインサイス

namen a

6

PARTI

sease or condition

aulting in death) nediate Cause (Final

a

VR200 (Rev. 5/89) FUNERAL DIRECTOR'S SIGN 25a LOCAL REGISTRAR'S 256. DRAKE & SON FUNERAL HOME Illinois Department of Public Health—Division of Vital Records y woon two 5303 N. DAVID McKEE WESTERN AVE. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-014367 CHICAGO, ILLINOIS 60625 SEP 2 S STANDARD CERTIFICATE)

FUNERAL HOME 24a. CREMATION HEMOVAL (SPECIFY)

245

TRISONS CREMATORY

STREET AND NUMBER OR R.F.D.

24c. LOCATION

LOMBARD,

ILLINOIS

24dSEPT. 23, 2006

CITY OR TOWN

CITY OR TOWN

STATE

DATE

(MONTH, DAY, YEAR)

CEMETERY OR CREMATORY-NAME

AUTOPSY (YES/NO) 19a.// (YES/NO 20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? HOUR OF DEATH YES | NO X 195. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) Wester. *⊙* Ch word WO

TATE OF OPERATION, IF ANY

MAJOR FINDINGS OF OPERATION

ART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PARTI

AND LAST SAW HIM/HER ALIVE ON

EASED

22a SIGNATURE >

zzh James

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER

REARY

. 46CE

MARINEL

"himgo 220 3654930

ILLINOIS LICENSE NUMBER

12/16

100

DATE SIGNED

(MONTH, DAY, YEAR)

LOCAL REGISTRAR

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

MUST BE NOTIFIED.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUI: TO THE CAUSE(S) STATED

Mari

IM

00

EXAMINE

CONDITIONS, IF ANY
WHICH GIVE RISE TO
IMMEDIATE CAUSE (a)
STATING THE UNDERLYING
CAUSE LAST.

DUE TO, OR AS A CONSEQUENCE OF

teleno carcinems

OF

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DUETO, OR AS A CONSEQUENCE OF

SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID ACCOMPANYING CERTIFICATE ON THIS THE CITY OF CHICAGO; THAT THE LAW AND ORDINANCES.

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER

COOK

AGE-LAST

MORA

emal

0

DATE OF BIRTH (MONTH, DAY, YEAR)

COUNTY OF DEATH

REGISTERED NUMBER

DECEASED-NAME

FIRST

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER

DISTRICT NO. 76.10

SOCIAL SECURITY NUMBER

PHILIPPINES

TESTUENCE (STREET AND NUMBER)

11a.

CLERICAL

CITY, TOWN, TWP, OR ROAD DISTRICT NO.

CHICAGO

OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAL, P. SHIND RICAN, etc.)

YES

13d COUNTY

COOK

(YES/NO) l G

KIND OF BUSINESS OR INDUSTRY

ECULA, IÚN (SPECIFY ONLY HIGHEST GRADE COMPLETED)

Elementary/Secondary (0-12)

College (1-4 or 5 +)

WAS DECEASED EVER IN U.S.

Ö

HEALTH

USUAL OCCUPATION

MARRIED, NEVER MARRIED WIDOWED, DIVORCED (SPE

(SPECIFY)

NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WII

PRIORIA

ANTONIO ALMOFADIE

8

66 HOSP

TAL OR OTHER

INSTITUTION-NAME (JENOT IN EITHER, GIVE STREET ANONUMBE

MARRIED

1749 W. LELAND AVE.

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)

CHICAGO

CITY OF CHICAGO COUNTY OF COOK STATE OF ILLINOIS

OF ILLINOIS AND THE ORDINANCES OF BY VIRTUE OF THE LAWS OF THE STATE AND DEATHS FOR THE CITY OF CHICAGO CERTIFY THAT I AM THE KEEPER OF , ZERRY MASON M.D., LOCAL THE RECORDS OF BIRTHS, STILLBIRTHS REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY

DEPARTMENT OF PUBLIC HEALTH CITY OF CHICAGO

AFFIXED. MULTICOLOR SIGNATURE SEAL IS THIS CERTIFICATE COPY VALID WHEN

1408345037 Page: 3 of 3

UNOFFICIAL COPY

Order No.:

18012507

Loan No.:

000627360464

Exhibit A

The following described property:

Parcel 1:

That part of Lot 1 19/10 East of a line drawn from a point on the North line of said Lot 1, 54.75 feet West of the North East corner of said Lot 1 to a point on the South line of said Lot 1, 54.50 West of the South East corner of said Lot 1 (excepting therefrom the East 35.17 feet of said Lot 1, as measured on the North and South lines thereof) in Block 7 in Ravenswood a Subdivision of Sections 17 and 18, Township 40 North, Range 14 East of the Third Principal Meridian and air pasements appurtenant thereto, also

Parcel 2:

Easement for ingress and egress for the benefit of Parcel 1 as set forth in the declaration of easements recorded as Document number 15,564953, in Cook County, Illinois.

Subject to covenants, conditions and restrictions of ecord. Clart's Office

Assessor's Parcel No:

14-18-209-022