## **UNOFFICIAL COP**

## JOINT TENANCY AFFIDAVIT



1412639018 Fee: \$60.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00

Karen A, Yarbrough

Cook County Recorder of Deeds

Date: 05/06/2014 09:45 AM Pg: 1 of 2

STATE OF ILLINOIS )SS COUNTY OF COOK

Maria M. Gallardo, being first duly sworn, deposes and says as follows:

- 1. That she resides at 3244 Maple Avenue, Brookfield, Illinois 60513.
- 2. That she was merried to Rafael M. Gallardo who died on January 25th, 2014 as evidenced by the attached certifie a cony of the death certificate.
- 3. That said decedent was one of the joint owners of the following described real estate secured in the County of Cook, State of Illinois, to wit:

Lot 23 and 24 in Block 39 in S.E. Gross First Addition to Grossdale, a subdivision of the Northwest 1/4 of Section 34, Township 39 North, Range 12, East of the Third Principal Meridian, in Cook County, Il inois.

COMMONLY KNOWN AS: 3244 Maple Avenue, Brookfield, Illinois 60513

PERMANENT TAX NOS. 15-34-115-044-0000 and 15-34-115-045-0000

4. The foregoing statements are made on my personal knowledge and if called as a witness, I would competently testify to the facts set forth herein.

SUBSCRIBED AND SWORN TO before me this

**Notary Public** 

OFFICIAL SEAL MARTIN L BLANK

## CELTIFICATION OF DEATH AZCOLD

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

TATE FILE NUMBER 2014.0007	138					DATE ISSUED	1/30/2014
DECEDENT'S LEGAL NAME RAFAEL: MUNOZ-GALLAR	DO				MALE	ATE OF DEATH JANUARY 25, 2014	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 78 YEARS			H 07, 1935		
CITY OF TOWN LAGRANGE			HOSPITAL OR OTH ADVENTIST		NAME MEMORIAL HOSP	ITAL	
PLACE OF DEATH INPATIENT							
BIRTHPLACE MEXICO	SOCIAL SECURITY 461-50-912	NUMBER STATUS AT TIME 4 MARRIED	E OF DEATH	SURVIVING SPOUS	SE/CAVIL UNION PARTNER DARES	S MAIDEN NAME EVER IN U FORCES?	S ARMED NO
RESIDENCE 3244 MAPLE AVE		APT. N		ry on town ROOKFIELD		INSIDE CITY YES	
COUNTY STATE	7/200E 30512	FATHERICO PARENT'S NAME PR MAURICIO MUNOZ		GE/CIVIL UNION	MOTHERICO PARENTS I BASILIA GALLI	IAMÉ PRIOR TO FIRST MARRIAG NRDO	E/CIVIL UNION
INFORMANTS NAME GRACIELA MONTALVO		RELATIONSHIP DAUGHTER			TON AVE, BROOK		
METHIOD OF DISPOSITION  CREMATION		CONSPOSITION SONS CREMATORY		LOCATION - CIT LOMBARD, I	Y OR TOWN AND STA IL	TE DATE OF DISPOSITION  JANUARY 29, 20	
FÜNERAL HOME JOHNSON FÜNERAL HON	ME, LTD, 3845-	47 PRIAPIF AVE, BRO	OOKFIELD, IL.	SQ513			
FUNERAL DIRECTOR'S NAME JOHN J JOHNSON					FUNERAL DIRECTO 034011197	R'S ILLINGIS LICENSE NUME	ER
LOCAL REGISTRAR'S NAME DAVID ORR					DATE FILED WITH L JANUARY 28		
CAUSE OF DEATH PART L	COPD						WEEKS
(Final disease or condition	CAD	Divie to (o	as a corise vierice of				
		No.	ir as a consequence of):				
c.		Dusto to	( as a magaque (ce m).				
			or ès a conséquence of).				YO.
PART If Enter other significant cond OXYGEN DEPENDENT	itions contributing	to death but not resulting in	ane undenying cause	given in PARI E	W'ERE	I AUTOPSY PERFORMED? NUTOPSY FINDINGS USED T	0
FEMALE PREGNANCY STATUS					MANNE	ETE CAUSE OF DEATH? N R OF DEATH	A
NOT APPLICABLE DATE OF HUURY		TIME OF INJURY	PLACE OF INJURY		NAT		AT WORK?
EQCATION OF INJURY							
DESCRIBE HOW INJURY OCCURRE	D					IF TRANSPORT , TICN INJU	RY, SPECIFY
YES	ATE LAST SEEN A JANUARY 25		EXAMINER OR NTACTED? NO	DATE	PRONOUNCED	TIME OF 0 06:19	
CERTIFIER PHYSICIAN						DATE CERTIFIED JANUARY 28, 201	
NAME ADDRESS AND ZIP CODE OF	PERSON COMPL	ETING CAUSE OF DEATH		<b>其。李宗 王弘</b>		PHYSICIAN'S LICENSE	NUMBER



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.

SHAH MD, KEYUR, 1000 REMINGTON BLVD, SUITE 200, BOLINGBROOK, ILLINOIS, 60440





036099102