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Doc#: 1420618089 Fee: \$44.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 07/25/2014 01:50 PM Pg: 1 of 4

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)
)SS
County of COOK)

1. The undersigned, ERNESTO LEON, being first duly sworn and under penalty of perjury on oath states:

2. that he or she resides at 5000 S. LAFLIN CHICAGO IL 60609; County of COOK, State of ILLINOIS.

3. That he or she was acquainted with NATIVIDAD LEON Deceased, who, at the time of his or her death, was one of the owners of the land described in the deed.

4. That the deceased died on APRIL 19, 2014, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

5. A COPY OF THE LEGAL DESCRIPTION TO THE PROPERTY IS ATTACHED HERETO.

7. That the deceased died:

- Leaving no Last Will and Testament.
- Leaving a Last Will and Testament, a copy of which is attached hereto. The original of the unproven will is to 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 on _____, _____.
- Leaving a Last Will and Testament which was probated in the Probate Division of the Circuit Court of _____ County, Illinois, on _____, _____ as Case # _____.

7. That from the Estate of the Deceased:

- 8. All State Inheritance and/or Federal Estate Taxes which were due have been paid and evidence thereof is attached hereto.
- 9. No State Inheritance and/or Federal Estate Taxes were due.

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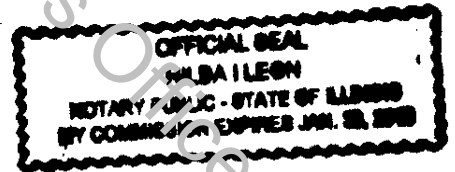
- 10. That the total value of the estate of the Decedent including the taxable interest in the aforesaid property is \$ 100,000.
- 11. That no claims have been filed against Decedent and that all expenses of illness and/or funeral expenses have been paid in full: or, that the following claims will be paid from the proceeds of the subject property:
- 12. That the Federal Estate Tax (has/has not) been paid, that the Illinois Inheritance Tax (has/has not) been paid; that no (Federal Estate Tax/Illinois Inheritance Tax) is due.

Further Affiant sayeth not.

[Signature]
 Affiant

Subscribed and sworn to before me, this 18th day of June,
 2014

[Signature]
 Notary Public 1/30/2016



This document was prepared by:
 Law Offices of Esperanza Rivera-Valenzuela, LLC
 6418 W. Ogden
 Berwyn, IL 60402

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OF ILLINOIS, TO WIT;

CONFIDENTIAL

LOT 36 IN SUBDIVISION OF THE NORTHEAST 1/4 OF THE NORTHEAST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 8, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Subject only to the following, if any; covenants, conditions, and restrictions of record; public and utility easements; acts done by or suffered through Buyer; existing leases and tenancies, if any; all special governmental taxes or assessments confirmed and unconfirmed; and general real estate taxes not yet due and payable at the time of Closing.

Commonly known as 5141 S. ELIZABETH ST., CHICAGO, IL 60609
PIN 20-08-307-019-0000

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FIDELITY NATIONAL TITLE Chicago

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Property of Cook County Clerk's Office

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

STATE FILE NUMBER 2014 0030627

DATE ISSUED 4/22/2014

DECEDENT'S LEGAL NAME NATIVIDAD LEON			SEX MALE	DATE OF DEATH APRIL 19, 2014	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 61 YEARS	DATE OF BIRTH SEPTEMBER 08, 1952		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME SEASONS HOSPICE AT HOLY CROSS HOSPITAL			
PLACE OF DEATH HOSPICE FACILITY					
BIRTHPLACE MEXICO	SOCIAL SECURITY NUMBER 334-58-6732	STATUS AT TIME OF DEATH MARRIED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME CARMEN ALVAREZ	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 5000 S LAFLIN		APT. NO.	CITY OR TOWN CHICAGO		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60609	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MAXIMINO LEON		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARIA COVARRUBIAS
INFORMANT'S NAME CARMEN LEON		RELATIONSHIP WIFE	MAILING ADDRESS 5000 S LAFLIN, CHICAGO, IL, 60609		
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION RESURRECTION CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE JUSTICE, IL	DATE OF DISPOSITION APRIL 26, 2014	
FUNERAL HOME WOLNIAK FUNERAL HOME, 5700 S. PULASKI RD., CHICAGO, IL, 60629					
FUNERAL DIRECTOR'S NAME NANCY ANN WOLNIAK COOK				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011910	
LOCAL REGISTRAR'S NAME DAVID ORR				DATE FILED WITH LOCAL REGISTRAR APRIL 22, 2014	
CAUSE OF DEATH PART I. PANCREATIC CANCER					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of):		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		b. _____ Due to (or as a consequence of):			
		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? YES	DATE LAST SEEN ALIVE APRIL 19, 2014	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 11:05 PM	
CERTIFIER PHYSICIAN				DATE CERTIFIED APRIL 21, 2014	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH SANJAY AMIN MD, 606 POTTER ROAD, DES PLAINES, ILLINOIS, 60016				PHYSICIAN'S LICENSE NUMBER 036-087155	

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
 Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOT EMBOSSED STATE AND COUNTY SEALS AT BOTTOM