



Deceased Joint Tenant Affidavit

STATE OF ILLINOIS )  
COUNTY OF COOK )

Laura A Regalado , being duly sworn on  
this 23rd day of February , 2015 , states

1. That she resides at 16106 S Lorel Avenue, Oak Forest, IL 60452 .
2. That she was acquainted with Armandina Bowdoin ,  
now deceased, who, at the time of her death, was one of the owners of the property in  
COOK County, Illinois, described as follows:  
Unit 8-2 in Shibui South Condominium, as Delineated on a Survey to Declaration of  
Condominium Ownership and of Easements, Restrictions, Covenants and By-Laws for  
Shibui South Condominium, made by American National Bank and Trust Company of  
Chicago, as Trustee Under Trust Agreement Dated January 1, 1984, and known as Trust  
No. 61991, Recorded March 5, 1993, as Document 93168945.  
Common address: 15723 S Peggy Lane #2, Oak Forest, IL 60452  
PIN: 28-17-416-009-1086-031
3. That the deceased died on March 18, 2014 , as evidenced by a certified copy  
of the death certificate of the deceased attached hereto.
4. 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 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.  
 Other: Leaving all assets under joint ownership with daughter, Laura A.  
Regalado with an understanding of the distribution upon death.
5. 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, does not exceed the sum of \$750,000  
*seven Hundred FIFTY Thousand dollars.*

Affiant makes this affidavit for the purpose of  
notifying the Cook County Recorder of the change of joint tenancy status for the above  
mentioned property.

**UNOFFICIAL COPY**

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

STATE FILE NUMBER 2014 0022077

DATE ISSUED 3/21/2014

DECEDENT'S LEGAL NAME ARMANDINA BOWDOIN		SEX FEMALE	DATE OF DEATH MARCH 18, 2014	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 89 YEARS	DATE OF BIRTH JULY 31, 1924		
CITY OR TOWN HAZEL CREST		HOSPITAL OR OTHER INSTITUTION NAME SOUTH SUBURBAN HOSPITAL		
PLACE OF DEATH INPATIENT				
BIRTHPLACE MEXICO	SOCIAL SECURITY NUMBER [REDACTED] 5825	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 15723 S PEGGY LANE UNIT 2		APT. NO.	CITY OR TOWN OAK FOREST	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60452	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ANASTACIO CHAPA	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ADELAIDA LOZANO
INFORMANT'S NAME LAURA REGALADO		RELATIONSHIP DAUGHTER	MAILING ADDRESS 16106 S LAUREL AVE OAK FOREST, IL 60452	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE ALSIP, IL	DATE OF DISPOSITION MARCH 22, 2014	
FUNERAL HOME D.F. CURLEY SONS, 6116 WEST 111TH STREET, CHICAGO RIDGE, IL, 60415				
FUNERAL DIRECTOR'S NAME THOMAS E CURLEY			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016242	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR MARCH 21, 2014	
<b>CAUSE OF DEATH</b> PART I. CEREBROVASCULAR ACCIDENT (STROKE)				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	UNKNOWN: UNKNOWN
Due to (or as a consequence of)		b		
Due to (or as a consequence of)		c		
Due to (or as a consequence of)				
PART II: Enter other significant conditions contributing to death 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 11:55 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED MARCH 20, 2014	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH FARHAN SHAMS, 1441 BRANDING LN, DOWNERS GROVE, IL, 60515			PHYSICIAN'S LICENSE NUMBER 036098448	

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**

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM

# UNOFFICIAL COPY

Laura A Regalado (Seal)  
Affiant

Laura A Regalado  
Print name

/ (Seal)  
Affiant

/  
Print name

STATE OF ILLINOIS)  
COUNTY OF COOK)

I, the undersigned, a notary public in and for the state aforesaid, DO HEREBY CERTIFY THAT

Laura A Regalado  
/

personally known to me to be the same person or persons whose name or names are subscribed to the foregoing instrument, appeared before me this day in person and swore on oath to the above foregoing affidavit.

Signed and sworn to before me this 23 day of FEBRUARY, A.D. 2015.

Victoria L. Kyles (SEAL)  
Notary Public

VICTORIA L. KYLES

Print name

MAY 5, 2015  
Commission expiration date

