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10/15



1523250059

PREPARED BY & MAIL TO:
ADAM LYSINSKI
4418 N. MILWAUKEE AV.
CHICAGO IL 60630

Doc#: 1523250059 Fee: \$44.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 08/20/2015 11:01 AM Pg: 1 of 4

AFFIDAVIT OF HEIRSHIP

STATE OF ILLINOIS)
COUNTY OF Cook) SS ESTATE OF Jose A. Pagan Sr., Deceased.

And now on this 1 day of July, 20 15, Jose A. Pagan Jr, after being first duly sworn under oath, testifies and deposes as follows, to wit:

1. My name is Jose A Pagan Jr, I am over the age of twenty-one (21) years of age and, to my understanding, am otherwise competent to give testimony.
2. I reside at 5537 W Drummond Pl Chgo IL 60639.
3. I SON (state relationship to deceased) and knew him/her in his/her lifetime.
4. Jose A Pagan Sr., owner of the property commonly known as: 2555 W 45th St Chgo IL 60632 (legal description and PIN attached) died on 8/14/1995 in the City of Chicago, County of Cook, State of ILL.

The decedent was married one (1) time(s), to Lourdes Pagan.

6. Two (2) children were born to the decedent and Lourdes Pagan, as follows, and are assumed to be of majority age, unless otherwise noted:

JOSE PAGAN Jr - ALIVE
NORNA PAGAN (DECEASED)
6-16-2011

7. No persons were adopted by the decedent.
8. The parents of the decedent were MATEO PAGAN & MARIA NATAL both said parents are now deceased.
9. a) Pursuant to the Last Will and Testament of _____, the decedent herein, left his/her entire estate, both real and personal, to _____ OR
b) The decedent died intestate.

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- 10. 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 \$ < 100,000 dollars.
- 11. The forgoing is based upon my own personal knowledge and belief, is true, and if called upon as a witness I would competently and consistently testify thereto.

FURTHER AFFIANT SAYETH NOT.

Joe G. Payne Jr
 AFFIANT

SUBSCRIBED AND SWORN TO ME THIS 1 DAY OF July, 20 15.

[Signature]
 NOTARY PUBLIC



Property of Cook County Clerk's Office

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Legal Description

Property Tax Identification Number: **19-01-420-002-0000**
Property Address: **2555 W. 45th St., Chicago, IL 60632**

LOT 48 IN RYAN AND MAHER'S WESTERN AVENUE BUILDING SUBDIVISION OF LOT 9 IN
EGLEHART'S SUBDIVISION OF THE EAST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 1, TOWNSHIP
38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

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STATE OF ILLINOIS)
County of Cook)

DAVID ORR, County Clerk

May 29, 2015

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and files of said County do hereby certify that the attached is the true and correct copy of the original Record on file, all of which appears from the records and files in my office. IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David Orr

County Clerk

DECEDENT'S DISTRICT NO.	REGISTRATION DISTRICT NO. 16.10	STATE OF ILLINOIS				STATE FILE NUMBER	
	REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH				615754	
Type or Print in Permanent Ink. See Funeral Directors, Hospital, or Physician Handbook for INSTRUCTIONS.	1. DECEASED'S NAME		FIRST	MIDDLE	LAST	SEX	
	JOSE		A	PAGAN		2 MALE	
	2. COUNTY OF DEATH		3. DATE OF DEATH (MONTH, DAY, YEAR)				
	COOK		AUGUST 14, 1995				
	4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		AGE - LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	
	CHICAGO		5a. 72	5b. MONTHS	5c. HOURS	5d. JULY 21, 1923	
	6a. CHICAGO		6b. HOLY CROSS HOSPITAL			6c. INPATIENT	
	7. PUEBTO RICO		MARRIED, NEVER MARRIED, WIDOW, OR DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAGNE NAME IF WIFE)		
	PUBERTO RICO		8a. MARRIED		8b. LOURDES CORTES		
	10. RESIDENCE (STREET AND NUMBER)		11a. FOREMAN		11b. SUNBEAM		12. EDUCATION (TYPE OF ONLY HIGH SCHOOL COMPLETED)
2555 W. 45TH ST.		13a. ILLINOIS		13b. CHICAGO		13c. YES	
13a. ILLINOIS		13b. 60632	14a. WHITE		14b. YES SPECIFY: PUERTO RICAN		
FATHER'S NAME		FIRST	MIDDLE	LAST	MOTHER'S NAME		
MATEO		PAGAN		MARIE NATAL			
17a. LOURDES PAGAN		17b. WIFE		17c. 2555 W. 45TH ST. CHGO. IL. 606			
18 PART I		Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hepatic failure. List only one cause on each line.					
Immediate Cause (Final Disease or condition resulting in death)		(a) Gastrointestinal Bleeding			1-2 day		
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a)		(b) Right Lung pneumonia			1-2 day		
STATING THE UNDERLYING CAUSE LAST		(c) Cerebrovascular Accident			months		
PART II		Other significant conditions contributing to death but not resulting in the underlying cause given in PART I					
Chronic Peptic ulcer Disease		19a. YES		19b. NO			
20a. None		20b. —		IF FEMALE, WAS THERE A PREGNANCY IN PAST 200 MONTHS?			
21a. 8-9-95		21b. YES		21c. 5:30 p.			
22a. Signature		22b. 6158 Archer Avenue, Chicago, Illinois 60638		22c. 036 053482			
22b. PITU G. PUNJABI, M.D.		22c. 036 053482		NOTE: IF AN HEALTY UNDERSIGNED IN THE DEATH THE CORNER OR MEDICAL EXAMINER MUST BE NOTIFIED			
24a. BURIAL		24b. ST. MARY		24c. EVERGREEN PARK, IL.			
25a. MODELL FUNERAL HOME 5725 S. PULASKI RD. CHICAGO, ILLINOIS 60629		25b. Richard J. Modell		25c. 034-011510			
25b. Local Registrar's Signature		25c. 034-011510		25d. AUG 16 1995			
25c. RSM		25d. AUG 16 1995					