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Doc#: 1528056141 Fee: \$40.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds
Date: 10/07/2015 02:16 PM Pg: 1 of 2

JOINT TENANCY AFFIDAVIT

STATE OF	ILLINOIS)		
) SS		
COUNTY OF	COOK)		

Flordeliza D. Litao, here'sy referred to as the affiant, states under oath that the affiant resides at 8631 W. Wilson Avenue, Chicago, IL 60656; that the affiant was acquainted with Emmanuel Espino Litao; at the time of the decedent's death, the decedent was one of the owners of a parcel of property by virtue of a property recorded joint tenancy or tenancy by the entirety deed, said property located in Cook County, Illinois, and legally described as follows:

Lot 28 (except the South 6.0 feet thereof) in Schorsch Forest View Unit 3, being a Subdivision of part of the Northwest Quarter of Section 14, Township 40 North, Range 12 East of the Third Principal Meridian, according to Plat thereof registered in the Office of the Registrar of Title of Cook County, Illinois

Property Address: 8631 W. Wilson, Circago, IL 60656 Permanent Index Number: 12-14-114-020-0000

The decedent died on June 18, 2011, leaving no last will and testament;

The decedent had no interest in any business or partnership, nor incidence any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

The State Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from the decedent's estate, has been paid in full;

Flordelija D. Litao
Parceliza D. Litao

Subscribed and sworn to before me this

day of Shorth Man, 23/5

(Month)

(Year)

(Notary Public)

My commission expires:

JOSEPH LA ZARA
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:08/15/19

This instrument prepared by: Joseph La Zara 7246 W. Touhy Chicago, IL 60631 Return to: Joseph La Zara 7246 W. Touhy Chicago, IL 60631

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

		100	1.15	1.0	 5,74	2011 00/6/63	CTATE EILE MUMDED	CTA	4
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STATE FILE NUMBER 2011 00	146463					DATE ISSUED 06/2	2/20
DECEDENT'S LEGAL NAME EMMANUEL ESPINO LIT	AO				1 1 DOMEST - 100 DE 10 DE 10 DE 10 DE	F DEATH 18, 2011	
COUNTY OF DEATH COOK		AGE AT LAST 6# 65 YEARS	THDAY	DATE OF E	31RTH 3H 29, 1946		
CITY OR TOWN CHICAGO			HOSPITAL OR 8631 W W	OTHER INSTITUTION ILSON	INAME		
PLACE OF DEATH DECEDENT'S HOME							
BIRTHPLACE PHILIPPINES	SOCIAL SECUP		ITAL STATUS AT TIME OF PRIED	1	G SPOUSE'S NAME DELIZA DE JESUS	EVER IN U.S. ARME FORCES? YES	:D:
RESIDENCE 8631 W WILSON			APT, NO.	CITY OR TOWN CHICAGO		INSIDE CITY LIMITS? YES	
	ATF ZIP COU IL 6065	of a second of the second of t	NAME LITO LITAO		MOTHER'S NAME PRIOR AVELINA UNAVA		
INFORMANT'S NAME FLORDELIZA LITAO		RELATIONS WIFE	HIP		ILSON, CHICAGO, IL, E	<u> </u>	
METHOD OF DISPOSITION CREMATION	A A	CE OF DISPOSITION CACIA PARK CE	METERY	ESCATION - CH CHICAGO, I	PY OR TOWN AND STATE L	DATE OF DISPOSITION JUNE 22, 2011	
FUNERAL HOME CUMBERLAND CHAPEL	S, 8300 W LA	WRENCE AVE, I	NORRIDGE, IL, 6070	6			
FUNERAL DIRECTOR'S NAME LOUIS A MARTINO					FUNERAL DIRECTORS ILL 031008880	INOIS LICENSE NUMBER	
LOCAL REGISTRAR'S NAME DAVID ORR					DATE FILED WITH LOCAL JUNE 22, 2011	REGISTRAR	
CAUSE OF DEATH PARTS	METASTATIC	CADENOCARCINO	MA OF TE APPENDIT		ź.		
IMMEDIATE CAUSE	а.				XIMATE	FOUR YEAR	<u>ک</u>
(Final disease or condition resulting in death)	b .		Due lo (or as a our semiente o	1 100000000000000000000000000000000000	PROXIN	GNA T	
			Due to (or as a consequence o	10	AA AA	ONSE	
PART II. Enter other significant con	aditions admiributi	na to dooth but not re	Due to (or as a consequence of		WAC AN AUTO	PSY PERFORMED? NO	
PART II EILEI OHEI SIGHINAITEON	minoris commodu	ng to bean blenot te	salasig in ine diluciying ca				
					COMPLETE C	SY FINDINGS USED TO HUSE OF DEATH? N/A	
DID TOBACCO USE CONTRIBUTE	TO DEATH?	NOT APPLICA	ABLE		MANNER OF C VATURAL	EATH	
DATE OF INJURY		TIME OF INJURY	PLACE OF INJU	JRY .		Injury at work	k?
LOCATION OF INJURY							
DESCRIBE HOW INJURY OCCURR	IED				IF TRA	ANSP JAYT ATION INJURY: SPEC	ĊIĘY.
ATTEND THE DECEASED? YES	DATE LAST SEEN MAY 18, 201		MEDIÇAL EXAMINER OR INER CONTACTED? N		PRONOUNCED	TIME OF DEATH 12:25 AM	
CERTIFIER PHYSICIAN						CERTIFIED JNE-21, 2011	
NAME, ADDRESS AND ZIP CODE (PLETING CAUSE OF D	eta biblioti kitalia eta	22.2	P.	HYSICIAN'S LICENSE NUMBER	١ 🗿

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.

> rid E David Orr Cook County Clerk