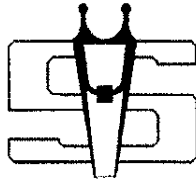


# UNOFFICIAL COPY



Sanctity of Contract

Doc#: 1528234076 Fee: \$60.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 10/09/2015 01:56 PM Pg: 1 of 2

Stewart Title Company of Illinois

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS )  
COUNTY OF COOK )

STCI File Number: \_\_\_\_\_

SS.

Irene Hernandez

being duly sworn states that she resides at 1927 West Erie Street in the City of Chicago, Illinois

That she was acquainted with Juan Hernandez deceased who, at the time of death, was one of the sworn of the land in Cook County, Illinois, describes as:

Lot 62 in Ira P. Bowen and Wait's Subdivision of Block 13 in Canal Trustees' Subdivision of Section 7, Township 39 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

PIN: 17-07-212-014-0000

COMMONLY KNOWN AS: 1927 WEST ERIE STREET, CHICAGO, ILLINOIS 60622

That the deceased died December 10, 2013, as evidenced by a certified copy of death certificate of the deceased attached hereto.

- ✦ That the deceased died: Leaving no Last Will & Testament.
- ◇ Leaving a Last Will & 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 & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of \_\_\_\_\_ County, Illinois about \_\_\_\_\_.

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 less than ten thousand dollars.

Affiant makes this affidavit for the purpose of inducing Stewart Title Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

Irene Hernandez

this 5<sup>th</sup> day of October, A.D. 2015

Notary Public

Irene Hernandez  
(Affiant's Signature)



CCRD REVIEWER [Signature]

**UNOFFICIAL COPY**

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

STATE FILE NUMBER 2013 0093478

DATE ISSUED 12/13/2013

DECEDENT'S LEGAL NAME JUAN HERNANDEZ		SEX MALE	DATE OF DEATH DECEMBER 10, 2013	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 83 YEARS	DATE OF BIRTH MARCH 19, 1930		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME 1927 W ERIE ST		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE MEXICO	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME IRENE RODRIGUEZ	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 1927 W ERIE ST		APT. NO. 2ND FL	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60622	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION BENJAMIN HERNANDEZ	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION GUADALUPE SERNA
INFORMANT'S NAME JUAN SANDOVAL		RELATIONSHIP GRANDSON	MAILING ADDRESS 1927 W ERIE ST, CHICAGO, IL, 60622	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION QUEEN OF HEAVEN CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE HILLSIDE, IL	DATE OF DISPOSITION DECEMBER 13, 2013	
FUNERAL HOME WALTER L SOJKA FUNERAL HOME, 1427 W CHICAGO AVE, CHICAGO, IL, 60642				
FUNERAL DIRECTOR'S NAME EDWIN H CRUZ			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015430	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR DECEMBER 12, 2013	
<b>CAUSE OF DEATH</b> PART I. CARDIAC ARREST				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	Due to (or as a consequence of):	
		b.	CONGESTIVE HEART FAILURE	
		c.	HYPERTENSION	
			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. CKD III			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 NOVEMBER 17, 2013	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 02:38 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED DECEMBER 11, 2013	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH HERNAN REYES, 1802 W CHICAGO AVE, CHICAGO, ILLINOIS, 60622				PHYSICIAN'S LICENSE NUMBER 036117857



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**