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DECEASED JOINT TENANCY AFFIDAVIT



STATE OF ILLINOIS)
) SS.
COUNTY OF Cook)

Doc#: 1531413028 Fee: \$64.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 11/10/2015 11:11 AM Pg: 1 of 3

That Elsa M. Benavides duly sworn states that she resides at 8238 West 100th Place Palos Hills, Illinois.

That Lambert S. Benavides who, at the time of his death, was one of the owners of the land at 8238 West 100th Place Palos Hills, Illinois legally described as follows:

LOT 1 IN BRENNAN'S RESUBDIVISION OF LOT 42 IN JOHN C. DU FRAME AND COMPANY'S PALOS GARDENS, A SUBDIVISION OF THE NORTHWEST 1/4 OF THE SOUTHEAST 1/4 (EXCEPT THE SOUTH 10 ACRES THEREOF) OF SECTION 11, TOWNSHIP 37 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL IN COOK COUNTY, ILLINOIS.

Parcel No. 23-11-416-010-0000

That the deceased died January 8, 2008 as evidenced by a certified copy of death certificate of the deceased attached hereto. That the deceased died without leaving a Last Will & Testament. 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 Six Hundred Thousand dollars and 00/100 (\$600,000.00).

Affiant makes this affidavit for that purpose of inducing a Licensed Title Company to issue an owner's policy for the above-referenced property.

IN WITNESS WHEREOF this document was executed on November 3, 2015

Elsa M Benavides
Elsa M. Benavides

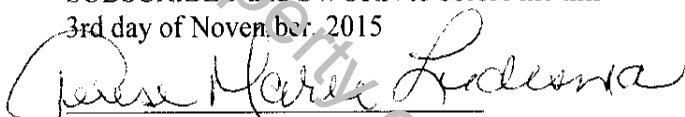
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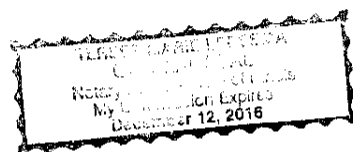
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State of Illinois
County of Grundy ss.

The undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that Elsa M. Benavides personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that she signed, sealed and delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth.

SUBSCRIBED and SWORN to before me this
3rd day of November, 2015


Notary Public



This Document prepared by Michael J Laird & Associates 6808 West Archer Ave. Chicago, Il. 60638
Return Document to: Michael J. Laird & Associates 6808 West Archer Ave. Chicago, Il. 60638

Property of Cook County Clerk's Office

UNOFFICIAL COPY

STATE OF ILLINOIS CERTIFICATE OF DEATH

| | | | |
|--|---|--|--|
| REGISTRATION DISTRICT NO. 16.0 | | STATE FILE NUMBER | |
| LOCAL FILE NUMBER | | STATE FILE NUMBER | |
| 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) Lambert S. Benavides | | 2. SEX Male | 3. DATE OF DEATH (Month/Day/Year) (Spell Month) January 3, 2008 |
| 4. COUNTY OF DEATH Cook | 5a. AGE AT LAST BIRTHDAY (Years) 88 | 5b. UNDER 1 YEAR Months: _____ Days: _____ | 5c. UNDER 1 DAY Hours: _____ Minutes: _____ |
| 6. DATE OF BIRTH (Month/Day/Year) September 17, 1919 | | 7a. CITY OR TOWN Oak Lawn | |
| 7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) Advocate Christ Medical Center | | | |
| 7c. PLACE OF DEATH (Check only one: see instructions) | | | |
| IF DEATH OCCURRED IN A HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival | | IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____ | |
| 8. BIRTHPLACE (City and State or Foreign Country) Woodborough Texas | 9. SOCIAL SECURITY NUMBER ██████████-9416 | 10. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown | 11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) Elsa M. Soto |
| 12. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 13a. RESIDENCE (Street and Number) 8238 W. 100th Pl. | |
| 13b. APT. NO. 11 | | 13c. CITY OR TOWN Palos Hills | |
| 13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 14. FATHER'S NAME (First, Middle, Last) Manuel Benavides | |
| 15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Betsy Salinas | | 16a. INFORMANT'S NAME Elsa M. Benavides | |
| 16b. RELATIONSHIP Wife | | 16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 8238 W. 100th Pl. Palos Hills, Illinois 60465 | |
| 17. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____ | | 18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) Resurrection | 19. LOCATION - CITY, TOWN AND STATE Justice, Illinois |
| 20. DATE OF DISPOSITION (Month/Day/Year) January 7, 2008 | | 21a. FUNERAL HOME NAME Damar-Kaminski Funeral Home & Crematorium | |
| 21b. FUNERAL HOME STREET AND NUMBER 7861 S. 88th Ave. | | 21c. FUNERAL HOME CITY OR TOWN STATE ZIP Justice, Illinois 60458 | |
| 21d. FUNERAL HOME PHONE NUMBER 708-441-1111 | | 21e. FUNERAL HOME FAX NUMBER 708-441-1111 | |
| 21f. FUNERAL HOME WEBSITE www.damar-kaminski.com | | 21g. FUNERAL HOME LICENSE NUMBER 034-014496 | |
| 22. LOCAL REGISTRAR'S SIGNATURE <i>David Orr</i> | | 23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) JAN 09 2008 | |
| 24. CAUSE OF DEATH (See instructions and examples) PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Hypoxic encephalopathy Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. End stage Alzheimer Disease 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. | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | 28. IF FEMALE: <input type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within one year of death, at time unknown <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past 12 months | |
| 29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation | | 30. DATE OF INJURY (Month/Day/Year) | |
| 31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | | 32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area) | |
| 33. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 34. LOCATION OF INJURY Street and Number Apartment Number City or Town State ZIP Code | |
| 35. DESCRIBE HOW INJURY OCCURRED: | | 36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) | |
| 37. (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON 1/2/08 | | 38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 39. DATE PRONOUNCED (Month/Day/Year) January 3, 2008 | | 40. TIME OF DEATH 8:35 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. | |
| 41. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. | | | |
| 42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) Carmen Gnatenco, MD 2545 So. Martin Luther King Drive, Chicago, IL 60616 | | | 43. PHYSICIAN'S LICENSE NUMBER 036-115290 |
| 44. TITLE OF CERTIFIER MD | | 45. DATE CERTIFIED (Month/Day/Year) 1/4/08 | 46. SIGNATURE OF CERTIFIER <i>Gnatenco</i> |

This is to certify that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health.

STATE OF ILLINOIS
County of Cook
DAVID ORR, County Clerk
JAN 09 2008

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 a 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