



JOINT TENANCY AFFIDAVIT

Doc#: 1532229013 Fee: \$64.00
RHSP Fee:\$9.00 RPRF Fee: \$1.00
Karen A.Yarbrough
Cook County Recorder of Deeds
Date: 11/18/2015 11:40 AM Pg: 1 of 3

State of Illinois)
) SS.
County of Cook)

Elvira Dominguez, hereinafter referred to as the affiant, states under oath that the affiant resides at 3405 W. 38th Street in the City of Chicago, Illinois; that the affiant was acquainted with Rodolfo Dominguez, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of properly recorded joint tenancy warranty deed, said property located in Cook County, Illinois, and legally described as follows:

LOT 3 IN F.A. WATSON'S SUBDIVISION OF BLOCK 16 IN J.H. REES' SUBDIVISION OF THE WEST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 36 AND THAT PART OF THE SOUTHEAST 1/4 OF SECTION 35, LYING SOUTH OF THE ILLINOIS AND MICHIGAN CANAL IN TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

ADDRESS OF REAL ESTATE: 3405 W. 38th Street, Chicago, Illinois 60632

PIN Number: 16-35-408-022-0000

That the decedent had no interest in any business or partnership, nor held 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;

That the decedent died on July 9, 2015, leaving no last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$15,000; and

That the value of the above property individually was \$159,000.00

That the affiant makes this affidavit to induce PROFESSIONAL NATIONAL TITLE INSURANCE FUND to issue its policy of title insurance on the above described property.

The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold PROFESSIONAL NATIONAL TITLE INSURANCE FUND harmless and to reimburse the Fund for all loss, costs, damages, suits, attorney's fees and expenses and every kind and nature which the Fund may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

- 1. Claims against the estate of Rodolfo Dominguez, the decedent;

Handwritten vertical stamp: S P S M S C E INT with numbers 2, 3, 2, 2, 4, 4, 4 and a signature.

UNOFFICIAL COPY

- 2. Illinois State Inheritance Tax and Federal Tax which may be charged against the estate of said decedent;
- 3. Legacies, if any, created by the will of said decedent;
- 4. Rights to contribution.

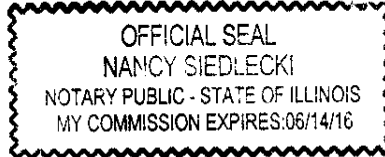
Elvira Domínguez
 (Seal)

Subscribed and Sworn to before me

this 16 day of Sept, 2015

Nancy Siedlecki

 Notary Public



This document prepared by and please return to: Nancy Siedlecki, 5300 Main Street, Downers Grove, IL 60515.

PROPERTY OF COOK COUNTY CLERK'S OFFICE

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COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

DATE ISSUED 7/21/2015

MEDICAL EXAMINER'S CASE NUMBER NA

STATE FILE NUMBER 2015 0055192

DECEDENT'S LEGAL NAME RODOLFO DOMINGUEZ		SEX MALE	DATE OF DEATH JULY 09, 2015
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 48 YEARS	DATE OF BIRTH AUGUST 07, 1966	
CITY OR TOWN CHICAGO	HOSPITAL OR OTHER INSTITUTION NAME ST ANTHONY HOSPITAL		
PLACE OF DEATH INPATIENT	BIRTHPLACE CA	SOCIAL SECURITY NUMBER 546-75-4407	STATUS AT TIME OF DEATH MARRIED
RESIDENCE 3405 WEST 38TH STREET	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60632	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION AUXILIO DOMINGUEZ
INFORMANT'S NAME ELVIRA DOMINGUEZ		RELATIONSHIP WIFE	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ROSALIA CANEDO
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION RESURRECTION CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE JUSTICE, IL
FUNERAL HOME SZYKOWNY FUNERAL HOME LTD., 4911 S. ARCHER AVE., CHICAGO, IL, 60632		DATE OF DISPOSITION JULY 14, 2015	
FUNERAL DIRECTOR'S NAME JONATHAN F. SIEDLECKI		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011163	
LOCAL REGISTRAR'S NAME DAVID ORR		DATE FILED WITH LOCAL REGISTRAR JULY 14, 2015	
CAUSE OF DEATH PART I SEPTIC SHOCK/ACUTE RESPIRATORY FAILURE			
IMMEDIATE CAUSE (Final disease or condition resulting in death)			
a. CHRONIC ALCOHOLIC LIVER ENCEPHALOPATHY			
b. CHRONIC ALCOHOLIC LIVER ENCEPHALOPATHY			
c. DIABETES MELLITUS			
PART II: Enter other significant conditions contributing to death, but not resulting in the underlying cause given in PART I			
FEMALE PREGNANCY STATUS NOT APPLICABLE		WAS AN AUTOPSY PERFORMED? NO	
DATE OF INJURY		TIME OF INJURY	PLACE OF INJURY
LOCATION OF INJURY		INJURY AT WORK?	
DESCRIBE HOW INJURY OCCURRED:		IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE JULY 08, 2015	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED
CERTIFIER PHYSICIAN		TIME OF DEATH 02:58 AM	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ALIUDDIN, KHAJA, 2017 SOUTH WESTERN AVENUE, CHICAGO, ILLINOIS, 60608		DATE CERTIFIED JULY 12, 2015	
		PHYSICIAN'S LICENSE NUMBER 036071142	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

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