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1601146129

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RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds

Date: 01/11/2016 02:51 PM Pg: 1 of 4

Affidavit of Heirship

I, Javier Fernandez (affiant) being duly sworn upon oath, depose and say as follows:

1. That the affiant resides at: 4916 W. 65th Place, Chicago, IL 60629.
2. That the Affiant is the Son of Decedent, Paul H. Fernandez.
3. That the Decedent died on January 27, 2015, in the city of McAllen, in the county of Hidalgo, in the state Texas, in the country of United States of America.
4. That the Decedent died owning an interest in the property legally described as follows:

THE EAST 32 FEET OF THE WEST 70.72 FEET OF THE SOUTH HALF OF LOT 2 IN BLOCK 4 IN
MANDELL'S SUBDIVISION OF THE NORTH HALF OF THE SOUTH HALF OF THE NORTH WEST
QUARTER OF SECTION 23, TOWNSHIP 38 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL
MERIDIAN, IN COOK COUNTY, ILLINOIS

PIN# 19-23-116-050-0000

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5. That the Decedent died leaving a will.
6. That the Decedent was divorced to the following individuals, and no others: Decedent was divorced to Maria Teresa Ramirez, prior to the acquisition of interest in the subject of the real estate property.
7. That the following children were born to, or adopted by the Decedent and no others.

<u>Name</u>	<u>Status</u>
Adrian Fernandez	Living
Daniel Fernandez	Living
Javier Fernandez	Living
Raul Fernandez, Jr.	Living

8. That to the best information and belief of the Affiant, no children were born to or fathered by the Decedent out of wedlock, except as follows: No Children were born out of wedlock.
9. That in the event the Decedent died without spouse or child surviving, to the Affiants best information and belief, the following represents the Decedent's heirship; Defendant Died divorced to Spouse named in paragraph 6 and with Surviving children named above in paragraph 7.
10. That the approximate value of the estate of the Decedent including the taxable interest in the aforesaid property is \$ 161,180.00.
11. Therefore Decedent Raul H. Fernandez, left surviving his son, Adrian Fernandez, Affiant, Daniel Fernandez, son, Affiant, Javier Fernandez, son, and Raul Fernandez, Jr., son, as his only heir(s).

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FURTHER AFFIANT SAYETH NOT.

Javier Fernandez

Javier Fernandez (affiant)

Subscribed and Sworn to before me

This _____ day of 6th January, 2016

[Signature]

Notary Public



NAME AND ADDRESS OF PREPARER

Koch & Associates, P.C.

5947 West 35th Street

Cicero, IL 60804

(708)656-9900

Attorney No. 32692

Property of Cook County Clerk's Office

STATE OF TEXAS
CERTIFICATE OF VITAL RECORD
UNOFFICIAL COPY

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

JAN 29 2015

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER 142-15-011731

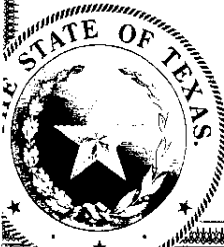
1. LEGAL NAME OF DECEASED (include AKA's, if any) (First, Middle, Last) RAUL FERNANDEZ		(Maiden)		2. DATE OF DEATH ACTUAL OR PRESUMED (mm-dd-yyyy) JANUARY 27, 2015	
3. SEX MALE	4. DATE OF BIRTH (mm-dd-yyyy) AUGUST 21, 1945	5. AGE Last Birthday (Years) 69	IF UNDER 1 YEAR Mo Days	IF UNDER 1 DAY Hours Min	6. BIRTHPLACE (City & State or Foreign Country) MEXICO
7. SOCIAL SECURITY NUMBER ██████████ 9980		8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (if wife, give name prior to first marriage)	
10a. RESIDENCE STREET ADDRESS 3918 WEST 65TH PLACE			10b. APT. NO.	10c. CITY OR TOWN CHICAGO	
10d. COUNTY COOK		10e. STATE ILLINOIS	10f. ZIP CODE 60629		10g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11. FATHER'S NAME ROMULO FERNANDEZ		12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE ELVIRA HERRERA			
13. PLACE OF DEATH (CHECK ONLY ONE) IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		14. COUNTY OF DEATH HIDALGO			
15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO) MCALLEN, 78503		16. FACILITY NAME (if not institution, give street address) MCALLEN MEDICAL CENTER			
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED JAVIER FERNANDEZ - SON		18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) 3003 SOUTH AVERS, CHICAGO, IL 60623			
19. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH JOSHUA LLANES, BY ELECTRONIC SIGNATURE - 8553		21. <input checked="" type="checkbox"/> Unknown Section _____ Block _____ Lot _____ Space _____	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) RESURRECTION CEMETERY		23. LOCATION (City, Town, and State) JUSTICE, IL			
24. NAME OF FUNERAL FACILITY SKINNER-SILVA FUNERAL HOME - PHARR		25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 703 WEST SAM HOUSTON, PHARR, TX 78577			
26. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Justice of the Peace - 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.		27. SIGNATURE OF CERTIFIER FRANCISCO RUGAMA, BY ELECTRONIC SIGNATURE		28. DATE CERTIFIED (mm-dd-yyyy) JANUARY 23, 2015	29. LICENSE NUMBER J4669
30. TIME OF DEATH (Actual or presumed) 05:27 PM		31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) FRANCISCO RUGAMA 2121 E GRIFFIN PARKWAY STE 4, MISSION, TX 78573			
32. TITLE OF CERTIFIER MD		33. PART 1. 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 THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. BRONCHOGENIC CARCINOMA 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. _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of): d. _____			
34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Probably <input type="checkbox"/> Unknown		38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year	
39. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		40a. DATE OF INJURY (mm-dd-yyyy)			
40b. TIME OF INJURY		40c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	
40e. LOCATION (Street and Number, City, State, Zip Code)		40f. COUNTY OF INJURY			
41. DESCRIBE HOW INJURY OCCURRED					
42a. REGISTRAR FILE NO. 02 0128		42b. DATE RECEIVED BY LOCAL REGISTRAR JANUARY 29, 2015		42c. REGISTRAR REGISTRAR - CITY OF MCALLEN, ELECTRONICALLY FILED	

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 195.1849)



VS-112 REV 1/2006



This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED

JAN 30 2015
WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

Geraldine R. Harris
GERALDINE R. HARRIS
STATE REGISTRAR



LHA