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1601434020

Doc#: 1601434020 **Fee:** \$44.00
RHSP Fee:\$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 01/14/2016 09:17 AM Pg: 1 of 4

Property of Cook County Clerk's Office

DECEASED JOINT TENANCY AFFIDAVIT

ORNTIC File Number: 1565680 1 of 3
Old Republic National Title
20 South Clark, Suite 2000
Chicago, IL 60603
312/641-7799

12/1

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DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois }
 } SS.
 County of Cook }

SANTOS CASTILLO, being duly sworn states that he resides at, 6606 South Troy Street, Chicago, Illinois 60629. That he is the surviving spouse/joint tenant of FELIPA CASTILLO, deceased, who, at the time of her death, was one of the owners (title being held in Joint Tenancy) of the land in Cook County, Illinois described as follows:

(See Attached Legal Description Rider)

That the deceased died on 12/15/14, as evidenced by a certified copy of the death certificate of said 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.

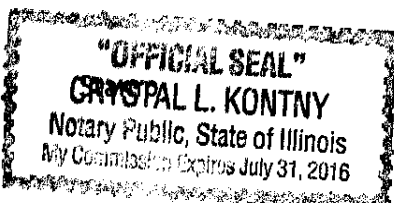
Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois on or about the _____.

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 \$ 80,000.

Santos Castillo (SEAL)
 SANTOS CASTILLO

SUBSCRIBED and SWORN to before me on this 28th day of December, 2015

Cyril S. Kontny
 Notary Public



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CERTIFICATION OF DEATH RECORD

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

STATE FILE NUMBER 2014 0057631

DATE ISSUED 11/19/2014

DECEDENT'S LEGAL NAME FELIPA CASTILLO		SEX FEMALE	DATE OF DEATH NOVEMBER 15, 2014	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 72 YEARS	DATE OF BIRTH FEBRUARY 05, 1942		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME RUSH UNIVERSITY MEDICAL CENTER		
PLACE OF DEATH INPATIENT				
BIRTHPLACE MEXICO	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME SANTOS CASTILLO	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 6606 SOUTH TROY	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60620	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MIGUEL SANCHEZ	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION FELIPA MENDEZ
INFORMANT'S NAME SANTOS CASTILLO		RELATIONSHIP HUSBAND	MAILING ADDRESS 6606 SOUTH TROY, CHICAGO, IL, 60629	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION TRISONS CREMATORY	LOCATION - CITY OR TOWN AND STATE LOMBARD, IL	DATE OF DISPOSITION NOVEMBER 22, 2014	
FUNERAL HOME ROBERT J. SHEEHY AND SONS - BURBANK, 4950 W 79 th STREET, BURBANK, IL, 60459				
FUNERAL DIRECTOR'S NAME JAMES M SHEEHY			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012007	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR NOVEMBER 19, 2014	
CAUSE OF DEATH PART I. CEREBRAL HERNIATION				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of)		
		b. INTRACEREBRAL HEMORRHAGE Due to (or as a consequence of)		
		c. _____ Due to (or as a consequence of)		
		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.			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS UNKNOWN			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 15, 2014	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 10:52 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED NOVEMBER 19, 2014	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH SAYONA JOHN, 1653 WEST CONGRESS PARKWAY, CHICAGO, ILLINOIS, 60612			PHYSICIAN'S LICENSE NUMBER 036120384	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



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

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For the premises commonly known as

6606 South Troy Street, Chicago, Illinois 60629

LOTS 3 AND 4 IN BLOCK 13 IN EAST CHICAGO LAWN CAMPBELL'S SUBDIVISION OF THE SOUTH 1/2 OF THE WEST 1/2 OF THE NORTHWEST 1/4 OF SECTION 24, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PINS: 19-24-124-020-0000 AND 19-24-124-021-0000

Property of Cook County Clerk's Office