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SPECIAL NOTICE:

This form is **NOT** required by law, nor the Cook County Recorder of Deeds (CCRD). CCRD employees **CANNOT** assist with the preparation of this, or **ANY LEGAL FORM.**



Doc#: 1611834049 Fee: \$42.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 04/27/2016 10:11 AM Pg: 1 of 3

PREPARED BY:

Nidza Alicea
3306 W. Palmer St
Chicago IL 60647

DECEASED JOINT TENANCY AFFIDAVIT

I, Nidza Alicea and Eliza Alicea the surviving tenant of the joint tenancy created by the deed with the document number: 95408215 do hereby declare under oath that the joint tenant Eliza Alicea died on 02-21-2010 as evidenced by the attached certified copy of her/his death certificate (see attached). I also declare that the aforementioned joint tenant was an owner of property with the following details:

LEGAL DESCRIPTION

Lot 3 in Ellen Jane Malloney's Subdivision of Lots 21 and 22 in Block 4 in Shipman Hill and Merrill's Subdivision of East 1/2 of the Northwest 1/4 of Section 25, Township 40 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

PROPERTY IDENTIFICATION NUMBER (PIN):

1 3 - 3 5 - 2 1 5 - 0 9 0 - 0 0 0 0

COMMONLY KNOWN ADDRESS:

3306 W. Palmer St
Chicago IL 60647

Finally, I declare that the status of the deceased joint tenant at the time of her/his death was the following:

- Leaving NO LAST WILL & TESTAMENT Leaving an UNFILED WILL & TESTAMENT (ATTACH) Leaving a FILED WILL & TESTAMENT (ATTACH)

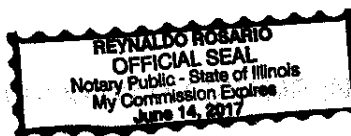
NOTARY & AFFIANT SIGNATURE SECTION BELOW

Subscribed & Sworn to me by:

Nidza Alicea
Affiant Signature:
Reynaldo Rosario

On the Following Date:

04-27-2016



Rosario

ESTADO LIBRE ASOCIADO DE PUERTO RICO
UNOFFICIAL COPY
COMMONWEALTH OF PUERTO RICO

DEPARTAMENTO DE SALUD
(DEPARTMENT OF HEALTH)
REGISTRO DEMOGRAFICO
(DEMOGRAPHIC REGISTRY)
CERTIFICACION DE DEFUNCION
(CERTIFICATION OF DEATH)



NUMERO DE CERTIFICADO (CERTIFICATE NUMBER)
152-2010-00214-003888-052067-01943050

NOMBRE DEL FALLECIDO (DECEASED NAME)
ELISEO ALICEA MARTINEZ

SEGURO SOCIAL (SOCIAL SECURITY)
582-30-9645

SEXO (SEX)
M

ESTADO CIVIL (MARITAL STATUS)
CASADO (MARRIED)

NOMBRE CONYUGE (SPOUSE'S NAME)
MERCEDES CARRASQUILLO

FECHA DEFUNCION (DEATH DATE)
21 FEB 2010

FECHA REGISTRO (REGISTRATION DATE)
01 MAR 2010

LUGAR DEFUNCION (DEATH PLACE)
CAGUAS, PUERTO RICO

FUE EMBALSAMADO? (WAS EMBALMED?)
SI FUE EMBALSAMADO (EMBALMED)

FECHA NACIMIENTO (BIRTH DATE)
14 JUL 1931

EDAD (AGE)
78 AÑOS

LUGAR NACIMIENTO (BIRTHPLACE)
CAGUAS, PUERTO RICO

NOMBRE DEL PADRE (FATHER'S NAME)
ONOFRE ALICEA

NOMBRE DE LA MADRE (MOTHER'S NAME)
JUANA MARTINEZ

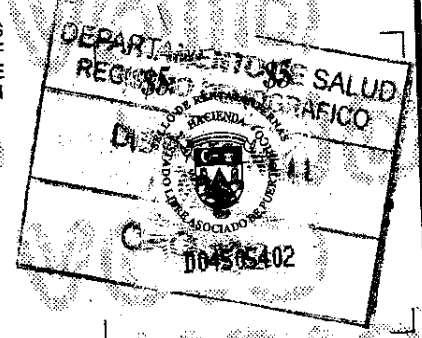
FECHA EXPEDICION (DATE ISSUED)
04 NOV 2010

ESTE ES UN ABSTRACTO DEL CERTIFICADO DE DEFUNCION OFICIALMENTE INSCRITO EN EL REGISTRO DEMOGRAFICO DE PUERTO RICO BAJO LA AUTORIDAD CONFERIDA POR LA LEY 24 DEL 22 DE ABRIL DE 1931

THIS IS AN ABSTRACT OF THE RECORDS FILED IN THE DEMOGRAPHIC REGISTRY OF PUERTO RICO ISSUED UNDER THE AUTHORITY OF LAW 24, APRIL 22, 1931

[Signature]
SECRETARIO DE SALUD
(SECRETARY OF HEALTH)

[Signature]
DIRECTOR REGISTRO DEMOGRAFICO
(STATE REGISTRAR)



Estado Libre Asociado de Puerto Rico
Departamento de Salud

ADVERTENCIA: Cualquier alteracion o borradura cancela esta certificaci3n.

WARNING: Any alteration or erasure voids this certification.

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← PRINTED REPRESENTATION OF WATERMARK. FOR VERIFICATION OF DOCUMENT AUTHENTICITY. HOLD UP TO LIGHT AND COMPARE WATERMARK.

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