

# UNOFFICIAL COPY



Doc#: 1613719068 Fee: \$42.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 05/16/2016 11:32 AM Pg: 1 of 3

RECORDING REQUESTED BY:  
AMELIA BAEZ

WHEN RECORDED, MAIL TO  
AND MAIL TAX STATEMENTS TO:  
Noe Rodriguez-Guzman  
1404 N. Karlov Avenue  
Chicago, IL 60651

THIS SPACE FOR RECORDER'S USE ONLY


## AFFIDAVIT — DEATH OF JOINT TENANT

STATE OF ILLINOIS            )  
  ) ss.  
COUNTY OF COOK            )

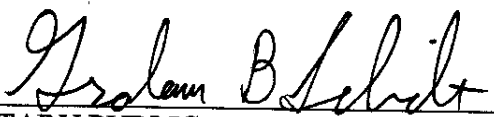
AMELIA BAEZ, of legal age, being first sworn, deposes and says:

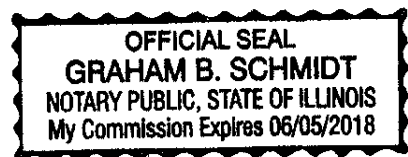
That my former husband JORGE A. BAEZ is now deceased, and that JORGE A. BAEZ is the same person as Jorge A. Baez, named as one of the parties in that certain Deed, dated July 1<sup>st</sup> 1986, executed by Olga Mitich to Jorge A. Baez and Amelia Baez, as Joint Tenants, and recorded on July 2, 1986, in the Office of the Recorder of the County of Cook, State of Illinois, as Document No. T3528063 of Official Records, relating to the real property located in said County and more particularly described in Exhibit "A" (attached hereto and incorporated herein by reference).

Executed on April 19, 2016, , in Cook County, Illinois. I certify (or declare) under penalty of perjury under the laws of the State of Illinois that the foregoing is true and correct.

  
\_\_\_\_\_  
AMELIA BAEZ

SUBSCRIBED AND SWORN TO (or affirmed) before me on April 19, 2016, by AMELIA BAEZ, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

  
\_\_\_\_\_  
NOTARY PUBLIC



CCRB  


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## EXHIBIT A

**LEGAL DESCRIPTION:** LOT 361 AND THE SOUTH 10 FEET OF LOT 362 IN DAVENPORT SUBDIVISION OF THE EAST ½ OF THE NORTHWEST ¼ OF THE NORTHEAST ¼ AND THE WEST ½ OF THE NORTHEAST ¼ OF THE NORTHEAST ¼ OF SECTION 3, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

**Permanent Index Number:** 16-03-218-021-0000

**Site Address:** 1404 N. Karlov Avenue, Chicago, IL.

Property of Cook County Clerk's Office

# UNOFFICIAL COPY

STATE OF ILLINOIS  
County of Cook

DAVID ORR, County Clerk

May 16, 2016

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 the 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

REGISTRATION DISTRICT NO. <b>13.10</b>		STATE OF ILLINOIS MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH		STATE FILE NUMBER <b>609567</b>
REGISTERED NUMBER		CASE #: <b>89 JUL 2006</b>		
DECEASED - NAME <b>1. JORGE A. BAEZ</b>		SEX <b>2. MALE</b>	DATE OF DEATH <b>3. JUL 6, 2006</b>	
CITY, TOWN, TWP, OR ROAD DISTRICT NAME <b>4. COOK</b>		AGE - DAY MONTH YEAR <b>5a. 31</b>	UNDER 1 YEAR <b>5b.</b>	UNDER 1 DAY <b>5c.</b>
CITY, TOWN, TWP, OR ROAD DISTRICT NAME <b>6a. CHICAGO</b>		HOSPITAL OR OTHER INSTITUTION - NAME OF CITY OR VILLAGE AND STREET AND NUMBER <b>6b. NORWEGIAN-AMERICAN HOSPITAL</b>		IF DEPT. OF HEAL. SERVICE BIRTH, DEATH, MAR., OR PATENT (EXPLAIN) <b>6c. ER</b>
BIRTHPLACE - CITY AND STATE OR FOREIGN COUNTRY <b>7. CHICAGO, IL</b>	MARRIAGE RECORD <b>8a. NEVER MARRIED</b>	NAME OF DECEASED'S SPOUSE <b>8b. NONE</b>		WAS DECEASED EVER IN U.S. ARMED FORCES (EXPLAIN) <b>8c. NO</b>
SOCIAL SECURITY NUMBER <b>10. 333-68-2620</b>	USUAL OCCUPATION <b>11a. LABOR</b>	KIND OF BUSINESS OR INDUSTRY <b>11b. GENERAL</b>		EDUCATION (EXPLAIN ONLY HIGHEST GRADE COMPLETED) <b>12. 12</b>
RESIDENCE - STREET AND NUMBER <b>13a. 1404 N KARLOV</b>	CITY, TOWN, OR ROAD DISTRICT NO. <b>13b. CHICAGO</b>	CITY (VILLAGE) <b>13c. YES</b>	COUNTY <b>13d. COOK</b>	
STATE <b>13e. ILLINOIS</b>	ZIP CODE <b>13f. 60651</b>	RACE - WHITE, BLACK, AMERICAN INDIAN, ASIAN, HISPANIC <b>14a. WHITE</b>	OF HISPANIC ORIGIN? (EXPLAIN IF YES) SPECIFY: <b>PUERTO RICAN</b>	
FATHER - NAME FIRST MIDDLE LAST <b>15. JORGE A BAEZ</b>		MOTHER - NAME FIRST MIDDLE MAIDEN LAST <b>15. ANIETA GALARZA</b>		
INFORMANT'S NAME (TYPE IN PRINT) <b>17a. PROG SCHWARTZ</b>		RELATIONSHIP <b>17b. MED REC</b>	MAY BE CONTACTED AT (CITY OR TOWN, STATE, ZIP) <b>17c. CHICAGO, IL 60612</b>	
PART I. State the disease, injuries, or complications that caused the death. Do not enter the mode of death, such as suicide or homicide, unless it is the cause of death. (APPROPRIATE INTERVAL BETWEEN CAUSE AND DEATH)				
(a) <b>OPIATE AND ALCOHOL INTOX</b> DUE TO, OR AS A CONSEQUENCE OF				
(b) _____ DUE TO, OR AS A CONSEQUENCE OF				
(c) _____ DUE TO, OR AS A CONSEQUENCE OF				
PART II. Enter significant medical conditions, to death but not resulting in the underlying cause given in PART I.				AUTOPSY PERFORMED <b>18a. YES</b>
MANNER OF DEATH (ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED)				IF DECEASED PERFORMED AVIATION PILOT DUTY (PART I OF CAUSE OF DEATH REPORT) <b>18b. NO</b>
DATE OF BURIAL (MONTH, DAY, YEAR) <b>20a. ACCIDENT</b>		DATE OF BURIAL (MONTH, DAY, YEAR) <b>20b. JUL 6, 2006</b>	HOUR <b>20c. 7:20 Pm.</b>	HOW BURIAL OCCURRED (EXPLAIN IF NOT IN PART I OF CAUSE OF DEATH REPORT) <b>20d. DRUG RELATED DEATH</b>
INJURY AT WORK (EXPLAIN) <b>20e. NO</b>	PLACE OF BURIAL (BY HOME, VAULT, CHURCH, FACTORY, OFFICE BUILDING, OTHER BUILDING) <b>20f. ALLEY</b>	LOCATION (STREET, VIL. OR TOWN OR YORK; OR R.F. DIST. NO., COUNTY, STATE) <b>20g. CHICAGO, COOK, IL</b>		IF FEMALE, WAS THERE A MARRIAGE IN PART THREE MONTHS? <b>20h. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>
I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INFORMATION THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT		THE DECEDENT WAS PRONOUNCED DEAD ON (MONTH, DAY, YEAR) <b>21b. JUL 6, 2006</b>		AT (MONTH, DAY, YEAR) <b>21c. 7:52 P.M.</b>
MEDICAL EXAMINER'S SIGNATURE <i>E. R. Donoghue, M.D.</i>		EDMUND R. DONOGHUE, M.D.		DATE SIGNED (MONTH, DAY, YEAR) <b>22a. AUG 8, 2006</b>
PRIVILEGE SIGNATURE <i>Kendall V Crowe, M.D.</i>		KENDALL V CROWE, M.D.		DATE SIGNED (MONTH, DAY, YEAR) <b>23b. AUG 8, 2006</b>
BURIAL, CREMATION, REMOVAL (EXPLAIN) <b>24a. BURIAL</b>	CEMETERY OR CREMATORY-NAME <b>24b. ACACIA PARK</b>	LOCATION (CITY OR TOWN) <b>24c. CHICAGO, ILLINOIS</b>	DATE (MONTH, DAY, YEAR) <b>24d. JUL 13, 2006</b>	
FUNERAL HOME NAME <b>25a. ALVAREZ FUNERAL DIR. 2500 N CICERO CHICAGO, ILLINOIS 60639</b>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>25c. 034-011737</b>		
FUNERAL DIRECTOR'S SIGNATURE <i>Susan Alvarez</i>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>25b. SEP 18 2006</b>		
LOCAL REGISTRAR'S SIGNATURE <i>David Orr</i>				