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This instrument prepared by:

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4440 S. Ashland Avenue
Chicago, IL 60609



Doc#: 1625934036 Fee: \$44.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 09/15/2016 11:13 AM Pg: 1 of 4

JOINT TENANCY AFFIDAVIT

Luis Campos (hereinafter referred to as the "Affiant"), being first duly sworn under oath, hereby states:

That the Affiant resides at 5550 S. Nagle Avenue, Chicago, IL 60638;

That the Affiant is the surviving spouse of the Decedent, Petra Campos;

That at the time of her death, Decedent was one of the owners of a certain property, by virtue of a properly recorded Warranty Deed conveying Joint Tenancy upon the Decedent and her surviving husband, Luis Campos;

That said property located in Cook County, Illinois and legally described as follows:

LOT 27 IN BLOCK 1 IN COUNSELMAN'S SUBDIVISION OF BLOCK 28 IN THE CANAL TRUSTEES SUBDIVISION OF THE EAST HALF OF SECTION 31, TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Number:
Address of Real Estate:

17-31-414-049-0000
3660 S. Marshfield Avenue, Chicago, IL 60609

That the Decedent died on November 16, 2015. A copy of the death certificate is attached hereto.

LUIS CAMPOS

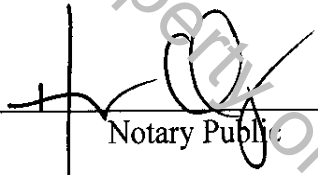
CCRD REVIEW

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State of Illinois)
)
 County of Cook) SS

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that LUIS CAMPOS, personally known to me to be the same person(s) whose names is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that they signed, sealed and delivered the said instrument as their free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

SUBSCRIBED AND SWORN to before
 me this 5th day of JULY, 2016



 Notary Public



Property of Cook County Clerk's Office

UNOFFICIAL DEATH RECORD

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

STATE FILE NUMBER 2015 0092915

DATE ISSUED 11/30/2015

DECEDENT'S LEGAL NAME PETRA CAMPOS			SEX FEMALE	DATE OF DEATH NOVEMBER 16, 2015	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 69 YEARS		DATE OF BIRTH JUNE 29, 1946		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME HORIZON HOSPICE AND PALLIATIVE CARE			
PLACE OF DEATH HOSPICE FACILITY					
BIRTHPLACE MEXICO	SOCIAL SECURITY NUMBER 341-54-2781	STATUS AT TIME OF DEATH MARRIED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME LUIS CAMPOS	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 5550 S NAGLE		APT. NO.	CITY OR TOWN CHICAGO		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60638	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION PORFIRIO LOPEZ		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARIA MAGDALENA GARCIA
INFORMANT'S NAME LUIS CAMPOS		RELATIONSHIP HUSBAND		MAILING ADDRESS 5550 S NAGLE, CHICAGO, IL, 60638	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION RESURRECTION CATHOLIC CEMETERY		LOCATION - CITY OR TOWN AND STATE JUSTICE, IL	DATE OF DISPOSITION NOVEMBER 21, 2015
FUNERAL HOME SZYKOWNY FUNERAL HOME LTD., 4901 S ARCHER AVE., CHICAGO, IL, 60632					
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 NOVEMBER 27, 2015	
CAUSE OF DEATH PART I. LUNG CANCER IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ Due to (or as a consequence of): b. _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of):					MONTHS: UNKNOWN
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 MANNER OF DEATH NATURAL
FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR					
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY			INJURY AT WORK?
LOCATION OF INJURY					IF TRANSPORTATION INJURY, SPECIFY:
DESCRIBE HOW INJURY OCCURRED:					
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE NOVEMBER 15, 2015	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED	TIME OF DEATH 02:51 PM
CERTIFIER PHYSICIAN				DATE CERTIFIED NOVEMBER 18, 2015	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH YEOW MEJ-EAN, 710 S PAULINA STREET, CHICAGO, ILLINOIS, 60612				PHYSICIAN'S LICENSE NUMBER 036123544	

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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TO TEST FOR AUTHENTICITY: The face of this document has a green background. Verification of some of the security features can be accomplished by:

- Identifying invisible UV fibers embedded in the paper.
- Applying fresh liquid bleach to activate color stain chemical protection reaction.
- Face of document has a green border with ornate lines including reverse microtext.
- This backer copy is constructed with a microtext border. Inspection under magnifier shows "STATEOFILLINOIS" in microtext.
- Document is protected with embossed Cook County seals.
- Photocopying this document produces the word "VOID" across the face.