

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

Doc#: 1627055244 Fee: \$50.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 09/26/2016 01:07 PM Pg: 1 of 2

CALIXTO ARROYO

being duly sworn states that he resides
at **11525 S. Avenue J**

in the City of **Chicago Illinois.**

That **CALIXTO ARROYO** was acquainted with **CELERINA ARROYO**, deceased who, at the time of her death, was one of the owners of the land in **Cook** County, Illinois, described as:

THE NORTH 2.50 FEET OF LOT 38, ALL OF LOT 39 AND LOT 40 (EXCEPT THE NORTH 22.50 THEREOF) IN BLOCK 11 IN WHITFORDS PART OF SOUTH CHICAGO SUBDIVISION OF THE EAST FRACTIONAL HALF OF THE NORTHWEST 1/4 OF SECTION 20, TOWNSHIP 37 NORTH, RANGE 15 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Tax Number: **26-20-108-049-0000** Common Address: **11525 S. Avenue J, Chicago, IL 60617-7466**

That the deceased died on **March 18, 2002**, as evidenced by a certified copy of death certificate of the 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 _____ County, Illinois about _____

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 **500.00** dollars.

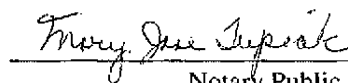
Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above-mentioned property.

Subscribed and sworn to before me by the

this **20th** day of September, A.D. 2016.



(affiant's signature)



Notary Public

RETURN TO: CHRISTY & CHRISTY & ASSOCIATES
10602 S. EWING AVENUE
CHICAGO, IL 60617-6618



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* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

CERTIFICATE OF DEATH

Local No. 222

Date Issued March 20, 2002 *Franklin J. Almeida, M.D.*
Hammond Health Commissioner

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1 DECEASED—NAME (First Middle, Last) Celerina Arroyo		2 SEX Female	3a. TIME OF DEATH 6:25P	3b. DATE OF DEATH (Month, Day, Yr.) March 18, 2002	
4 *SOCIAL SECURITY NUMBER [REDACTED]-9382	5a AGE—Last Birthday (Years) 74	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) Sept. 17, 1927	
7 BIRTHPLACE (City and State or Foreign Country) Mexico	8a. WAS DECEDENT A U.S. VETERAN? No				
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? ---	8c. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence				
9b. FACILITY NAME (If not institution, give street and number) St. Margaret Mercy North Campus		9c. CITY, TOWN, OR LOCATION OF DEATH Hammond		9d. COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Calixto Arroyo	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retiral) Housewife		12b. KIND OF BUSINESS/INDUSTRY Own Home	
13a. RESIDENCE—STATE Illinois	13b. COUNTY Cook	13c. CITY, TOWN, OR LOCATION Chicago		13d. STREET AND NUMBER 11525 Avenue J	
13e. ZIP CODE 60617	13f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.) Mexican	16 RACE—American Indian, Black, White, etc (Specify) White	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 College (1-4 or 5+) 		18 FATHER'S NAME (First, Middle, Last) Fidencio Cervantes			
19 MOTHER'S NAME (First, Middle, Maiden Surname) Florentina Gonzalez		20a. INFORMANT'S NAME (Type/Print) Calixto Arroyo			
20b. MARITAL ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 11525 Avenue J Chicago, IL 60617		20c. Relationship Husband			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) March 21, 2002 Holy Cross Cemetery		21c. LOCATION—City or Town, State Calumet City, IL	
22a. EMBALMER'S NAME James F. Betkowski		22b. EMBALMER'S LICENSE NO. FT09200077		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>James F. Betkowski</i>		24b. LICENSE NUMBER FD09200077		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Elmwood Chapel FHD#19900052 11300 W. 97th Ln. St. John, IN 46373	
26. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter non-anatomic terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death					
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <u>Intra-cranial hemorrhage</u> DUE TO (OR AS A CONSEQUENCE OF)					
b. _____ DUE TO (OR AS A CONSEQUENCE OF)					
c. _____ DUE TO (OR AS A CONSEQUENCE OF)					
d. _____ DUE TO (OR AS A CONSEQUENCE OF)					
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I.					
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28. WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) ---	
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER 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) as stated. <input type="checkbox"/> CORONER 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) as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>			
29c. MEDICAL LICENSE NO. 01052692		29d. DATE SIGNED (Month, Day, Year) 3/19/02			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. S. Beauregard M.D. 5454 Hohman Ave. Hammond, IN 46320					
31. HEALTH OFFICER'S SIGNATURE <i>Franklin J. Almeida M.D.</i>				32. DATE FILED (Month, Day, Year) March 20, 2002	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
34e. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.			