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## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF Cook

Parcel ID # 17-33-322-004-0000



Doc# 1700506109 Fee \$42.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 01/05/2017 03:41 PM PG: 1 OF 3

Ezequiel Terrazas hereinafter called Affiant(s) being duly sworn states that he/she/they reside at: 3809 South Emerald Avenue, Chicago, Illinois 60609. That Affiant(s) was acquainted with Luis M Terrazas, hereinafter referred to as Deceased, and at the time of Decedent's death, was one of the owners of the land in Cook Courty, Illinois, described as:

The following described real estate siti ated in the County of Cook in the State of Illinois, to wit:

Lot 29 in Block 4 in McPherson and Allerton's Addition to Chicago, being Block 25 in Canal Trustee's Subdivision of Section 33, Township 39 North, Range 14 East of the Third Principal Meridian, in Cook County, Illinois.

That the Deceased died on July 20, 2016, as evidenced by a copy of the Deceased's death certificate attached hereto.

That the Deceased, at the time of his/her doath, held his/her share of the above-mentioned property as a joint tenant and that the Deceased died leaving no lost will & testament.

That the total value of the estate of the Deceased, for estate tax purposes, including both real and personal property owned by the Deceased either individually or in joint tenancy at the time of death of the Deceased, does not exceed the sum of \$\_\_\_\_\_.

Affiant makes this affidavit for the purpose of any individual or corporation who may be harmed by the Affiant's lack of veracity.

Subscribed and Sworn before me

Thic

day of

~ II

Notary/Public

This document is Prepared By: James West 25400 US 19 N Clearwater FL 33763

OFFICIAL SEAL
M SEALS
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:06/10/19

S Y S N S N S C Y

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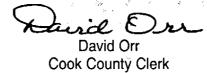
## DEATH RECORD

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

STATE FILE NUMBER 2016	0056686	- all all all s.	*		2	allillilling.		MINIME DATE 1330ED	772172010
DECEDENT'S LEGAL NAME LUIS M TERRAZAS	•			3 My 8		SEX MALE		OF DEATH Y 20, 2016	
COUNTY OF DEATH COOK		AGE AT L	AST BIRTHDAY			ыятн 'дु∳ ЭВЕР,13, 19	937	1989 2 - 1980 2 - 1980	
CITY OR TOWN	1.0%	1	.i Ün	HOSPITAL OR OTH		NAME:			
PLACE OF DEATH ** DECEDENT'S HOME		ir	4			lı 7	1		
BIRTHPLACE MEXICO	SOCIAL SECURI	TY NUMBER	STATUS AT TIM	ME OF DEATH N	SURVIVING SPOU		PARTNER'S MAIL	DEN NAME EVER IN U.S FORCES?	
RESIDENCE 3809 S EMERALD			APT.	and the same of th	TY OR TOWN CHICAGO	4 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	L. Traibie	INSIDE CITY L	IMITS?
COUNTY STA	ZIP CODE			PRIOR TO FIRST MARRIA	GE/CIVIL UNION	1.00	ARENT'S NAME	PRIOR TO FIRST MARRIAGE	CIVIL UNION
INFORMANT'S NAME PORFIRIA TERRAZAS	100		ATIONSHIP VIFE		MAILING ADDR 3809 S EM	ESS II. 'II. IERALD, CH	HICAGO, IL	, 60609	
METHOD OF DISPOSITION BURIAL		F OF DISPO		C CEMETERY,	LOCATION - CIT	tiilla.	AND STATE	DATE OF DISPOSITION JULY 25, 2016	l
FUNERAL HOME MICHAEL COLETTA SC	ONS, 544 W. 315	STIST CH	ICAGO, IL, 6	60616	·				
FUNERAL DIRECTOR'S NAME MICHAEL COLETTA	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	,				EUNERAL D 034014		LINOIS LICENSE NUMBE	R
LOCAL REGISTRAR'S NAME DAVID ORR			0	7	· · · · · · · · · · · · · · · · · · ·	E	WITH LOCAL 1, 2016	REGISTRAR	
CAUSE OF DEATH PARIMMEDIATE CAUSE	CONGESTIVE				× ·		Aff Aff	EATH SEATH	ti Haliate
(Final disease or condition resulting in death)  Due to (or as a Onsequence of 9)  The bound of the condition of the conditio									
	c. HYPERTENS!	ON	Due to (	(or as a consequence or):	7×,	Pro polinya		Ž O	<del></del>
		Satura Services	Due to	्रातीलट (or as a consequence of):		- <u> </u>	!		
PART II. Enter other significant c	onditions contributin	ng to death b	ut not resulting in ایا نظالین	the underlying cause	given in PAR			OPSY PERFORMED? N	0
FEMALE PREGNANCY STATUS								AUSE OF DEATH? N/A	
NOT APPLICABLE	747fffi.			<u> </u>	9.		NATURAL		
	Pro Na	TIME OF IN.	JURY TURY	PLACE OF INJURY	•			INJURY AT	WORK?
LOCATION OF INJURY	s fact	∳ af	in the second se		. 9 	គឺត្ ក្រុំ	/ v 2		
DESCRIBE HOW INJURY OCCUP	RRED;				3.		IF TH	ANSEC TO TION INJURY	/, SPECIFY:
ATTEND THE DECEASED?	DATE LAST SEEN A	ALIVE		EXAMINER OR NO	DATE	PRONOUNCED		TIME OF DE. 04:52 AI	
CERTIFIER PHYSICIAN	, , , , , , , , , , , , , , , , , , ,						ı DATI JI	E CERTIFIED IN TOTAL JULY 20, 2016	
NAME, ADDRESS AND ZIP CODE	OF PERSON COMP	LETING CAUS	SE OF DEATH	10 00010 31 AL SER	1 o	in part of	P	HYSICIAN'S LICENSE NU	JMBER



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.





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