

# UNOFFICIAL COPY

## 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 County, Illinois, described as:

The following described real estate situated 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 death, held his/her share of the above-mentioned property as a joint tenant and that the Deceased died leaving no last 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.

*[Handwritten Signature]*  
Affiant's Signature

Subscribed and Sworn before me  
This 30 day of Sept, 20 16

*[Handwritten Signature]*  
\_\_\_\_\_  
Notary Public

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



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*[Handwritten marks: checkmarks and initials]*

# CERTIFICATION OF DEATH RECORD

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

STATE FILE NUMBER 2016 0056686

DATE ISSUED 7/21/2016

DECEDENT'S LEGAL NAME LUIS M TERRAZAS		SEX MALE	DATE OF DEATH JULY 20, 2016	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 78 YEARS	DATE OF BIRTH OCTOBER 13, 1937		
CITY OR TOWN CHICAGO	HOSPITAL OR OTHER INSTITUTION NAME 3809 S EMERALD			
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE MEXICO	SOCIAL SECURITY NUMBER -0966	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME PORFIRIA VALDEZ	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 3809 S EMERALD	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60609	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION NATIVIDAD TERRAZAS	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION EDUARDA CHAVEZ
INFORMANT'S NAME PORFIRIA TERRAZAS		RELATIONSHIP WIFE	MAILING ADDRESS 3809 S EMERALD, CHICAGO, IL, 60609	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION RESURRECTION CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE JUSTICE, IL	DATE OF DISPOSITION JULY 25, 2016	
FUNERAL HOME MICHAEL COLETTA SONS, 544 W. 31ST ST, CHICAGO, IL, 60612				
FUNERAL DIRECTOR'S NAME MICHAEL COLETTA			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014831	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JULY 21, 2016	
CAUSE OF DEATH PART I. CONGESTIVE HEART FAILURE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Due to (or as a consequence of):		
a. CORONARY ARTERY DISEASE		Due to (or as a consequence of):		
b. HYPERTENSION		Due to (or as a consequence of):		
c. HYPERTENSION		Due to (or as a consequence of):		
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	
FEMALE PREGNANCY STATUS NOT APPLICABLE			MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 04:52 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED JULY 20, 2016	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH FIDEL CASTILLO DIAZ, 840 S WOOD ST, CHICAGO, ILLINOIS, 60612			PHYSICIAN'S LICENSE NUMBER 036124066	

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



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- 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.