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KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 03/13/2017 10:24 AM PG: 1 OF 4

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)
) SS
County of COOK)

The undersigned, **GUADALUPE ROSSEN**, being first duly sworn and under penalty of perjury on oath states that he or she resides at 7903 46TH ST, LYONS, County of COOK, State of ILLINOIS.

That he or she was acquainted with **JOHN ROSSEN**, deceased, who, at the time of his or her death, was one of the owners of the land described in THE DEED for property known as: 1435 S. 51ST CT, CICERO, IL 60804 Real Estate Pin NO. 16-21-217-018-0000

That the deceased died on JULY 30, 2003 as evidenced by a certified copy of the death certificate of the deceased attached hereto.

A copy of the legal description to the property is attached hereto as Exhibit A.

That the deceased died:

- Leaving no Last Will and Testament.
- Leaving a Last Will and Testament, a copy of which is attached hereto. The original of the unproven will is to be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will and Testament, which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois on _____.
- Leaving a Last Will and Testament which was probated in the Probate Division of the Circuit Court of _____ County, Illinois, on _____, _____ as Case # _____.

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That from the Estate of the Deceased:

- All State Inheritance and/or Federal Estate Taxes which were due have been paid and evidence thereof is attached hereto.
- No State Inheritance and/or Federal Estate Taxes were due.

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 \$ 100,000 dollars.

Further Affiant Sayeth not

Date: 2/23/17

Esperanza Rivera

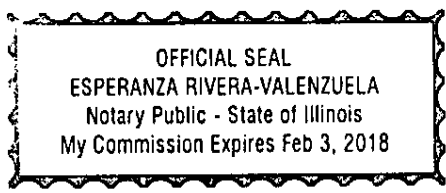
 Affiant's Signature

Subscribed and Sworn before me this 23rd day of February, 20 17

My Commission Expires: 2/3/18

Esperanza Rivera

 Notary Public



OFFICIAL S
 ESPERANZA RIVERA
 Notary Public - St
 Commission Expires

This document was prepared by:
 Law Office Of Esperanza Rivera-Valenzuela, LLC
 6418 W. Ogden Ave
 Berwyn, IL 60402

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HEREBY CERTIFY THAT the foregoing is a true and correct copy of the record for the person named and that this record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths, and deaths.

DATE: AUG 01 2003

SIGNED: Robert C. Beckhaus

AT: BERWYN, ILLINOIS

OFFICIAL TITLE: REGISTRAR

The original record is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. Local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of this record by the Department of Public Health or the local registrar shall be prima facie evidence in all courts and places of the facts therein.

PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS

DECEDENT'S BIRTH NO. _____
 REGISTRATION DISTRICT NO. 16.21
 REGISTERED NUMBER 520

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
 STATE FILE NUMBER _____

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

1. DECEASED-NAME John FIRST MIDDLE LAST Rossen SEX Male DATE OF DEATH (MONTH, DAY, YEAR) July 30, 2003

2. COUNTY OF DEATH Cook

3. CITY, TOWN, TWP. OR ROAD/DISTRICT NUMBER Berwyn

4. AGE AT LAST BIRTHDAY (YRS) 93 UNDER 1 YEAR UNDER 1 DAY UNDER 1 HOUR UNDER 1 MIN. DATE OF BIRTH (MONTH, DAY, YEAR) May 15, 1910

5. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6828 Riverside Drive

6. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) St. Louis, MO MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married

7. SOCIAL SECURITY NUMBER [REDACTED] USUAL OCCUPATION Manager NAME OF SUI VIV. AND SPOUSE (MAIDEN NAME, IF WIFE) Guadalupe Castillo

8. RESIDENCE (CITY AND NUMBER) 6828 Riverside Dr. CITY, TOWN, TWP. OR ROAD/DISTRICT NO. Berwyn KNO. BUSINESS OR INDUSTRY Theater EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) College (1-4 or 5+)

9. STATE IL ZIP CODE 60402 RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) White OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) NO

10. FATHER-NAME FIRST MIDDLE LAST Tal Fossen MOTHER-NAME FIRST MIDDLE LAST Mary Hesse

11. INFORMANT'S NAME (TYPE OR PRINT) Guadalupe Rossen RELATIONSHIP Wife MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 6828 Riverside Dr. Berwyn, IL 60402

12. IMMEDIATE CAUSE (Final disease or condition resulting in death) PROSTATE & METS

13. CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (STATE THE UNDERLYING CAUSE LAST) PROSTATE & METS

14. PART II, Other (Enter conditions contributing to death but not resulting in the underlying cause given in PART I, DI ET O, OR AS A CONSEQUENCE OF) PARKINSON DYSMIA

15. DATE OF OPERATION, IF ANY 20b MAJOR FINDINGS OF OPERATION _____

16. (1) DID (DECEASED) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 12/16/02

17. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 12/16/02

18. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) Guadalupe Rossen MD

19. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT) Dr. Quentin Young, Hyde Park Assn in Md, 1515 E 53rd, Chicago IL 60619

20. BURIAL, CREMATION, REMOVAL (SPECIFY) 24b Woodlawn Crematory CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE Forest Park, IL

21. FUNERAL HOME 24c Forest Park, IL STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE Forest Park, IL

22. FUNERAL DIRECTOR'S SIGNATURE Joseph Nosek & Sons Funeral Home 6716 W. 16th Street Berwyn, IL FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 60402

23. REGISTAR'S SIGNATURE Robert C. Beckhaus DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) AUG 01 2003

24. (BASED ON 1999 U.S. STANDARD CERTIFICATE)

25. AUTOPSY (YES/NO) NO WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (YES/NO) NO

26. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? NO

27. HOUR OF DEATH 7:35 P. M.

28. DATE SIGNED (MONTH, DAY, YEAR) 8/01/03

29. ILLINOIS LICENSE NUMBER 36 29485

30. NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

31. DISPOSITION 25b Frank J. Nosek Jr. FUNERAL DIRECTOR'S SIGNATURE 14402 FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

32. REGISTAR'S SIGNATURE Robert C. Beckhaus DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) AUG 01 2003

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Legal Description

LOT 31 IN BLOCK 35 IN GRANT LOCOMOTIVE WORKS ADDITION TO CHICAGO, A
SUBDIVISION OF SECTION 21, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE
THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

16-21-217-018-0000

Address:
1435 S. 51st Ct
Cicero, IL 60804

Property of Cook County Clerk's Office