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Doc# 1713106098 Fee \$64.00

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 05/11/2017 12:01 PM PG: 1 OF 3

Enedina Ruiz, hereby referred to as the affiant, states under oath that the affiant resides at 2846 S. Trumbull, Chicago, IL 60623; that the affiant is the surviving spouse of Alfredo Ruiz, that the affiant was acquainted with the decedent; at the time of death, the decedent was one of the owners of property, by virtue of a properly recorded joint tenancy deed, said property located in Cook County, State of Illinois, and legally described as follows:

LOT 1 IN CARL ZARLENGA'S SUBDIVISION, BEING A SUBDIVISION IN THE WEST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 10, TOWNSHIP 38 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N. 20-08-215-030-0000

Address: 5220 S. Keeler, Chicago, IL 60632

The decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

The decedent died on February 8, 2008, as evidenced by a copy of Deceased's death certificate attached hereto.

That the decedent, at the time of his death, held his share of the above mentioned property as joint tenant and that the deceased died leaving no Will & Testament.

The total value of decedent's estate, for estate tax purposes, 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, did not exceed the sum of \$300,000.

The State and Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from the decedent's estate, has been paid in full;

CCRD REVIEW

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JOINT TENANCY AFFIDAVIT (continued)

The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend any individual or corporation who may be harmed by and to reimburse any individual or corporation for all loss, costs, damages, suits, attorney's fees and expenses of every kind and any individual or corporation may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the Estate of Alfredo Ruiz, the decedent;
2. State Estate, Inheritance Tax and Federal Estate Tax that may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

Enedina Ruiz _____ (Seal)
 Enedina Ruiz

Subscribed and sworn to before me this
5 day of MAY, 2017



Lydia Cantagena
 (Notary Public)

Property of Cook County Clerk's Office

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STATE OF ILLINOIS CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO: 16-10		STATE FILE NUMBER				
LOCAL FILE NUMBER: 601758		STATE FILE NUMBER				
1. DECEASED'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) ALFREDO RUIZ		2. SEX: M	3. DATE OF DEATH (Month/Day/Year) (Spell Month) 02/08/08			
4. COUNTY OF DEATH COOK	5a. AGE AT LAST BIRTHDAY (Years) 68	5b. UNDER 1 YEAR Months: 0 Days: 0	5c. UNDER 1 DAY Hours: 0 Minutes: 0	6. DATE OF BIRTH (Month/Day/Year) 08/29/1939		
7a. CITY OR TOWN CHICAGO		7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) FOREKIL MEMORIAL HOSPITAL				
7c. PLACE OF DEATH (Check only one; see instructions)						
8. DEATH OCCURRED IN A HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival		8. DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)				
9. BIRTHPLACE (City and State or Foreign Country) MEXICO	9. SOCIAL SECURITY NUMBER [REDACTED] 2780	10. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) ENEDINA RUIZ	12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
13a. RESIDENCE (Street and Number) 2814 S. TRUMBULL	13b. APT. NO.	13c. CITY OR TOWN CHICAGO	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
13e. COUNTY COOK	13f. STATE IL	13g. ZIP CODE 60623	14. FATHER'S NAME (First, Middle, Last) SECUNDINO RUIZ			
15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) MARIA MARTINEZ		16. MAILING ADDRESS (Street and No.; City or Town, State, ZIP Code) 2846 S. TRUMBULL CHGO. ILL 60623				
16a. INFORMANT'S NAME ENEDINA DOMINGUEZ		16b. RELATIONSHIP WIFE				
17. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify)		18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) RESURRECTION CEMETERY		19. LOCATION - CITY, TOWN AND STATE JUSITCE, ILLINOIS	20. DATE OF DISPOSITION (Month/Day/Year) 2/12/2008	
21a. FUNERAL HOME NAME FOREKIL		21b. STREET AND NUMBER 7300 W ARCHER AVE.		21c. CITY OR TOWN SUMMIT ILLINOIS 60501		
21d. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		21e. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 0395011087		22. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) 021108
CAUSE OF DEATH (See instructions and examples)						
24. PART I: Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one condition on a line. Add additional lines if necessary.				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 years		
IMMEDIATE CAUSE (Final disease or condition resulting in death) Multifocal Myeloma				Due to (or as a consequence of)		
Sequentially list conditions, if any, leading to the cause listed on line				Due to (or as a consequence of)		
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST				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.				25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation		
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	28. IF FEMALE: <input type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within one year of death but time unknown <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past 12 months	29. DATE OF INJURY (Month/Day/Year) 02/08/08		30. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	31. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area)	32. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
34. LOCATION OF INJURY (Street and Number, Apartment Number, City or Town, State, ZIP Code)		36. DESCRIBE HOW INJURY OCCURRED				
37. (DID/DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 2/8/08		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. DATE PRONOUNCED (Month/Day/Year) 02/08/08		40. TIME OF DEATH 9:35 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.
41. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Physician in charge of patient's care. To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/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) and manner stated.						
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) MARIJETA S. CHAWLA 850 W. TRUING PARK CHICAGO				43. PHYSICIAN'S LICENSE NUMBER 3657504		
44. TITLE OF CERTIFIER M.D.		45. DATE CERTIFIED (Month/Day/Year) 2/10/08		46. SIGNATURE OF CERTIFIER <i>[Signature]</i>		

Illinois Department of Public Health
Division of Vital Records
VR200 (Rev. 1/08)

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

021108

TERRY MASON, M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF CHICAGO, HAS REVIEWED THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO, THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN OBEYANCE OF SAID LAWS AND ORDINANCES.

THIS CERTIFICATE COPY VALID WHEN EMBOSSED SEAL IS APPLIED OVER REGISTRAR'S SIGNATURE

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH