

# UNOFFICIAL COPY

Prepared by and Mail to:  
Robert A. Cheely & Associates  
6446 W. Cermak Rd.  
Berwyn, IL. 60402



Doc# 1714634076 Fee \$40.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 05/26/2017 01:56 PM PG: 1 OF 2

1673936 1/3  
Old Republic Title  
9601 Southwest Highway  
Oak Lawn, IL 60453

STATE OF ILLINOIS )  
COUNTY OF ILLINOIS ) DECEASED JOINT TENANCY AFFIDAVIT  
SS.

File Number: 1673936

Adelita Garcia being duly sworn states that she resides at 4843 W. 24<sup>th</sup> Place, in the Town of Cicero, Illinois 60804.

That she was acquainted with Stanislaw Garcia deceased who, at the time of death, was one of the owners of the land in Cook County, IL, described as:

LOT 16 IN BLOCK 4 IN HOUSEHOLDER'S ADDITION TO MORTON PARK, BEING A SUBDIVISION OF THE NORTH 1/2 OF THE SOUTHEAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 28, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 16-28-222-003-0000  
ADDRESS: 4843 W. 24<sup>th</sup> PLACE, CICERO, IL. 60804

That the deceased died on **April 28, 2017**, as evidenced by a certified copy of death certificate of the deceased attached hereto.

- X 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 Cook County, IL.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, IL, about \_\_\_\_\_.

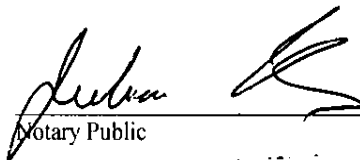
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of **under the federal estate tax exclusion amount** dollars.

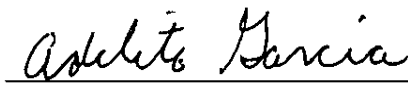
Affiant makes this affidavit for the purpose of inducing Old Republic National Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

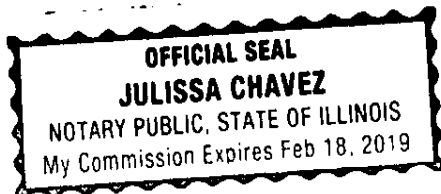
Subscribed and sworn to before me by the said

**Adelita Garcia**

this 18<sup>th</sup> day of May, 2017.

  
Notary Public

  
(Affiant's Signature)



PL

**CERTIFICATE OF DEATH RECORD**  
**UNOFFICIAL COPY**

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

STATE FILE NUMBER 2017.0036794

DATE ISSUED 5/4/2017

DECEDENT'S LEGAL NAME ESTANISLAO GARCIA		SEX MALE	DATE OF DEATH APRIL 28, 2017	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 70 YEARS	DATE OF BIRTH DECEMBER 05, 1946		
CITY OR TOWN BERWYN		HOSPITAL OR OTHER INSTITUTION NAME COURTYARD HEALTHCARE CENTER		
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY				
BIRTHPLACE MEXICO	SOCIAL SECURITY NUMBER ██████████	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME ADELITA ALVAREZ	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 6442 SOUTH AUSTIN AVENUE		APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60638	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ESTANISLAO GARCIA SR	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION PIEDAD BENITEZ
INFORMANT'S NAME ADELITA GARCIA		RELATIONSHIP WIFE	MAILING ADDRESS 6442 SOUTH AUSTINE AVENUE, CHICAGO, IL 60638	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION GUFEN OF HEAVEN CEMETERY	LOCATION - CITY OR TOWN AND STATE HILLSIDE, IL	DATE OF DISPOSITION MAY 06, 2017
FUNERAL HOME CENTRAL CHAPEL INC. 6158 SOUTH CENTRAL AVENUE, CHICAGO, IL, 60638				
FUNERAL DIRECTOR'S NAME ROBERT J MOYNIHAN			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031008950	
LOCAL REGISTRAR'S NAME ELIZABETH A PECHOUS			DATE FILED WITH LOCAL REGISTRAR MAY 4, 2017	
<b>CAUSE OF DEATH</b> PART I: END STAGE RENAL DISEASE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	Due to (or as a consequence of):	
		b.	Due to (or as a consequence of):	
		c.	Due to (or as a consequence of):	
			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 ANEMIA, CEREBROVASCULAR ACCIDENT, LIVER TRANSPLANT			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? YES	DATE LAST SEEN ALIVE APRIL 27, 2017	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 02:10 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED MAY 02, 2017	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR. G. ROSENSTEIN, 5635 SOUTH PULASKI ROAD, CHICAGO, ILLINOIS, 60629			PHYSICIAN'S LICENSE NUMBER 036 083647	

THE WORD VODIA APPEARS WHEN PHOTOCOPIED

NOT FOR 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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**TO TEST FOR AUTHENTICITY:** The face of this document has a green background. Verification of some of the security features can be accomplished by:

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- Inspect background with a magnifier to verify the encrypted NanoCopy™ algorithm in body of document.
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U.S. Security Patents: 6,692,030, 7,196,822

[www.isp-vft.com](http://www.isp-vft.com) Ref: 112901