

# UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT



Doc# 1715308151 Fee \$40.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 06/02/2017 02:14 PM PG: 1 OF 2

JULIET SILVA, hereafter referred to as the Affiant, deposes and states that the Affiant resides at 8058 S. Kilbourn, Chicago, Illinois

That the decedent, IRINEO P. SILVA, JR., at the time of his death was an owner of the property in Cook County, Illinois, legally described as follows:

LOT 43 ON SCOTTSDALE FIRST ADDITION BEING RAYMOND L. LUTGERT'S RESUBDIVISION OF PART OF THE EAST 1/2 OF LOT 5 IN THE ASSESSOR'S SUBDIVISION OF SECTION 34 AND THE NORTH 1/2 OF SECTION 32, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, AND PART OF THE EAST 1/2 IN LOT 3 IN THE SUBDIVISION OF LOT 4 IN THE AFORESAID ASSESSOR'S SUBDIVISION; ALSO LOT 'D' AND 'E' IN SCOTTSDALE, BEING RAYMOND L. LUTGERT'S SUBDIVISION OF PART OF THE EAST 1/2 OF LOT 5 IN ASSESSOR'S SUBDIVISION, ACCORDING TO THE PLAT THEREOF RECORDED MARCH 18, 1952 AS DOCUMENT NO. 15297457, IN COOK COUNTY, ILLINOIS

PIN 19-31-321-003-0000


Property Address: 8058 S. Kilbourn, Chicago, IL 60652

That the decedent died on March 13, 2014 leaving no Will and Testament.

That the total value of the estate of said decedent including his taxable interest in the above real estate was \$ 0.

  
JULIET SILVA

Sworn and Subscribed to before  
me this 1st day of  
June 2017

  
NOTARY PUBLIC



Prepared by: Mary Frances Hill, Attorney at Law  
12400 S. Harlem, Palos Heights, IL 60463

**UNOFFICIAL COPY**

## COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

## MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2014 0020453

DATE ISSUED 4/28/2017

DECEDENT'S LEGAL NAME IRINEO P SILVA JR		SEX MALE	DATE OF DEATH MARCH 13, 2014	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 71 YEARS	DATE OF BIRTH APRIL 06, 1942		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME NORTHWESTERN MEMORIAL HOSPITAL		
PLACE OF DEATH INPATIENT				
BIRTHPLACE PHILIPPINES	SOCIAL SECURITY NUMBER 319-52-1033	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME JULIET J DAFFON	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 8058 SOUTH KILBOURN		APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60652	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION IRINEO P SILVA SR	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION EUSEBIA C PEDRO
INFORMANT'S NAME JULIET J SILVA		RELATIONSHIP WIFE	MAILING ADDRESS 8058 SOUTH KILBOURN, CHICAGO, IL, 60652	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION CARE CREMATION CENTER	LOCATION - CITY OR TOWN AND STATE ROMEDEVILLE, IL	DATE OF DISPOSITION MARCH 15, 2014	
FUNERAL HOME CARE MEMORIAL, 8230 S HARLEM AVE, BRIDGEVIEW, IL, 60455				
FUNERAL DIRECTOR'S NAME JOHN F HANN			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015038	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR MARCH 17, 2014	
CAUSE OF DEATH PART I: KIDNEY FAILURE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
a. _____ Due to (or as a consequence of):				
b. SEPSIS				
Due to (or as a consequence of):				
c. MULTI ORGAN FAILURE DUE TO MRSA BACTEREMIA				
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. INFECTED RIGHT TOE DUE TO DIABETES MELLITUS			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? YES	DATE PRONOUNCED	TIME OF DEATH 04:16 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED MARCH 13, 2014	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PAUL WEYGANDT, 251 E HURON STREET, CHICAGO, ILLINOIS, 60611			PHYSICIAN'S LICENSE NUMBER 125062842	

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE