

# UNOFFICIAL COPY

## DECEASED JOINT TENANCY AFFIDAVIT



\*1727746519\*

Doc# 1727746519 Fee \$40.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 10/04/2017 03:01 PM PG: 1 OF 2

PATRICK J. PRENDERGAST,  
hereinafter referred to as  
the Affiant, deposes and  
states that the Affiant  
resides at *1357 CHURCHILL*

*CIRCLE, NAPERES, FL.  
34116*

That the decedent, JULIET SILVA, at the time of her 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 ½ OF LOT 5 IN THE ASSESSOR'S SUBDIVISION OF SECTION 31 AND THE NORTH ½ OF SECTION 32, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, AND PART OF THE EAST ½ 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 ½ 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: 19-34-106-058-0000

Property Address: 8058 South Kilbourn, Chicago, IL 60652

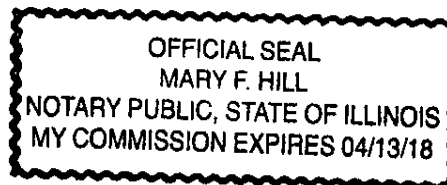
That the decedent died on SEPTEMBER 3, 2017 leaving no Will and Testament.

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

*P. J. Prendergast*  
\_\_\_\_\_  
PATRICK J. PRENDERGAST

Sworn and Subscribed to before  
me this *4th* day  
of October 2017

*Mary F. Hill*  
\_\_\_\_\_  
NOTARY PUBLIC



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

**UNOFFICIAL COPY**

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

STATE FILE NUMBER 2017 0071938

DATE ISSUED 9/28/2017

DECEDENT'S LEGAL NAME JULIET DAFFON SILVA		SEX FEMALE	DATE OF DEATH SEPTEMBER 03, 2017	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 78 YEARS	DATE OF BIRTH MARCH 20, 1939		
CITY OR TOWN OAK LAWN	HOSPITAL OR OTHER INSTITUTION NAME MANORCARE AT OAK LAWN/95TH			
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY				
BIRTHPLACE PHILIPPINES	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	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 CRISPIN DAFFON	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION EMILIA JIMENEZ
INFORMANT'S NAME MARY ROSE SILVA		RELATIONSHIP DAUGHTER	MAILING ADDRESS 8001 NENE COURT, TERRE HAUTE, IN, 47805	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION SCIENCE CARE	LOCATION - CITY OR TOWN AND STATE LOMBARD, IL	DATE OF DISPOSITION SEPTEMBER 11, 2017	
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 SEPTEMBER 11, 2017	
CAUSE OF DEATH PART I: BREAST CANCER				
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
a. _____ Due to (or as a consequence of):				
b. _____				
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.			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 AUGUST 30, 2017	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 05:12 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED SEPTEMBER 08, 2017	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH NADER TOBIA, 9401 S PULASKI, EVERGREEN PARK, ILLINOIS, 60805			PHYSICIAN'S LICENSE NUMBER 036099159	

APPROXIMATE  
INTERVAL BETWEEN  
ONSET AND DEATH

D00003307



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