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KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 02/26/2018 01:47 PM PG: 1 OF 2

142

18025630393 |

JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

Maria Rios, hereby referred to as the affiant, states under oath that the affiant resides at _____; that the affiant was acquired with Natividad Garcia; at the time of the decedent's death, the decedent was one of the owners of a parcel of property by virtue of a properly recorded joint tenancy or tenancy by the entirety deed, said property located in Chicago, Illinois, and legally described as follows:

Lot 6 in Blass' Subdivision of Lots 1 to 14 inclusive in Fanny E. Greenleaf's Subdivision of Lots 2, 7 and 10 in Joy and Frisbie's Subdivision of the East half of the West half of the Northeast Quarter of Section 26, Township 39 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Property Address: 2212 South Trumbull Avenue, Chicago, IL 60623
Permanent Index Number 16-26-202-016-0000

The decedent died on JULY 8, 2011, leaving no last will and testament;

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

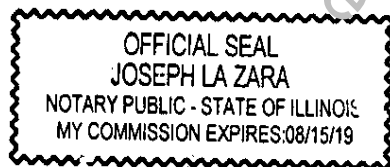
Maria Rios
Maria Rios

Subscribed and sworn to before me this

14 day of FEBRUARY, 2018
(Month) (Year)

Joseph La Zara
(Notary Public)

My commission expires: _____



This instrument prepared by:
Joseph La Zara
7246 West Touhy
Chicago, IL 60631

Return to:
Joseph La Zara
7246 W. Touhy
Chicago, IL 60631

Attorneys' Title Guaranty Fund, Inc.
1 S. Wacker Dr., Ste. 2400
Chicago, IL 60606-4650
Attn: Search Department

R

CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

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

STATE FILE NUMBER 2011 0051611

DATE ISSUED 2/14/2018

| | | | | |
|---|--|--|---|---|
| DECEDENT'S LEGAL NAME NATIVIDAD GARCIA | | | SEX FEMALE | DATE OF DEATH JULY 08, 2011 |
| COUNTY OF DEATH DU PAGE | AGE AT LAST BIRTHDAY 86 YEARS | DATE OF BIRTH DECEMBER 24, 1924 | | |
| CITY OR TOWN DOWNERS GROVE | | HOSPITAL OR OTHER INSTITUTION NAME ADVOCATE GOOD SAMARITAN HOSPITAL | | |
| PLACE OF DEATH INPATIENT | | | | |
| BIRTHPLACE PARSONS, KS | STATUS AT TIME OF DEATH MARRIED | SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME JESUS GARCIA | EVER IN U.S. ARMED FORCES? NO | |
| RESIDENCE 10308 SOUTH 83RD AVENUE | APT. NO. | CITY OR TOWN PALOS HILLS | INSIDE CITY LIMITS? YES | |
| COUNTY COOK | STATE IL | ZIP CODE 60465 | FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ANTONIO CANCHOLA | MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARCELINA RUIZ |
| INFORMANT'S NAME ANTONIO GARCIA | | RELATIONSHIP SON | MAILING ADDRESS 10329 SOUTH 83RD AVENUE, PALOS HILLS, IL 60465 | |
| METHOD OF DISPOSITION BURIAL | PLACE OF DISPOSITION SAINT MARY CATHOLIC CEMETERY | LOCATION - CITY OR TOWN AND STATE EVERGREEN PARK, IL | DATE OF DISPOSITION JULY 12, 2011 | |
| FUNERAL HOME PALOS GAIDAS FUNERAL HOME, 11028 SOUTH WEST HIGHWAY, PALOS HILLS, IL 60465 | | | | |
| FUNERAL DIRECTOR'S NAME DAVID GAIDAS | | | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012326 | |
| LOCAL REGISTRAR'S NAME MAUREEN T. MCHUGH | | | DATE FILED WITH LOCAL REGISTRAR JULY 12, 2011 | |
| CAUSE OF DEATH | | | | |
| PART I: HYPOTENSION | | | | |
| IMMEDIATE CAUSE (Final disease or condition resulting in death): | | | | |
| a. _____ Due to (or as a consequence of): | | | | |
| b. ACUTE L CEREBELLAR CVA | | | | |
| c. C DIFF COLITIS | | | | |
| Due to (or as a consequence of): | | | | |
| PART II: Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I: | | | | |
| END STAGE RENAL DISEASE; MALNUTRITION; ISCHEMIC LEFT LEG | | | 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: JULY 07, 2011 | WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO | DATE PRONOUNCED: | TIME OF DEATH: 08:16 PM |
| CERTIFIER PHYSICIAN | | | DATE CERTIFIED JULY 11, 2011 | |
| NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH: SHARON MELVANI, 700 EAST OGDEN AVENUE, WESTMONT, ILLINOIS, 60559 | | | PHYSICIAN'S LICENSE NUMBER 036124450 | |

 APPROXIMATE
INTERVAL BETWEEN
ONSET AND DEATH

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
 Cook County Clerk



0223472

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE