# **UNOFFICIAL COPY**

### JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS ) ) ss.
COUNTY OF COOK )

Antonio Vega, hereinafter refereed to as the affiant deposes and states that the affiant resides at 541 N. Wood Street in the City of Chicago, State of Illinois.



Boc# 1808622030 Fee \$40.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 03/27/2018 11:54 AM PG: 1 OF 2

That the decedent Ofelia Vega at time of her death was one of the owners of the property in Cook County, Illinois, legally described as follows:

LOT 6 IN BLOCK 3 IN EMBREE'S SUBDIVISION OF THE NORTHWEST PART OF BLOCK 18 IN ACHAL TRUSTEES' SUBDIVISION OF SECTION 7, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLEGOS.

### PIN # 17-07-220-003-00000

Property Address: 541 N. Wood Street, Chicago, IL. 60622

That said decedent Ofelia Vega died on August 7, 2014 leaving no last will and testament;

That the total value of the estate of said decedent including her taxable interest in the above real estate is \$ 200/000.

That the Illinois Inheritance Tax and the Federal Estate Tax, it any was due from the decedent's estate, has been paid in full.

That affiant was co-owner of the above-described property and sur iving joint tenant to said property.

Antonio Vega

., OFFICIAL SEAL ALICJA G PLONKA

NOTARY PUBLIC: STATE OF ILLINOIS MY COMMISSION EXPIRES:12/16/17 SUBSCRIBED AND SWORD TO before me this 6th day of March, 2017 a Notary Public in and for said State and County.

Notar & Public

Mail to :Alicja G. Plonka, Esq. 4111 W. 47<sup>th</sup> Street Chicago, IL 60632 This instrument prepared by: Alicja G. Plonka, Esq. 4111 W. 47th Street

Chicago, IL 60632

## COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS

131			MEDICAL CE	RTIFICATE	F DEATH		300 - 1840 可能 - 1888: - 1		id. Historia
	STATE FILE NUMBER 2014 00	)5985O					DATE IS	SUED	8/11/2014
Ī	DECEDENT SLEGAL NAME	73303	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	* <u>*                                  </u>	l ei	EX DA1	TE OF DEATH	(8%) 1 (8%) 1	andrije galendar Andreas
	OFELIA VEGA		對性質量		33.48.48.4	<b>3509                                    </b>	UGUST 07, 20	014	
	COUNTY OF DEATH	1980 A 1980 A 1980 T	AT LAST BIRTHDAY 2 YEARS	<b>1</b>	DATE OF BIRTH MAY 17, 1				
	CITY OR TOWN CHICAGO			HOSPITAL OR OTHER 541 NORTH WC	agin in the second of the second				
	PLACE OF DEATH DECEDENT'S HOME								
	BIRTHPLACE MEXICO	PROCIAL SECTION AND	MARRIED	- 新路 - 福田 (1941 a)	RVIVING SPOUSE/CIT ANTONIO VEC	VIL UNION PARTNERS I GA		ORCES? NO	
	HESIDENCE 541 NORTH WOOD F. R.	i Pentrataran	APT NO	and the state of the	R TOWN CAGO		' ET	DE CITY LIMIT YES	(S?
	COUNTY STATE	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	ENCO PARENTS NAME PRIC LVADOR FLORES		Section Cont.	THER/CO-PARENT'S NA ARMEN GUZM	And the state of the state of	MARRIAGE/CIVI	LUNION
	INFORMANT'S NAME ANTONIO VEGA		RELATIONSHIP HUSBAND	5 (10.00)	ALLING ADDRESS 541 NORTH WO	OD STREET, CHI	CAGO, IL, 60622	2	
	METHOD OF DISPOSITION BURIAL		DISPOSITION HEAVEN CATHOLIC CE	- New York - New York - 10 to	CATION - CITY OF	R TOWN AND STATE	DATE OF DIS AUGUST	The state of the s	
	FUNERAL HOME FORAN FUNERAL HOME	E, 7300 WEST ARC	IEF AYENUE, SUM	MIT, IL, 60501					
	FUNERAL DIRECTOR'S NAME ANDREAS É JENINGA					NERAL DIRECTOR'S 034011087	SILLINOIS LICENS	SE NUMBER	
100	LOCAL REGISTRAR'S NAME DAVID ORR				50 CO	TE FILED WITH LOC AUGUST 11, 20	and the same of th		
.:	CAUSE OF DEATH PART I	ALZHEIMERS DEME a	NΠĀ				Meen		
	(Final disease or condition resuming in death)	b.	Due to (or a	sa (insequé ice of):			T T T T T T T T T T T T T T T T T T T		
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:	1					- 12			Due to (or as	a consequenc	e of):		
ΑF	T. II. Er	nter othe	r signifi	cant cond	itions con	tributing	to dea	th but not	resulting in the	underlying (	cause giv	en in P	AR.
	8. 4 <sup>1</sup>		. 40	well in the	10.0	98.45			14,4,65.5	5.5	1 3 4 6	2.3	1

TIME OF INJURY

WERE AUTOPSY FINDINGS USED TO

FEMALE PREGNANCY STATUS NOT APPLICABLE

COMPLETE CAUSE OF DEATH? N/A MANNER OF DEATH

DATE OF INJURY

NATURAL PLACE OF INJURY

INJURY AT WORK?

LOCATION OF INJUR

DESCRIBE HOW INJURY OCCURRED

IF TRANSTO TATION INJURY; SPECIFY

ATTEND THE DECEASED?

DATE LAST SEEN ALIVE UNKNOWN

WAS MEDICAL EXAMINER OR CORONER CONTACTED?

DATE PRONOUNCED

IME OF DEATH. 07:18 PM

CERTIFIER PHYSICIAN DATE CERTIFIED AUGUST 08, 2014

NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH

SUSAN SARRAN, 1011 EAST TOUGHY AVENUE, DES PLAINES, ILLINOIS, 60018

PHYSICIAN'S LICENSE NUMBER

036068252



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



