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Doc# 1810334022 Fee \$42.00

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KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 04/13/2018 10:05 AM PG: 1 OF 3

STATE OF ILLINOIS

SS

COUNTY OF COOK

## JOINT TENANCY AFFIDAVIT

Joyce A. Robinson Mares, hereby referred to as the affiant, states under oath that the affiant resides at 6249 N. Harlem Ave., in the City of Chicago, Illinois; that the affiant was acquainted with Eugene Abbott, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of a properly recorded joint tenancy warranty deed, said property, located in Cook County, Illinois, and legally described as follows:

THE NORTH 30 FEET OF LOT 2 IN BLOCK 1 IN NORWOOD PARK, A SUBDIVISION OF SECTION 6, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Number(s): 13-06-106-033-0000

Address(es) of Real Estate: 6249 N. Harlem Ave., Chicago, Illinois 60631

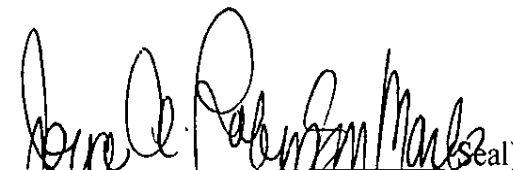
That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That Herman Mares died on October 27, 2017, leaving a Last Will and Testament, a copy of which is attached hereto.

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

That there are no:

1. Claims against the estate of Herman Mares, the decedent;
2. Illinois State Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent;
3. Rights of contribution.

  
Joyce A. Robinson Mares

BW

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Subscribed and sworn to before me this 28<sup>th</sup> day  
of Feb, 2018.

  
\_\_\_\_\_  
Notary Public



**Note:** If the decedent left a will, it will be necessary that the original or certified copy thereof be presented to us for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

Prepared by:  
Shannon M. Heilman  
Joseph A. La Zara & Assoc.  
7246 West Touhy  
Chicago, IL 60631

Mail to:  
Joseph A. La Zara  
7246 West Touhy  
Chicago, IL 60631

Property of Cook County Clerk's Office

# CERTIFICATION OF DEATH RECORD

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

STATE FILE NUMBER 2017 0086770

DATE ISSUED 11/1/2017


DECEDENT'S LEGAL NAME HERMAN MARES		SEX MALE	DATE OF DEATH OCTOBER 27, 2017		
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 64 YEARS	DATE OF BIRTH MARCH 29, 1953			
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME 6249 NORTH HARLEM AVENUE			
PLACE OF DEATH DECEDENT'S HOME					
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 320-46-6452	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME JOYCE A. ROBINSON	EVER IN U.S. ARMED FORCES? NO	
RESIDENCE 6249 NORTH HARLEM AVENUE		APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60631	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION NOT AVAILABLE	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JUANITA MARES	
INFORMANT'S NAME JOYCE A. ROBINSON MARES		RELATIONSHIP WIFE	MAILING ADDRESS 6249 NORTH HARLEM AVENUE, CHICAGO, IL, 60631		
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION HECHTS CREMATORY	LOCATION: CITY OR TOWN AND STATE CHICAGO HEIGHTS, IL	DATE OF DISPOSITION NOVEMBER 02, 2017		
FUNERAL HOME: PLANET GREEN CREMATIONS, 319 E. GLENWOOD-LANSING RD, GLENWOOD, IL, 60425					
FUNERAL DIRECTOR'S NAME BRETT R MORELAND			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014588		
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR NOVEMBER 1, 2017		
CAUSE OF DEATH PART I: ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ <small>Due to (or as a consequence of)</small>	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	UNKNOWN UNKNOWN	
		b. _____ <small>Due to (or as a consequence of)</small>			
		c. _____ <small>Due to (or as a consequence of)</small>			
PART II: Enter other <i>significant conditions contributing to death</i> 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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 02:20 AM	
CERTIFIER PHYSICIAN			DATE CERTIFIED OCTOBER 31, 2017		
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH SUSAN SARRAN, 2000 SPRINGER DRIVE, LOMBARD, IL, 60148				PHYSICIAN'S LICENSE NUMBER 036068252	

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



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