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Doc# 1813744087 Fee \$42.00

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

KAREN A.YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 05/17/2018 03:35 PM PG: 1 OF 3

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois) SS.

18-142-635

County of Cook

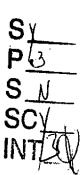
Maria G Ayala hereinafter called Affiant(s) being duly sworn states that he/she/they resides at: 8120 S Kibbourn Ave, Chicago, IL 60652. That Affiant(s) was acquainted with Julio Ayala. hereing ter referred to as Deceased, and at the time of Decedent's death, was one of the owners of the land in Cook County, Illinois, described as:

LOT 50 IN SCOTTSDALE FIRST ADDITION, BEING RAYMOND L. LUTGERT'S RESUBDIVISION OF PART OF THE EAST HALF (E 1/2) OF LOT FIVE (5) IN THE ASSESSOR'S SUBDIVISION OF SECTION THIRTY-FOUR (34), AND THE NORTH HALF (N 1/2) OF SECTION THIRTY-TWO (32), TOWNSTUP THIRTY-EIGHT (38) NORTH, RANGE THIRTEEN (13), EAST OF THE THIRD PRINCIPAL MERIDIAN; AND OF PART OF THE EAST HALF (E 1/2) OF LOT THREE (3) IN THE SUBDIVISION OF LOT FOUR (4) IN THE AFORESALD ASSESSOR'S SUBDIVISION, ALSO LOTS "D" AND "E" IN SCOTTSDALE, BEING FAYMOND L. LUTGERT'S SUBDIVISION OF PART OF THE EAST HALF (E 1/2) OF SAID LOT FIVE (5) IN ASSESSOR'S SUBDIVISION (ALL IN COOK COUNTY, ILLINOIS), ACCORDING TO A CERTAIN PLAT RECORDED IN COOK COUNTY, ILLINOIS ON MARCH 18, 1952 AS DOCUMENT NO. 15297457.

C/K/A: 8120 S Kilbourn Ave, Chicago, IL 60652

P.I.N.: 19-34-110-023-0000

That the Deceased died on October 27,2012, as evidenced by a copy of Deceased's death certificate attached hereto.



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That the Deceased, at the time of his/her death, held his/her share of the above-mentioned property as a joint tenant and that the Deceased died leaving no last will & testament.

That the total value of the estate of the Deceased, for estate tax purposes, including both real and personal property owned by the Deceased either individually or in joint tenancy at the time of the death of the Deceased, does not exceed the sum of \$73,000, $\tau 0$

Affiant makes this affidavit for the purpose of any individual or corporation who may be harmed by the Affiant's lack of veracity.

Subscribed and sworn before me

Notary Public

Affiant's Signature

Prepared By: Maria G Ayala 8120 S Kilbourn Ave Chicago, IL 60652

OFFICIAL SEAL
MICHELLE ZALEWSKI
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:01/24/22

After Recording Send To: Plymouth Title Guaranty Corp. 73 W. Monroe St., Ste. 412 Chicago, IL 60603

COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS

MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

| STATE FILE NUMBER 2012 000 | B3431 ME | DICAL EXAMINER'S CASE NU | MBER 432 OCT 12 | ar sala rasisar | SSUED 11/9/2012 |
|---|--|--|--|--|----------------------------------|
| DECEDENT'S LEGAL NAME. | | | SEX MALE | DATE OF DEATH OCTOBER 27 | , 2012 |
| COUNTY OF DEATH | 11 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 | LAST BIRTHDAY EARS | DATE OF BIATH FEBRUARY 23, | 1937 | |
| CITY OR TOWN CHICAGO | | Sec. Section 1986 in the Contract of the Contr | OTHER INSTITUTION NAME BTH STREET | | |
| PLACE OF DEATH | | | | | |
| BIRTHPLACE PUERTO RICO | SOCIAL SECURITY NUMBER | STATUS AT TIME OF DEATH | SURVIVING SPOUSE/CIVIL UNION | N PARTNER'S MAIDEN NAME | EVER IN U.S. ARMED FORCES? NO |
| RESIDENCE 1610 W 18TH STRECT | | APT NO. 2ND FLOOR | CITY OR TOWN CHICAGO | | SIDE CITY LIMITS? YES |
| COOK STA | E | O PARENT'S NAME PRIOR TO FIRST MAY DN. AYALA | 7 (3 (47) 7 (5) 5 (4) (5) (5) (5) (5) | PARENT'S NAME PRIOR TO FIRE | ST MARRIAGE/CIVIL UNION |
| INFORMANT'S NAME MARIA AYALA | | LATIONSHIP. WIFE | MAILING ADDRESS 8120 S KILBOURN, | | |
| METHOD OF DISPOSITION BURIAL | LAC OF DISP SAINT MAR | OSITION CATHOLIC CEMETERY | LOCATION - CITY OR TOWN EVERGREEN PARK | 74264531 | ISPOSITION BER 10, 2012 |
| FUNERAL HOME R.J. MODELL: FH/CHICAG | O, 5725 S. PULASI I F | ്റ് ന, CHICAGO, IL, 60629 | | | |
| FUNERAL DIRECTOR'S NAME RICHARD JAMES MODEL | LSKI | | . 03401 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| LOCAL REGISTRAR'S NAME DAVID ORR | | | | ED WITH LOCAL REGISTRAF EMBER 9, 2012 | |
| IMMEDIATE CAUSE | ARTERIOSCLEROTIC (a. | DARDIOVASCU AT DISEASE | | ATE WEEN WEEN WEEN | NOWN UNKNOWN |
| (Final disease or condition resulting in death) | b. | Due to (or as a c neequence | of): | PROXIM VAL BE | |
| | | Due to (or as a consequênce | of) | APP (INTERNONSET | |
| | | | | | |
| PART II. Enter other significant con | | Due to (or as a consequence but not resulting in the underlying ca | | WAS AN AUTOPSY PERF | |
| | | | | WERE AUTOPSY FINDING COMPLETE CAUSE OF DI | |
| FEMALE PREGNANCY STATUS NOT APPLICABLE | | | | MANNER OF DEATH | |
| DATE OF INJURY: | TIME OF I | NJURY PLACE OF INJ | URY | | INJURY AT WORK? |
| LOCATION OF INJURY | | | | | |
| DESCRIBE HOW INJURY OCCURR | ED. | | | | TIÓN INJURY, SPECIFY |
| ATTEND THE DECEASED? | DATE LAST SEEN ALIVE | WAS MEDICAL EXAMINER OR CORONER CONTACTED? | DATE PRONOUNCE OCTOBER 2 | | TIME OF DEATH 05:25 PM |
| CERTIFIER MEDICAL EXAMINER/CO | | | | | R 08, 2012 |
| NAME ADDRESS AND ZIP CODE C | The state of the s | and the control of th | | PHYSICIANS | LICENSE NUMBER |

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.



Cook County Clerk

