



\*1828913054\*

Doc# 1828913054 Fee \$40.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 10/16/2018 03:00 PM PG: 1 OF 2

SPECIAL NOTICE:

This form is not required by law, nor is it a requirement of the Cook Cook County Recorder of Deeds Office. CCROD employees CANNOT assist with the completion of this LEGAL form, or provide advice regarding it.

DECEASED JOINT TENANCY AFFIDAVIT

INSTRUMENT PREPARED BY:

Jennifer Guimond-Quigley (NAME)

123 N. Wacker Dr., Ste 2300 (ADDRESS)

Chicago, IL 60606 (CITY/STATE)

6 0 6 0 6 - (ZIP CODE)

I Juvencio Rodriguez the surviving tenant of the joint tenancy created by the deed with document number: 88568761

do hereby declare under oath that the joint tenant, Maria Luisa Rodriguez died on 01/30/2017 as evidenced by the attached certified copy of his or her death certificate (see attached). I also declare that the aforementioned named joint tenant was an owner of the property with the legal description of:

LOT 17 (EXCEPT THE NORTH 20 FEET THEREOF) AND ALL OF LOT 18 IN BLOCK 1 IN UNDERWOODS ADDITION TO NORTH CHICAGO LAWN, BEING A SUBDIVISION OF THE WEST HALF OF THE EAST HALF OF THE SOUTH WEST QUARTER OF THE SOUTH WEST QUARTER OF SECTION 11, TOWNSHIP 24 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN

COOK COUNTY, ILLINOIS

the Property Identification Number (PIN) of:

1 9 - 1 1 - 3 2 0 - 0 8 2 - 0 0 0 C

& the Commonly Known Address of:

5342 South Avers, Chicago, IL 60632

Furthermore, the deceased tenant died:

Leaving NO LAST WILL & TESTAMENT

Leaving a LAST WILL & TESTAMENT, which is attached, and the ORIGINAL of the UNPROVEN WILL BE filed with the Clerk of the Probate Division of the Circuit Court of County, in

Leaving a LAST WILL & TESTAMENT, which is attached, and the ORIGINAL of the PROVEN HAS BEEN filed with the Clerk of the Probate Division of the Circuit Court of County, in

Notary & Affiant Signature Section

Subscribed and sworn to me by:

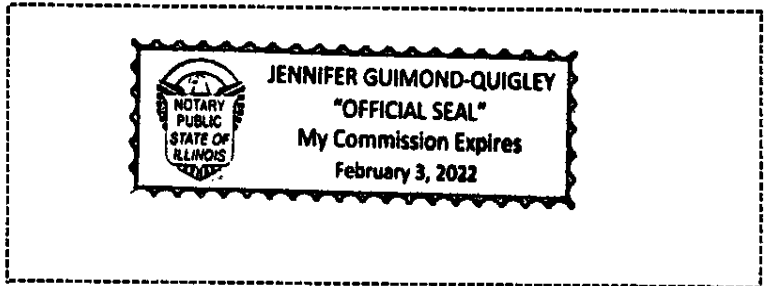
Juvencio Rodriguez (Printed Name of Affiant)

this: 1st day of October, 2018

NOTARY PUBLIC SIGNATURE

AFFIANT/SURVIVING TENANT SIGNATURE

AFFIX NOTARY STAMP BELOW



# UNOFFICIAL COPY

## COOK COUNTY CLERK VITAL RECORDS

### CHICAGO, ILLINOIS

#### MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2017.0008399


DATE ISSUED 2/1/2017

DECEDENT'S LEGAL NAME LUIISA RODRIGUEZ			SEX FEMALE	DATE OF DEATH JANUARY 30, 2017	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 66 YEARS	DATE OF BIRTH APRIL 16, 1950		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME HORIZON HOSPICE AND PALLIATIVE CARE			
PLACE OF DEATH HOSPICE FACILITY					
BIRTHPLACE MEXICO	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME JUVENCIO RODRIGUEZ	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 5342 S AVERS		APT. NO.	CITY OR TOWN CHICAGO		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60632	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION SANTOS VAZQUEZ		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION GUADALUPE ORTIZ
INFORMANT'S NAME JUVENCIO RODRIGUEZ		RELATIONSHIP HUSBAND	MAILING ADDRESS 5342 S AVERS, CHICAGO, IL, 60632		
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION SAINT MARY CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE EVERGREEN PARK, IL	DATE OF DISPOSITION FEBRUARY 02, 2017	
FUNERAL HOME WOLNIAK FUNERAL HOME, 5700 S PULASKI RD, CHICAGO, IL, 60629					
FUNERAL DIRECTOR'S NAME NANCY ANN WOLNIAK COOK			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011910		
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR FEBRUARY 1, 2017		
<b>CAUSE OF DEATH - PART I</b> METASTATIC GASTRIC CANCER					
<b>IMMEDIATE CAUSE</b> <small>(Final disease or condition resulting in death)</small>					
<small>a. Due to (or as a consequence of)</small>					
<small>b. Due to (or as a consequence of)</small>					
<small>c. Due to (or as a consequence of)</small>					
<small>Due to (or as a consequence of)</small>					
<b>PART II: Enter other significant conditions contributing to death</b> but not resulting in the underlying cause given in PART I.				<b>WAS AN AUTOPSY PERFORMED?</b> NO	
				<b>WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH?</b> N/A	
<b>FEMALE PREGNANCY STATUS</b> NOT PREGNANT WITHIN LAST YEAR			<b>MANNER OF DEATH:</b> NATURAL		
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?	
LOCATION OF INJURY					
DESCRIBE HOW INJURY OCCURRED				IF TRANSPORTATION INJURY, SPECIFY	
<b>ATTEND THE DECEASED?</b> YES	<b>DATE LAST SEEN ALIVE</b> JANUARY 29, 2017	<b>WAS MEDICAL EXAMINER OR CORONER CONTACTED?</b> NO	<b>DATE PRONOUNCED</b>	<b>TIME OF DEATH</b> 01:40 AM	
<b>CERTIFIER</b> PHYSICIAN				<b>DATE CERTIFIED</b> JANUARY 30, 2017	
<b>NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH</b> CHRISTOPHER STRAYHORN, 710 S PAULINA, CHICAGO, ILLINOIS, 60612				<b>PHYSICIAN'S LICENSE NUMBER</b> 036-139505	

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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

