

UNOFFICIAL COPY



Doc# 1907345030 Fee \$42.00

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 03/14/2019 11:07 AM PG: 1 OF 3

STATE OF ILLINOIS

COUNTY OF COOK

JOINT TENANCY AFFIDAVIT

SS

Emiliano Feliciano, hereby referred to as the affiant, states under oath that the affiant resides at 2424 N. Francisco Ave. in the City of Chicago, Illinois; that the affiant was acquainted with Mercedes Feliciano, 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:

Lot 31 in Block 7, in Geo. A. Seaverns Subdivision, in the Southeast ¼ of the Southwest ¼ of Section 25, Township 40 North, Range 13 East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Real Estate Index Number(s): 13-25-322-025-0000

Address of Real Estate: 2424 N. Francisco, Chicago, Illinois 60647

That the decedent had no interest in any business or partner, hip, 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 priorment after death;

That Mercedes Feliciano died on February 14, 2004, leaving no Last V/ill and Testament;

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 Mercedes Feliciano, 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.

Milan Three (Seal)

Emiliano Feliciano



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Subscribed and sworn to before me this 28th day of FSB244, 20 ff.

OFFICIAL SEAL RICHARD J VAVRA NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:03/19/19

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.

COOK COUNTY CLORK'S OFFICE

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

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

FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 2004 082 60639 Feb.1 17,2004 THIS CERTIFICATE COPY VALID WHEN AFFIXED. **MULTICOLOR SIGNATURE SEAL IS**

25a.

FUNERAL DIRECTOR'S SIGNATURE

Lasey Laskowski

Q

Sons

4540 W

Diversey Ave.

Chicago CITY OR TOWN

<u>[]]inois</u>

STREET AND NUMBER OR R.F.D.

24c LOCATION

Niles

llinois:

24d.

DATE

(MONTH, DAY, YEAR)

CITY OR TOWN

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

ILLINOIS LICENSE NUMBER

22d.

3604B609

225.04.01

255

/R200 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

Carlon.

77.77

DATE FILED BY LOCAL REGISTRAR (MONTH, DA)

FEB

(BASEDON 1989 U.S. STANDARD CERTIFICATE)

034-011327

BURIAL CREMATION REMOVAL (SPECIFY) 24a. BUYT a 1

24b

Maryhill

CEMETERY OR CREMATORY-NAME

VAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIEF

FUNERAL HOME

TO THE BEST OF MYKNOW

EDGE, DEATH OCCURRED AT THE TIME, DATE AND F ACE AND DUE TO THE CAUSE(S) STATED.

21 b.

EXAMINER NOTIFIED?

(YES/NO)

DATE SIGNED 21c

(MONTH, DAY, YEAR)

z

3

10:44 P.

T

22a. SIGNATURE

ME AND ADDRESS OF CERTIFIER

(TYPE OR PHINT)

SHENKER

(LNIMETED SAL

P C

21a.

AND LAST SAW HIM/HER ALIVE ON

(MONTH, DAY, YEAR)

20-03

DATE OF OPERATION, IF ANY

MAJOR FINDINGS OF OPERATION

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

0

Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reshock, or heart failure. List only one cause on each line. 176 Daughter 1707927 W. Wellington NAME OF SURVIVING SPOUSE (MAIDENNAME, IF WIFE) Chicago 1 130. 1 C. 1. C Basilisa COrgero 2150212 EDUCATION (SPECIFY ONLY) Elementary/Secondary (0-12) SPECIFY: (YES/NO) INSIDE CITY SYKS (YESNO) NO MIDDLE oratory arrest. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. · YES □ NO [] Puer to Flowgood Pk COUNTY WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 195 College (1-4 or 5 +) 3 (MAIDEN) LAST WAS DECEASED EVEN IN U. ARMED FORCES? (, "S), " APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 768 60707 SHEET IS A TRUE COPY, OF A RECORD CERTIFY THAT I AM THE KEEPER OF BY VIRTUE OF THE LAWS OF THE STATE THE RECORDS OF BIRTHS, STILLBIRTHS LAW AND ORDINANCES. **ACCOMPANYING CERTIFICATE ON THIS** OF ILLINOIS AND THE ORDINANCES OF AND DEATHS FOR THE CITY OF CHICAGO KEPT BY ME IN ORDINANCE OF SAID THE CITY OF CHICAGO; THAT THE

DEPARTMENT OF PUBLIC HEALTH CITY OF CHICAGO

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FATHER-NAME

MIDDLE

Illinois

INFORMANT'S NAME (TYPE OF PRINT)

Francisco

Cance

17a.Manuela Reillo

STATE

13a.

2424 N.

Francisco Ave.

ZIP CODE 13f.60647

RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)

White

LAST

MOTHER-NAME

FIRST Ø YES

□ No

RESIDENCE (STREET AND NUMBER)

-3542YNUMBER

SS

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)

Chicago

Puerto Rico

Ba. WI dowed

8b. None KINDOFBUSINESSOR INDUSTRY

Міdowec

11a. Homemaker

CITY, TOWN, TWP, OR HOAD DISTRICT NO

Home

MARRIED, NEVERMARRIED, WIDOWED, DIVORCED (SPECIFY)

6b. 2424 N

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER

CONDITIONS, IF ANY
WHICH GIVE RISE TO
IMMEDIATE CAUSE (a)
STATING THE UNDERLYING
CAUSE LAST.

DUE TO, OH AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE O

respirator

resulting in death) disease or condition Immediate Cause (Final

(a)

MEDICAL CERTIFICATE OF DEATH

STATÉ FILE

STATE OF ILLINOIS

REGISTERED NUMBER DECEASED NAME Mercedes

DISTRICT NO.

Directors, hysicians YINT INK COUNTY OF DEATH

FIRST

MIDDLE

AGE-LAST BIRTHDAY

(YRS)

DAYS

liciano

2. Female

DATE OF BIRTH (MONTH, DAY, YEAR

February 14,

2004

CHITY-OF-CHICAGO COUNTY OF COOK STATE OF ILLINOIS

SEX

DATE OF DEA

HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

5d December

18

1919

OP/EMER. RM, INPATIENT (SPECIFY)

I; JOHN L. WILHELM M.D., LOCAL

(IE SISTRAR OF VITAL STATISTICS OF CITY OF CHICAGO, DO HEREBY