

# UNOFFICIAL COPY

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Prepared by:

Thayer C. Torgerson  
2400 North Western Avenue  
Chicago, Illinois 60647

Return to:

Thayer C. Torgerson  
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Chicago, Illinois 60647

State of Illinois )  
 ) ss.  
County of Cook )



\*1911434078\*

Doc# 1911434078 Fee \$40.00

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 04/24/2019 02:39 PM PG: 1 OF 2

## DECEASED JOINT TENANCY AFFIDAVIT

Olga S. Aguirre hereinafter called Affiant(s) being duly sworn states that she resides at: 4959 West Altgeld Street, Chicago, Illinois, IL 60639. That Affiant(s) was acquainted with Hector F. Aguirre, hereinafter referred to as Decedent, and at the time of Decedent's death, was one of the owners of the land in Cook County, Illinois, described as:

THE WEST 7 1/2 FEET OF LOT 23 AND ALL OF LOT 24 IN BLOCK 14 IN EDWARD F. KENNEDY'S RESUBDIVISION OF THE EAST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 28, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 13-28-426-001-0000

Property Address: 4959 West Altgeld Street, Chicago, Illinois, IL 60639

That the Decedent died on June 6, 2007, as evidenced by a copy of Decedent's death certificate attached hereto.

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

That the total value of the estate of the Decedent, for estate tax purposes, including both real and personal property owned by the Decedent either individually or in joint tenancy at the time of the death of the Decedent, does not exceed the sum of \$100,000.00

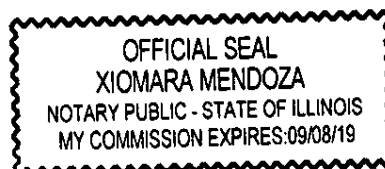
Affiant makes this affidavit for the purpose of any individual or corporation who may be harmed by the Affiant's lack of veracity.

Dated: 4-23-19

Olga S. Aguirre

Subscribed and sworn before me  
this 23<sup>rd</sup> day of April, 2019

Notary Public



3/2

# Certified **UNOFFICIAL COPY** of a Death Record

PERMANENT CERTIFICATE  
 TEMPORARY CERTIFICATE

REGISTRATION DISTRICT NO. 16-92  
REGISTERED NUMBER 5-95

STATE OF ILLINOIS

STATE FILE NUMBER

## MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

**089 JUN 07**

Type, or Print in PERMANENT INK See Coroner's or Funeral Directors Handbook for INSTRUCTIONS

1. DECEASED-NAME FIRST MIDDLE LAST <b>HECTOR F. AGUIRRE</b>		2. SEX <b>MALE</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>JUNE 6, 2007</b>
4. COUNTY OF DEATH <b>COOK</b>		5a. AGE - LAST BIRTHDAY (YRS) <b>72</b>	5b. UNDER 1 YEAR 5c. UNDER 1 DAY 5d. DATE OF BIRTH (MONTH, DAY, YEAR) <b>March 5, 1934</b>
6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER <b>PROVISO TOWNSHIP</b>		6b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>NOYONA HOSPITAL</b>	
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>MIA Texas</b>		8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>	
9. SOCIAL SECURITY NUMBER		10. USUAL OCCUPATION <b>Retired</b>	
11. RESIDENCE (STREET AND NUMBER) <b>4959 W. Altgeld</b>		12. CITY, TOWN, TWP, OR ROAD DISTRICT NO. <b>CHICAGO</b>	
13. STATE <b>ILLINOIS</b>		14. ZIP CODE <b>60639</b>	
15. FATHER-NAME FIRST MIDDLE LAST <b>Alberto Aguirre</b>		16. MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST <b>Sydia Hernandez</b>	
17a. INFORMANT'S NAME (TYPE OR PRINT) <b>Carol Aguirre</b>		17b. RELATIONSHIP <b>Daughter</b>	
18. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	

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**DISPOSITION**

**DISPOSITION**

18. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Immediate Cause (Final disease or condition resulting in death) <b>(a) MULTIPLE INJURIES</b>			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. <b>(b) SPORTS UTILITY VEHICLE STRIKING PEDESTRIAN</b>			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO) 19a. <b>NO</b>	
NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED (SPECIFY) <b>ACCIDENT</b>		DATE OF INJURY (MONTH, DAY, YEAR) 20b. <b>JUNE 3, 2007</b>	
INJURY AT WORK (YES/NO) 20e. <b>NO</b>		HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18) 20d. <b>VEHICLE SPORTS UTILITY STRIKING PEDESTRIAN</b>	
PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY) <b>GAS STATION</b>		LOCATION (CITY, VIL OR TOWN, OR TWP, OR RD, DIST. NO., COUNTY, STATE) <b>MELROSE PARK, COOK COUNTY, ILLINOIS</b>	
I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT		THE DECEDENT WAS PRO. NOUNCED DEAD ON MONTH DAY YEAR AT <b>JUNE 6, 2007 8:55 AM</b>	
CORONER'S MEDICAL EXAMINER'S SIGNATURE <b>Ponni Arunkumar, M.D.</b>		DATE SIGNED (MONTH, DAY, YEAR) <b>JUNE 7, 2007</b>	
CORONER'S PHYSICIAN'S NAME (Type or Print) <b>Ponni Arunkumar, M.D.</b>		DATE SIGNED (MONTH, DAY, YEAR)	
BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>		CEMETERY OR CREMATORY-NAME <b>Irving Park</b>	
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. <b>Pietryka Funeral Home 5734 W. Diversey Ave. Chicago, IL 60639</b>		LOCATION CITY OR TOWN STATE <b>Chicago, IL</b>	
FUNERAL DIRECTOR'S SIGNATURE <b>Gerard Morgan Jr.</b>		DATE (MONTH, DAY, YEAR) <b>6-11-2007</b>	
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034-014745</b>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>June 8, 2007</b>	
LOCAL REGISTRAR'S SIGNATURE <b>Grub-Rivers J.</b>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	

VR202 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE JUN 08 2007 SIGNED Grub-Rivers J.

AT BROADVIEW, ILLINOIS Illinois OFFICIAL TITLE LOCAL REGISTRAR OF VITAL STATISTICS

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of the facts therein stated.