

SPECIAL NOTICE:

UNOFFICIAL COPY

This form is **NOT** required by law, nor the Cook County Recorder of Deeds (CCRD). CCRD employees **CANNOT** assist with the preparation of this, or **ANY LEGAL FORM.**

PREPARED BY:

Maria Gpe. Miramontes
11033 AVE D
Chicago IL 60617



Doc# 1917734067 Fee \$88.00
RHSP FEE:\$9.00 RPRF FEE: \$1.00
EDWARD M. MOODY
COOK COUNTY RECORDER OF DEEDS
DATE: 06/26/2015 01:26 PM PG: 1 OF 3

SURVIVING TENANT AFFIDAVIT

I, Maria G. Miramontes the surviving tenant of the tenancy created by the deed with the document number: 00944070 do hereby declare under oath that the tenant Rafael Miramontes SR died on Aug 14 2009 as evidenced by the attached certified copy of her/his death certificate (see attached).

I also declare that the aforementioned joint tenant was an owner of property with the following details:

LEGAL DESCRIPTION

PROPERTY IDENTIFICATION NUMBER (PIN):

2 6 - 1 7 - 4 0 1 - 0 1 1 0 0 0 0 0

COMMONLY KNOWN ADDRESS:

11033 S. Ave D
Chicago IL 60617-6845

NOTARY & AFFIANT SIGNATURE SECTION BELOW

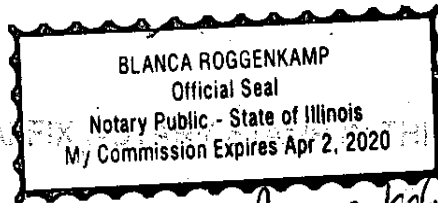
Subscribed & Sworn to me by:

Affiant Signature:

Maria Gpe. Miramontes

On the Following Date:

4/29/19



Blanca Roggenkamp

S Y
P 3
S —
M —
SC Y
E —
INT OP

UNOFFICIAL COPY

LOT NINETY FIVE (95) IN THE FAIR ELMS FOURTH ADDITION, A RESUBDIVISION OF BLOCKS 5, 10, 14, THE EAST 133 FEET OF BLOCKS 11, THE EAST HALF (1/2) OF BLOCK 13, EXCEPT THE SOUTH 130 FEET THEREOF, AND THE WEST HALF (1/2) OF BLOCK 15, * ALL IN THE FIRST ADDITION TO F. J. LEWIS' SOUTHEASTERN DEVELOPMENT BEING A SUBDIVISION IN THE EAST FRACTIONAL HALF (1/2) OF SECTION 17, TOWN 37, NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN.

* TOGETHER WITH THE SOUTH 130 FEET OF THE EAST 1/2 OF THE SAID BLOCK 15,

Permanent Index Number(s) 26-17-401-011-0000

Property Address: 11033 AVENUE D., CHICAGO, ILLINOIS 60617

Property of Cook County Clerk's Office

UNOFFICIAL COPY

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2009 0059756

DATE ISSUED 08/19/2009

DECEDENT'S LEGAL NAME RAFAEL MIRAMONTES SR		SEX MALE	DATE OF DEATH AUGUST 14, 2009	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 60 YEARS	DATE OF BIRTH JULY 16, 1949		
CITY OR TOWN CHICAGO	HOSPITAL OR OTHER INSTITUTION NAME 11033 SOUTH AVENUE D			
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE MEXICO	SOCIAL SECURITY NUMBER [REDACTED]	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME MARIA GUADALUPE ORTIZ	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 11033 SOUTH AVENUE D	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60617	FATHER'S NAME RAFAEL MIRAMONTES	MOTHER'S NAME PRIOR TO FIRST MARRIAGE GUADALUPE BERUMEN
INFORMANT'S NAME MARIA GUADALUPE MIRAMONTES		RELATIONSHIP WIFE	MAILING ADDRESS 11033 SOUTH AVENUE D CHICAGO, IL, 60617	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION PARQUE FUNERAL ALTAGRACIA	LOCATION - CITY OR TOWN AND STATE ZAPOCAN, JALISCO, MEXICO	DATE OF DISPOSITION AUGUST 28, 2009	
FUNERAL HOME ELMWOOD CHAPEL, 11200 S. EWING AVE CHICAGO, IL, 60617				
FUNERAL DIRECTOR'S NAME JAMES F. BETKOWSKI			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012040	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR AUGUST 19, 2009	
CAUSE OF DEATH PART I: GLIOBLASTOMA MULTIFORME				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Due to (or as a consequence of):		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
a.		b.		
c.		Due to (or as a consequence of):		
PART II. Enter other significant conditions contributing to death 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	
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN	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? YES	DATE LAST SEEN ALIVE JULY 08, 2009	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 03:25 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED AUGUST 14, 2009	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH VOHRA, MALA, 1634 W. POLK STREET, CHICAGO, ILLINOIS, 60612			PHYSICIAN'S LICENSE NUMBER 0360505345	



This is to certify that this is a true and correct copy from the official death record filed with Illinois Department of Health.

David Orr
David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE