

UNOFFICIAL COPY

hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.

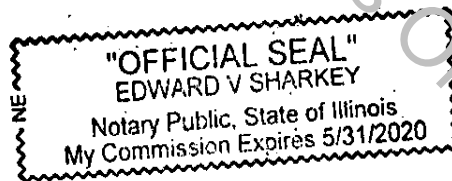
Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois about _____.

That the total value of the estate of the deceased, 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 Forty Thousand dollars.

Affiant makes this affidavit for the purpose of inducing ANY Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

[Signature]
(Affiant's Signature)

Subscribed and sworn to before me this 25th day of JULY, 2019.



[Signature]
Notary Public

This instrument prepared by:

ATTY. EDWARD V. SHARKEY

9991 - 191ST ST.

MOKENA, IL 60448

After recording mail to:

Sharkey & Conroy, P. C.

9991 - 191ST St.

Mokena, IL 60448

CERTIFICATE OF DEATH RECORD

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CITY OF HARVEY CLERK'S OFFICE

HARVEY, ILLINOIS MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER: 2014 0036023 MEDICAL EXAMINER'S CASE NUMBER: 117 MAY 14 DATE ISSUED: 5/30/2014

DECEDENT'S LEGAL NAME JOSE ANGULO		SEX MALE	DATE OF DEATH MAY 07, 2014		
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 84 YEARS	DATE OF BIRTH JULY 11, 1929			
CITY OR TOWN HARVEY		HOSPITAL OR OTHER INSTITUTION NAME 711 EAST 158TH STREET			
PLACE OF DEATH DECEDENT'S HOME					
BIRTHPLACE MEXICO	SOCIAL SECURITY NUMBER [REDACTED]-4432	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME MARIA NUNEZ	EVER IN U.S. ARMED FORCES? NO	
RESIDENCE 711 EAST 158TH STREET	APT. NO.	CITY OR TOWN HARVEY	INSIDE CITY LIMITS? YES		
COUNTY COOK	STATE IL	ZIP CODE 60426	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOSE NATIVIDAD ANGULO	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION FELICIANA GONZALEZ	
INFORMANT'S NAME MARIA ANGULO		RELATIONSHIP SPOUSE	MAILING ADDRESS 711 EAST 158TH STREET, HARVEY, IL, 60426		
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION PANTON DE SAN FRANCISCO DE ASIS	LOCATION - CITY OR TOWN AND STATE JALISCO, MEXICO	DATE OF DISPOSITION MAY 16, 2014		
FUNERAL HOME SMITS DE YOUNG VROEGH, 649 E. 162ND ST, SOUTH HOLLAND, IL, 60473					
FUNERAL DIRECTOR'S NAME TIMOTHY G SMITS			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014483		
LOCAL REGISTRAR'S NAME NANCY L CLARK			DATE FILED WITH LOCAL REGISTRAR MAY 12, 2014		
CAUSE OF DEATH PART I		HYPERTENSIVE ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of):			UNKNOWN UNKNOWN
		b. _____ Due to (or as a consequence of):			
		c. _____ Due to (or as a consequence of):			
		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		
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?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED MAY 07, 2014	TIME OF DEATH 11:11 PM	
CERTIFIER MEDICAL EXAMINER/CORONER			DATE CERTIFIED MAY 09, 2014		
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH STEPHEN J CINA MD, 2121 W HARRISON ST, CHICAGO, IL, 60612			PHYSICIAN'S LICENSE NUMBER		

D86329

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.

Nancy L. Clark
NANCY L. CLARK
LOCAL REGISTRAR

