

UNOFFICIAL COPY

JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS )  
 ) SS  
COUNTY OF COOK )



\*1923816097\*

Doc# 1923816097 Fee \$88.00

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 08/26/2019 02:53 PM PG: 1 OF 3

Aracely Sanchez,  
hereby referred to as the affiant, states under  
oath that the affiant resides at  
1825 S. Fairfield Ave.,  
Apt. 3  
In the City of Chicago,  
State of Illinois;  
that the affiant was acquainted with  
Gregoria Sanchez,  
the decedent; at the time of death, the  
decedent was one of the owners of property,  
by virtue of a properly recorded joint  
tenancy deed, said property located in  
Cook County, State of  
Illinois, and legally  
described as follows:

LOT 32 AND LOT 33 IN BLOCK 3 IN SUBDISION OF LOT 2 LYING EAST OF BOULEVARD  
AND THE WEST 1/2 OF THE EAST 2/3RDS OF LOT 4 (EXCEPT BOULEVARD) IN PARTITION  
OF THE EAST 48 ACRES OF THE NORTH 98 ACRES OF THE NORTHWEST 1/4 OF SECTION 25,  
TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK  
COUNTY, ILLINOIS.

PINS: 16-25-112-041-0000 and 16-25-112-012-0000  
ADDRESS: 2846-48 W. 23rd Place, Chicago, IL 606023

The decedent had no interest in any business or partnership, 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  
enjoyment after death;

The decedent died on April 8, 2017, leaving no ~~will~~ last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ 1,000.00, and  
that the value of the above property individually was \$ 150,000.00

The State and Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from the decedent's estate, has been paid in full;

S ✓  
P 3  
S 1  
M -  
SC -  
E ✓  
INT ✓

**UNOFFICIAL COPY****JOINT TENANCY AFFIDAVIT  
(continued)**

The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATG harmless and to reimburse ATG for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature that ATG may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of Gregoria Sanchez, the decedent;
2. State Estate/Inheritance Tax and Federal Estate Tax that may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

 (Seal)  
ARACELY SANCHEZ (Seal)

Subscribed and sworn to before me this

12th day of August, 2019  
(Month) (Year)

  
(Notary Public)



**Note:** If the decedent left a will, it will be necessary that the original or certified copy thereof be presented to ATG for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

This instrument prepared by:

JOHN G. MASTERLY, ATTORNEY

(Name)

2301 S. WESTERN AVE.

(Address)

CHICAGO, IL 60608

(City, State, Zip)

Return to:

(Name)

(Address)

(City, State, Zip)

**UNOFFICIAL COPY**

**COOK COUNTY CLERK VITAL RECORDS  
CHICAGO, ILLINOIS  
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2017 0029889

DATE ISSUED 5/31/2018

DECEDENT'S LEGAL NAME GREGORIA SANCHEZ				SEX FEMALE	DATE OF DEATH APRIL 08, 2017														
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 71 YEARS		DATE OF BIRTH SEPTEMBER 03, 1945															
CITY OR TOWN CHICAGO			HOSPITAL OR OTHER INSTITUTION NAME UNIVERSITY OF ILLINOIS HOSPITAL																
PLACE OF DEATH INPATIENT																			
BIRTHPLACE MEXICO		STATUS AT TIME OF DEATH MARRIED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME FRANCISCO SANCHEZ															
				EVER IN U.S. ARMED FORCES? NO															
RESIDENCE 2848 WEST 23RD PLACE			APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES														
COUNTY COOK	STATE IL	ZIP CODE 60623	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JESUS RODRIGUEZ		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ANGELA BALDERAS														
INFORMANT'S NAME FRANCISCO SANCHEZ			RELATIONSHIP HUSBAND		MAILING ADDRESS 2848 WEST 23RD PLACE, CHICAGO, IL, 60623														
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION SAINT MARY CATHOLIC CEMETERY		LOCATION - CITY OR TOWN AND STATE EVERGREEN PARK, IL	DATE OF DISPOSITION APRIL 12, 2017														
FUNERAL HOME J. LINHART & SONS, 6820 WEST CERMAK ROAD, BERWYN, IL, 60402																			
FUNERAL DIRECTOR'S NAME ALAN LINHART				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011644															
LOCAL REGISTRAR'S NAME DAVID ORR				DATE FILED WITH LOCAL REGISTRAR APRIL 11, 2017															
<table border="0"> <tr> <td rowspan="4">CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death)</td> <td>PART I:</td> <td>SMALL BOWEL NECROSIS</td> <td rowspan="4">APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH</td> </tr> <tr> <td>a</td> <td></td> </tr> <tr> <td>b</td> <td>NON TRAUMATIC THROMBOSIS</td> </tr> <tr> <td>c</td> <td></td> </tr> <tr> <td colspan="3">Due to (or as a consequence of)</td> <td></td> </tr> </table>						CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death)	PART I:	SMALL BOWEL NECROSIS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	a		b	NON TRAUMATIC THROMBOSIS	c		Due to (or as a consequence of)			
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	a																		
	b	NON TRAUMATIC THROMBOSIS																	
	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? YES															
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? YES															
FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR				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 APRIL 08, 2017	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 04:43 AM														
CERTIFIER PHYSICIAN				DATE CERTIFIED APRIL 10, 2017															
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH JINPU LI MD, 1740 WEST TAYLOR STREET, CHICAGO, ILLINOIS 60612				PHYSICIAN'S LICENSE NUMBER 12506099															

0412053



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*  
David Orr  
Cook County Clerk



**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM