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Doc# 1925913067 Fee \$88.00

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 09/16/2019 10:55 AM PG: 1 OF 4

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AFFIDAVIT OF HEIRSHIP
AFFIDAVIT OF HEIRSHIP
STATE OF ILLINOIS)) ss COUNTY OF COOK)
ESTATE OF Frank Esurcia, Deceased.
And now on this <u>23rd</u> day of <u>July</u> , 2019, <u>Leticia Estrada</u> , after being first duly swom under oath, testifies and deposes as follows, to wit:
1. My name is Leticia Estrada, I am over the ege of twenty-one (21) years of
age and, to my understanding, am otherwise competent to give testimony. 2. I reside at 2404 South Austin Avenue, Cicero, Illinois 60804
3. I <u>am the wife</u> (state relationship to deceased) and knew nim in his lifetime.
4. <u>Frank Estrada</u> owner of the property commonly known as <u>2404 South Austin Avenue, Cicero, Illinois 60804</u> (see legal description attached) died on <u>August 19, 2016</u> in the City of <u>Chicago</u> , State of Illinois United State of America.
5. The decedent was married one (1) time with Leticia Estrada r.
5a. <u>Three (3)</u> children were born to the decedent and <u>Leticia Estrada</u> , as follows, and are assumed to be of majority age, unless otherwise noted:

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Ana Morales

	Erica Estrada		
	Jessica Estrada		
5b. No persons were a	dopted by the decedent.		
6. The parents of the	decedent were: <u>Emilio</u>	Estrada and Magdalena Pulido	both
said parents are now dece	eased.		
7. The dece	edent died intestate.		
owned by the deceased		eceased, including both real and p nt tenancy at the time of the dea rs.	- ·
	ing is based upon my own petently and consistently testify	ersonal knowledge and belief, is to thereto.	rue, and if called upon. as
	irs at law to Frank Estrada, a er and Jessica Estrad⁄, n'is dau	re Leticia Estrada, his wife, Ana l nghter.	Morales, his daughter ,
FURTHER. AFFIANTS SA	AYETH NOT	04/2"	
, <u>Slecia E</u> AFFIANT, Leticia Estrac	Itada	- O.	
SIGNED AND SWOR	RN TO BEFORE ME ON	July 23, 80	19 BY
LETICIA ESTRADA	_•	A	Office
"OFFICIAL LUIS C. MAR NOTARY PUBLIC, STAT MY COMMISSION EXPI	E OF ILLINOIS §		NOTARY PUBLIC

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LEGAL DESCRIPTION

LOT 3 IN T. P. PHILIP'S BOULEVARD SUBDIVISION OF BLOCK 17 IN SUBDIVISION OF THE NORTHWEST 1/4 OF SECTION 29, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

COMMONLY KNOWN AS: 2404 SOUTH AUSTIN AVENUE, CICERO, ILLINOIS 60804

PIN: 16-29-123-022-0000

COOK COUNTY RECORDER OF DEEDS

COOK COUNTY COOK COUNTY SECONDER OF DEF A County Clark's Office RECORDER OF DEEDS







TATE FILE NUMBER 2016	0065549							DATE	ISSUED	8/24/20	
DECEDENT'S LEGAL NAME FRANK ESTRADA						SEX MALE		OF DEATH		. 2	
COUNTY OF DEATH COOK		AGE AT LA 65 YE	ST BIRTHDAY ARS			OF BIRTH BRUARY 17,	1951	•			
CITY OR TOWN PROVISO TWP			\	HOSPITAL OR O			r				
PLACE OF DEATH EMERGENCY ROOM /	OUTPATIENT			,			, ,				
BIRTHPLACE MEXICO	SOCIAL SECURIT	TY NUMBER	STATUS AT TIN	ME OF DEATH	1.	SPOUSE/CIVIL UNION		AIDEN NAME	EVER IN U: FORCES?		
RESIDENCE 2738 W 24TH ST	.'	/-	APT.	NO.	CHICAGO	•			INSIDE CITY L		
	AT ZIP CODE 30608	1	PARENT'S NAME F ESTRADA	PRIOR TO FIRST MARK			PARENTS NAM			/CIVIL UNION	
INFORMANT'S NAME LETICIA ESTRADA	100	RELA	TIONSHIP	** <u>*</u> **	MAILING A 2738 V	DDRESS V 24TH ST, CI	HICAGO, IL	_, 60608	/^		
METHOD OF DISPOSITION BURIAL		C OF DISPOS	SITION UNERAL HOME & P	MEMORIAL PARK	LOCATION	- CITY OR TOWN EY, IL	AND STATE	1	DISPOSITION ST 27, 201		
FUNERAL HOME MARTINEZ FUNERAL I	HOME, 2534 SOL	JTH ĐỰ A	SKI, CHICA	GO, IL, 60623.	·		/	}			
FUNERAL DIRECTOR'S NAME MANUEL MARTINEZ	, #2 *						FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER '034014574				
LOCAL REGISTRAR'S NAME ANTHONY WILLIAMS							DATE FILED WITH LOCAL REGISTRAR AUGUST 24, 2016				
CAUSE OF DEATH PAR	TI. NON TRAUMA	ATIC CARDIA	AC TAMPON	ÚE-			LL.	道古	,	: "	
(Final disease or condition resulting in death)	b. CORONARY A	ARTERY DIS		or as a consequence of)	:			ND DE			
1		1	1		<u> </u>	<u></u>	APPRO	ERVAL SET A			
`	← c .	,	Due to (∵	(or as a consequence of)	1/2			Ξőζ	,		
				or as a consequence of							
PART II. Enter other significant of	onditions contributin	ig to death bu	t not resulting in	the underlying caus	e given in PAR		WERE AUTO	OPSY FINDIN	FORMED? Y	1	
FEMALE PREGNANCY STATUS NOT APPLICABLE			.) /	/	- 4	MATURA	F DEATH	DEATH: IL	<u> </u>	
DATE OF INJURY		TIME OF INJU	JRY	PLACE OF INJUR	RY ,	<u> </u>	O).C.	INJURY AT	WORK?	
LOCATION OF INJURY	,1				• -				1	•	
DESCRIBE HOW INJURY OCCUI	RRED:			,			\ IFT	TRANSP(h*	/ TION INJUR	Y, SPECIFY:	
ATTEND THE DECEASED?	DATE LAST SEEN A UNKNÓWN			EXAMINER OR NTACTED? YE		ATE PRONOUNCE	D		TIME OF DE 12:10 P		
CERTIFIER PHYSICIAN		•			•			TE CERTIFIE			
NAME ADDRESS AND ZIP CODE	OF PERSON COMPL	ETING CAUSI	E OF DEATH	, ,			'	PHYSICIAN'	S LICENSE N	IMBER	

DECEDENT ALIAS

AKA: FRANCISCO ESTRADA

TRAC NGHIEM, MD, 2160 S 1ST AVE, MAYWOOD, ILLINOIS, 60153

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.

AUG 24 2016

TOWNSHIP CLERK/REGISTRAR

036-104685