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PREPARED BY &
MAIL TO:
WHITACRE & STEFANCZUK
ATTY AT LAW
6841 W. BELMONT AVE
CHICAGO, IL 60634
1924492 20F5
AFTER RECORDING, MAIL TO:

SATURN TITLE, LLC
1030 W. HIGGINS RD.
SUITE 365
PARK RIDGE, IL 60068



Doc# 2002355088 Fee \$88.00

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 01/23/2020 10:03 AM PG: 1 OF 4

AFFIDAVIT OF HEIRSHIP

STATE OF ILLINOIS)
) SS
COUNTY OF Cook)

ESTATE OF Alfonso Chavez Jr., Deceased.

And now on this _____ day of _____, 20____, after being first duly sworn under oath, testifies and deposes as follows, to wit:

- My name is Leticia N. Chavez, I am over the age of twenty-one (21) years of age and, to my understanding, am otherwise competent to give testimony.
- I reside at 12600 S. Troop Ave. Calumet Park, IL 60827.
- I daughter of deceased (state relationship to deceased) and knew him/her in his/her lifetime.
- Alfonso Chavez Jr. part, owner of the property commonly known as:
2704 S Komensky Ave. Chicago, IL 60623 (legal description and PIN attached)
died on April 14, 2018 in the City of Blue Island, County of Cook, State of Illinois.
The decedent was married one (1) time(s), to Violetta Chavez - Ortiz.
- Two (2) children were born to the decedent and _____, as follows, and are assumed to be of majority age, unless otherwise noted:
Leticia N. Chavez
~~Alfonso~~ Alfonso Chavez III
- No persons were adopted by the decedent.
- The parents of the decedent were Irma Chavez and Alfonso Chavez both said parents are now deceased.
- a) Pursuant to the Last Will and Testament of _____, the decedent herein, left his/her entire estate, both real and personal, to _____ OR
b) The decedent died intestate.

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10. 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 \$ _____ dollars.

11. The forgoing is based upon my own personal knowledge and belief, is true, and if called upon as a witness I would competently and consistently testify thereto.

FURTHER AFFIANT SAYETH NOT.

Jessica N. Chauz
AFFIANT

SUBSCRIBED AND SWORN TO ME THIS 20th DAY OF December, 2019.

[Signature]
NOTARY PUBLIC



Property of Cook County Clerk's Office

CERTIFICATION OF DEATH RECORD

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CITY OF BLUE ISLAND CITY CLERK'S OFFICE
BLUE ISLAND, ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 0033423 DATE ISSUED 4/19/2018

DECEDENT'S LEGAL NAME ALFONSO CHAVEZ JR.		SEX MALE	DATE OF DEATH APRIL 14, 2018	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 51 YEARS	DATE OF BIRTH MARCH 26, 1967		
CITY OR TOWN BLUE ISLAND		HOSPITAL OR OTHER INSTITUTION NAME 1821 HIGH ST		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE BERWYN, IL	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH DIVORCED FROM MARRIAGE	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 1821 HIGH ST	APT. NO.	CITY OR TOWN BLUE ISLAND	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60406	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ALFONSO CHAVEZ SR	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION IRMA RINCON
INFORMANT'S NAME LETTICIA N. CHAVEZ		RELATIONSHIP DAUGHTER	MAILING ADDRESS 1821 HIGH ST, BLUE ISLAND, IL 60406	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION CHICAGO HEIGHTS CREMATORY	LOCATION - CITY OR TOWN AND STATE CHICAGO HEIGHTS, IL	DATE OF DISPOSITION APRIL 20, 2018	
FUNERAL HOME KRUEGER FUNERAL HOME, 13050 S. GREENWOOD AVE., BLUE ISLAND, IL 60406				
FUNERAL DIRECTOR'S NAME CLAYTON KRUEGER			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012022	
LOCAL REGISTRAR'S NAME RANDY HEUSER			DATE FILED WITH LOCAL REGISTRAR APRIL 19, 2018	
CAUSE OF DEATH - PART I		MYOCARDIAL INFARCTION		DAYS 9
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Due to (or as a consequence of): CORONARY ARTERY DISEASE, DYSLIPIDEMIA		
		Due to (or as a consequence of): CORONARY ARTERY/HEART DISEASE		
		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
FEMALE PREGNANCY STATUS NOT APPLICABLE				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A
				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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 07:30 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED APRIL 18, 2018	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ELLEN D. MASON MD, 1901 W HARRISON ST, CHICAGO, ILLINOIS, 60612				PHYSICIAN'S LICENSE NUMBER 036066843

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.

APR 19 2018

Randy Heuser
Randy Heuser
City Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

HOUDUP TOUGHT TO VEHE FTRU EWATER MARK

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American Land Title Association

File Number : 1924492
Commitment for Title Insurance
Adopted 6-17-06 Revised 08-01-2016

EXHIBIT A

Legal:

LOTS 3 AND 4 IN BLOCK 7 IN MCMILLAN AND WETMORE'S SUBDIVISION OF THE SOUTH 1/2 OF THE NORTH EAST 1/4 OF THE SOUTH EAST 1/4 OF SECTION 27, TOWNSHIP 39 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Address: 2704 S. Komensky Ave., Chicago, IL 60623

PIN #: 16-27-414-024-0000

PIN #: 16-27-414-025-0000

PIN #:

Township: West Chicago

This page is only a part of a 2016 ALTA® Commitment for Title Insurance(issued by Old Republic National Title Insurance Company). This Commitment is not valid without the Notice; the Commitment to Issue Policy; the Commitment Conditions; Schedule A; Schedule B, Part I-Requirements; (and) Schedule B, Part II-Exceptions; and a counter-signature by the Company or its issuing agent that may be in electronic form).

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