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DECEASED JOINT TENANCY AFFIDAVIT

INSTRUMENT PREPARED BY:

Maria S. Trinidad (NAME)

77/75-meade Barbant (ADDRESS)

(CITY/STATE)

(ZIP CODE)

820059440928	

Doc# 2005846082 Fee \$93.00

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

EDWARD H. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 02/27/2020 11:38 AM PG: 1 OF 4

	I Maria & Trikidad the surviving	ienant of the joint tenancy created by the deed with docu	iment number: 1922008267			
	do hereby declare under oath that the joint tenant, an one 1 A Trinidated on 8 29 20 19 as evidenced by the attached certified copy					
	of his or her death certificate (see attached). I also declare that the aforementioned named joint tenant was an owner of the property with the legal description of:					
	THE EAST SO FT OF L	OT & IN SUBDIVISION OF	THE WEST SO ACRES OF			
	THE EAST 1/2 OF THE NORTHWEST 1/4 OF SECTION 31, TOWNSHIP 36					
į	NORTH RANGE IS, EAST OF THE TYPED PRINCIPAL MERINAN, IN COOK					
	the Property Identification Number (PIN) of: COUNTY I LCINOUS					
	30-31-120-080-000					
& the Commonly Known Address of:						
	2606 RIDGE RD					
	LANSING 16 60430					
	Sc.					
	Furthermore, the deceased tenant died:					
	\bowtie					
		Leaving a LAST WILL & TESTAMENT, which is	Leaving a LAST WILL & TESTAMENT, which is			
Leaving NO LAST WILL & TESTAMENT		attached, and the ORIGINAL of the UNPROVEN	attached, and the OPICINAL of the PROVEN			
		WILL BE filed with the Clerk of the Probate	HAS BEEN filed with the O'erk of the Probate			
		Division of the Circuit Court of	Division of the Circuit Court of			
		County, in	County, in			

Notary & Affiant Signature Section

Subscribed and sworn to me by:

AFFIX NOTARY STAMP BELOW

TRINIDAD (Printed Name of Affiant)

AFFIANT/SURVIVING TENANT SIGNATURE

ANNAMARIA SCHMIDT Official Seal Notary Public - State of Illinois My Commission Expires Jan 28, 2022

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Blood Type RH Factor

Endorsements: NONE

CHRIFF CATION OF DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 0070014 DATE ISSUED 2/27/2020
DECEDENT'S LEGAL NAME MIGUEL TRINIDAD PAGAN MALE AUGUST 29, 2019
COUNTY OF DEATH AGE AT LAST BIRTHDAY DATE OF BIRTH COOK 72 YEARS DECEMBER 11, 1946
CITYOR TOWN HOSPITAL OR OTHER INSTITUTION NAME ADVOCATE CHRIST: MEDICAL CENTER
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT
BIRTHPLACE SOCIAL SECURITY NUMBER STATUS AT TIME OF DEATH SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME EVER IN U.S. ARMED MANATI PR 582-96-5554 MARRIED MARIA SANCHEZ FORCES? NO
RESIDENCE APT. NO. CITY OR TOWN INSIDE CITY LIMITS? 7717 SOUTH MEAD L AVENUE BURBANK YES
COUNTY STATE ZIP CODE FATHERICO PARENTS NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MOTHERICO PARENTS NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ESPERANZA PAGAN CLEMENTE TRINIDAD ESPERANZA PAGAN
INFORMANT'S NAME MARIA TRINIDAD RELATIONSHIP WIFE MALING ADDRESS 7717 SOUTH MEADE AVENUE, BURBANK, IL, 60459
METHOD OF DISPOSITION PLATE OF DISPOSITION LOCATION CITY OR TOWN AND STATE DATE OF DISPOSITION BURIAL JUSTICE, IL SEPTEMBER 07, 2019
FUNERAL HOME DAMAR KAMINSKI FUNERAL HOME & CRUMATORIUM, 7861 S 88TH AVE, JUSTICE JL; 60458.
FUNERAL DIRECTOR'S NAME MARK A KAMINSKI SR O34014496
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH SEPTEMBER 6, 2019
CAUSE OF DEATH PART L CORONARY ARTERY DISEASE
(Final disease or condition pue to (or as a insequence of) b. TYPE 2 DIABETES
Die to (or as a consequence of A ST II S S A ST II S A S
c SLEEP APNEA
Due to (or as a consequence of). PART II: Enter other signifficant conditions contributing to death but not resulting in the underlying cause given in PART.
WERE AUTOPSY FINDINGS USED TO:
COMPLETE CAUSE OF DEATH? N/A FEMALE PREGNANCY STATUS ANNER OF DEATH
NOT APPLICABLE DATE OF INJURY TIME OF INJURY PLACE OF INJURY INJURY AT WORK?
EOCATION OF INJURY
DESCRIBE HOW INJURY OCCURRED: IF-TRANSF DRT (TION INJURY; SPECIFY:
ATTEND THE DECEASED? DATE LAST SEEN ALIVE WAS MEDICAL EXAMINER OR DATE PRONOUNCED TIME OF DEATH
YES FEBRUARY 27 2019 CORONER CONTACTED? YES DATE CERTIFIED DATE CERTIFIED DATE CERTIFIED DATE CERTIFIED DATE CERTIFIED
PHYSICIAN SEPTEMBER 03, 2019 WAME ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PHYSICIAN'S LICENSE NUMBER
DR. ZAFAR AHMED 13755 SOUTH CICERO AVENUE, CRESTWOOD ILLINOIS, 60445 036-039465 46895



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.



Karen A. Yarbrough Cook County Clerk



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UNOFFICIAL COPY COOK COUNTY RECORDER OF DEEDS

COOK COUNTY
RECORDER OF DEEDS



COOK COUNTY
RECORDER OF DEEDS

SECORDER OF DEEDS

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- Identifying invisible UV fibers embedded in the paper.
- · Applying fresh liquid bleach to activate color stain chemical protection reaction.
- Face of document has a green border with ornate lines including reverse microtext.
- This backer copy is constructed with a microtext border. Inspection under magnifier shows "ILLINOISDEATHCERTIFICATE" in microtext.
- · Document is protected with embossed Cook County seals.
- Inspect background with a magnifier to verify the encrypted NaNOcopy™ algorithm in body of document.
- · Photocopying this document produces the word "VOID" across the face.

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