

UNOFFICIAL COPY



2116719009

Doc# 2116719009 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 06/16/2021 10:02 AM PG: 1 OF 2

SPECIAL NOTICE:

This form is not required by law, nor is it a requirement of the Cook County Recorder of Deeds Office. CCROD employees CANNOT assist with the completion of this LEGAL form, or provide advice regarding it.

DECEASED JOINT TENANCY AFFIDAVIT

INSTRUMENT PREPARED BY:

AMRO SHAMAILEH (NAME)

2040 N HARLEM AVENUE (ADDRESS)

ELMWOOD PARK, IL (CITY/STATE)

60707 - 3119 (ZIP CODE)

I Gustavo Alfaro the surviving tenant of the joint tenancy created by the deed with document number: 88148847

do hereby declare under oath that the joint tenant, Carmen Alfaro died on 1/27/2021 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:

Lot 11 in Block 4 in Parkholre
Subdivision of Block 14 in Grant
Land Association Resubdivision of
Section 21, Township 39 North, Range
13, East of the Third Principal
Meridian, in Cook County, Illinois

the Property Identification Number (PIN) of:

16 - 21 - 404 - 034 - 0000

& the Commonly Known Address of:

1626 S 49th Court, Cicero, IL 60804

Furthermore, the deceased tenant died:



Leaving NO LAST WILL & TESTAMENT

Leaving a LAST WILL & TESTAMENT, which is attached, and the ORIGINAL of the UNPROVEN WILL BE filed with the Clerk of the Probate Division of the Circuit Court of _____ County, in _____

Leaving a LAST WILL & TESTAMENT, which is attached, and the ORIGINAL of the PROVEN HAS BEEN filed with the Clerk of the Probate Division of the Circuit Court of _____ County, in _____

Notary & Affiant Signature Section

Subscribed and sworn to me by:

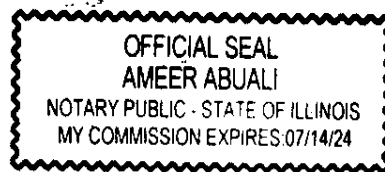
AFFIX NOTARY STAMP BELOW

Gustavo Alfaro (Printed Name of Affiant)

this: 15th day of June, 2021

NOTARY PUBLIC SIGNATURE

AFFIANT/SURVIVING TENANT SIGNATURE



UNOFFICIAL COPY

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

STATE FILE NUMBER 2021 0009378

DATE ISSUED 2/5/2021

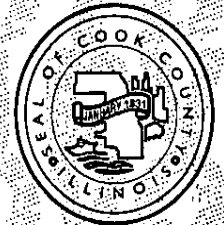
DECEDENT'S LEGAL NAME CARMEN ALFARO		SEX FEMALE	DATE OF DEATH JANUARY 27, 2021	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 82 YEARS	DATE OF BIRTH JANUARY 04, 1939		
CITY OR TOWN CICERO		HOSPITAL OR OTHER INSTITUTION NAME 1626 SOUTH 49TH COURT		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE MEXICO	SOCIAL SECURITY NUMBER 356-62-4910	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME GUSTAVO ALFARO	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 1626 SOUTH 49TH COURT		APT. NO.	CITY OR TOWN CICERO	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60804	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION IGNACIO VELAZQUEZ	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARIA DEJESUS FLORES
INFORMANT'S NAME MARIA BARBA		RELATIONSHIP DAUGHTER IN LAW	MAILING ADDRESS 6627 SOUTH KNOX AVENUE, CHICAGO, IL, 60629	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION CARE CREMATION CENTER	LOCATION - CITY OR TOWN AND STATE ROMEVILLE, IL	DATE OF DISPOSITION JANUARY 30, 2021	
FUNERAL HOME CENTRAL CHAPEL INC; 6158 SOUTH CENTER AVENUE, CHICAGO, IL, 60638				
FUNERAL DIRECTOR'S NAME ROBERT J. MOYNIHAN			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031008950	
LOCAL REGISTRAR'S NAME MARIA PUNZO-ARIAS			DATE FILED WITH LOCAL REGISTRAR JANUARY 30, 2021	
CAUSE OF DEATH PART I: MALIGNANT NEOPLASM OF THE COLON				
IMMEDIATE CAUSE (Final disease or condition resulting in death):		a	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		b		
		c		
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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 07:32 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED JANUARY 27, 2021	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR. P. MOLINA, 550 OAKMONT LANE, WESTMONT, ILLINOIS, 60559			PHYSICIAN'S LICENSE NUMBER 036-124401	

1651160



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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTO COPIED

NOT REEMBOSSED AT ANY COUNTY'S CAUSATION BOTTOM