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MY nguyen
7109 N Ridge Blvd
Chicago, IL 60645

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 09/30/2021 09:47 AM PG: 1 OF 3

Assessor's Parcel Number: 11-31-103-004-

SPACE ABOVE THIS LINE IS FOR RECORDER'S USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF ILLINOIS

COUNTY OF COOK

MY NGUYEN, of legal age, being first duly sworn, deposes and says:

That, LIBERTY M. VILLALON , the decedent mentioned in Certificate of Death filed in Cook County, Illinois is the same person as LIBERTY M. VILLALON , named as one of the parties in that certain Deed DATED JULY 26, 2007, RECORDED, JULY 30, 2007, AS DOCUMENT NO. 0721150166 IN THE OFFICIAL RECORDS OF COOK COUNTY, ILLINOIS to wit:

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF COOK, CITY OF CHICAGO, STATE OF ILLINOIS, AND IS DESCRIBED AS FOLLOWS:

LOT 15 (EXCEPT THE NORTHERLY 37 FEET THEREOF) AND THE NORTHERLY 24 FEET OF LOT 16 IN BLOCK 6 IN ROGERS PARK (EXCEPTING FROM SAID PREMISES THE WESTERLY 7 FEET THEREOF TAKEN FOR WIDENING RIDGE AVENUE), A SUBDIVISION IN PART OF SECTIONS 30, 31, AND 32, TOWNSHIP 41 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL ID #11-31-103-004-0000

Commonly known as: 7109 N Ridge Blvd, Chicago, IL 60645

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That the value of the decedent's estate was insufficient to necessitate the filing of an estate tax return and that there are no state or federal estate or inheritance tax due as a result of his/her death.

Dated 2/27/21

My Nguyen
MY NGUYEN

STATE OF ILLINOIS
COUNTY OF Cook

I, the undersigned, a Notary Public of the County and State aforesaid, CERTIFY that My Nguyen, personally known to me to be the same person(s) whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that he/she/they signed and delivered the instrument as their free and voluntary act for the uses and purposes therein set forth.

Given under my hand and seal this 27th day of Feb, 2021.

My Nguyen
SIGNATURE OF NOTARY

(Notarial Seal)

MY COMMISSION EXPIRES ON: 02-26-2024
MY COMMISSION NUMBER: 908685



CERTIFICATION OF DEATH RECORD
UNOFFICIAL COPY

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 0019047 MEDICAL EXAMINER'S CASE NUMBER ME2018-01054 DATE ISSUED 3/23/2018

DECEDENT'S LEGAL NAME LIBERTY M VILLALON		SEX FEMALE	DATE OF DEATH FEBRUARY 26 2018
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 45 YEARS	DATE OF BIRTH SEPTEMBER 09, 1972	
CITY OR TOWN NORTHBROOK	HOSPITAL OR OTHER INSTITUTION NAME 1070 SANDERS RD		
PLACE OF DEATH DECEDENT'S HOME			
BIRTHPLACE BROOKLYN, NY	SOCIAL SECURITY NUMBER 332-76-3037	STATUS AT TIME OF DEATH NEVER MARRIED/NEVER IN CIVIL UNION	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME EVER IN U.S. ARMED FORCES? NO
RESIDENCE 1070 SANDERS RD	A/P.T. NO.	CITY OR TOWN NORTHBROOK	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60062	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION DALISAY G MANUEL
INFORMANT'S NAME DALISAY VILLALON		RELATIONSHIP MOTHER	MAILING ADDRESS 1070 SANDERS RD, NORTHBROOK, IL, 60062
METHOD OF DISPOSITION ENTOMBMENT	PLACE OF DISPOSITION MEMORIAL PARK CEMETERY	LOCATION - CITY OR TOWN AND STATE SKOKIE, IL	DATE OF DISPOSITION MARCH 05, 2018
FUNERAL HOME SKAJA TERRACE FUNERAL HOME, 7812 N. MILWAUKEE AVENUE, NILES, IL, 60714			
FUNERAL DIRECTOR'S NAME JOHN ROBERT SKAJA		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014764	
LOCAL REGISTRAR'S NAME DAVID ORR		DATE FILED WITH LOCAL REGISTRAR MARCH 21, 2018	
CAUSE OF DEATH - PART I: HYPERTENSIVE CARDIOVASCULAR DISEASE			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death)			
a. _____ Due to (or as a consequence of)			
b. _____ Due to (or as a consequence of)			
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 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?	DATE LAST SEEN ALIVE:	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED FEBRUARY 26, 2018
			TIME OF DEATH 06:12 PM
CERTIFIER MEDICAL EXAMINER/CORONER			DATE CERTIFIED MARCH 19, 2018
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH: PONNI ARUNKUMAR MD, 2121 W HARRISON ST, CHICAGO, IL, 60612			PHYSICIAN'S LICENSE NUMBER

0265632



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



THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM