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2133716008

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KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 12/03/2021 04:09 PM PG: 1 OF 3

PREPARED BY AND RETURN
TO:
Law Office of Julissa Ruiz
2847 Chicago Road
South Chicago Heights, IL 60411
Ph: 708-647-1260

SURVIVING TENANT AFFIDAVIT

I, SAN JUAN ARANDA, the surviving tenant of the tenancy created by the deed with the document number: 22060639 do hereby declare under oath that the tenant JUANITA ARANDA died on 07/11/1993 as evidenced by the attached certified copy of her/his death certificate (see attached).

I also declare that the aforementioned tenant was an owner of property with the following details:

LEGAL DESCRIPTION

LOTS 3, 4, 5, AND 6 IN BLOCK 2 IN SJOHOLM'S ADDITION TO CHICAGO HEIGHTS, BEING THE SOUTH 7 ACRES OF LOT 8 OF THE CIRCUIT COURT PARTITION OF THE NORTH EAST 1/4 OF SECTION 32 AND THE WEST 1/2 OF THE NORTH WEST 1/4 OF SECTION 33, TOWNSHIP 35 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, (EXCEPT RAILROAD) IN COOK COUNTY, ILLINOIS.

PROPERTY IDENTIFICATION NUMBER(S) (PIN):

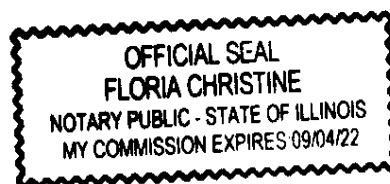
32-32-215-032-0000
32-32-215-033-0000
32-32-215-034-0000

COMMONLY KNOWN ADDRESSES:

(1) 3228 Jackson Ave. (2) 3222 Jackson Ave. (3) 3226 Jackson Ave.
South Chicago Heights IL 60411 South Chicago Heights, IL 60411 South Chicago Heights IL 60411

SAN JUAN ARANDA

STATE OF ILLINOIS)
COUNTY OF Cook)



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I, the undersigned, a notary public in and for said County, in the State aforesaid, DO HEREBY certify that SAN JUAN ARANDA personally known to me to be the same person whose name are subscribed on the foregoing Surviving Tenant Affidavit, appeared before me this day in person and acknowledged that they signed, sealed and delivered the said instrument as their free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and notarial seal this 22 day of Oct, 2021

Joan Chudine
Notary Public

Property of Cook County Clerk's Office

STATE OF TEXAS

UNOFFICIAL COPY

CERTIFICATE OF DEATH

STATE FILE NUMBER

Texas Department of Health — Bureau of Vital Statistics

1. NAME OF DECEASED (a) FIRST JUANITA		(b) MIDDLE ARANDA		(c) LAST RIVERA		(d) MAIDEN	2. SEX FEMALE	3. DATE OF DEATH 07/11/1993	
4. DATE OF BIRTH 05/17/1929		5. AGE (IN YEARS) 64	IF UNDER 1 YR. MO DAYS	IF UNDER 1 DAY HOURS MIN	6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY) BRYAN, TEXAS		7. SOCIAL SECURITY NO. 460-52-4833		
8. RACE WHITE		9a. WAS THE DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		9b. IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.) MEXICAN		10. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM. OR SECONDARY (0-12) COLLEGE (13-16, 17+) 6	
12. MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) JUAN ARANDA		14a. DECEDENT'S USUAL OCCUPATION HOMEMAKER		14b. KIND OF BUSINESS OR INDUSTRY HOME			
15a. RESIDENCE STREET ADDRESS P.O. BOX 1618, 1502 SUGAR CANE APT. #5						15b. CITY OR TOWN WESLACO			
15c. COUNTY HIDALGO		15d. STATE TEXAS		15e. ZIP CODE 78596		15f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
16. FATHER'S NAME JOSE RIVERA				17. MOTHER'S MAIDEN NAME ANATACIA PEREZ					
18. PLACE OF DEATH (CHECK ONLY ONE)									
HOSPITAL: <input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> ER/OUTPATIENT <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY)									
19. COUNTY OF DEATH HIDALGO		20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) WESLACO			21. NAME OF HOSPITAL OR INSTITUTION KNAPP MEDICAL CENTER				
22. INFORMANT — SIGNATURE & RELATIONSHIP JUAN ARANDA HUSBAND				23. MAILING ADDRESS OF INFORMANT Weslaco Tx. 78591 P.O. 1					
24. METHOD OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY)		25. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE) MONT META MEMORIAL PARK			26. LOCATION (CITY, STATE) SAN BENITO, TEXAS		27. DATE OF DISPOSITION 07/14/1993		29. NAME & ADDRESS OF FUNERAL HOME THOMAE-GARZA FUENRAL DIR. 395 SO. SAM HOUSTON SAN BENITO, TEXAS 78586
30. CERTIFIER									
<input checked="" type="checkbox"/> CERTIFYING PHYSICIAN TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED.									
<input type="checkbox"/> MEDICAL EXAMINER } ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE									
<input type="checkbox"/> JUSTICE OF THE PEACE } CAUSE(S) AND MANNER AS STATED.									
31. SIGNATURE & TITLE OF CERTIFIER <i>[Signature]</i>				32. DATE SIGNED MO 8 DAY 17 YEAR 93		33. TIME OF DEATH 10:45 P. M.			
34. PRINTED NAME & ADDRESS OF CERTIFIER Leticia Volpe M.D.									
35. PART 1 ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.								Approximate Interval Between Onset and Death	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. Hepato renal syndrome					Days		
		b. 1.2.11.12.17					yrs		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST		c. 8/10/14							
		d. 11/13/93							
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (i.e., substance abuse, diabetes, smoking, etc.) Abroad uterus / Esophageal varices						36a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		36b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO	
37. DID TOBACCO USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN		38. DID ALCOHOL USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		39. WAS DECEDENT PREGNANT AT TIME OF DEATH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK WITHIN LAST 12 MO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
40. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		41a. DATE OF INJURY	41b. TIME OF INJURY M.	41c. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO	41d. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)				
41e. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)									
41f. DESCRIBE HOW INJURY OCCURRED									
42a. REGISTRAR FILE NO. 05-0242-93		42b. DATE RECEIVED BY LOCAL REGISTRAR 8-24-93		42c. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>					

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195, 1989)

VS-112 REV. 1/93 BS