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JOINT TENANCY AFFIDAVIT

Doc#. 2134420315 Fee: \$98.00
Karen A. Yarbrough
Cook County Clerk
Date: 12/10/2021 10:07 AM Pg: 1 of 2

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

MARIA L. ALVAREZ aka MARIA LUISA
GUZMAN, hereinafter referred to as the
affiant deposes and states:

That the affiant resides at 3039 W. 41st Place
in the City of Chicago, State of Illinois.

That the decedent, **EFREN ALVAREZ**, at time of his death was one of the owners of the property in
Cook County, Illinois, legally described as follows:

LOT 15 IN BLOCK 8 IN SCOVILLE, WALKER AND MCELWEE'S SUBDIVISION IN THE WEST
½ OF THE NORTHWEST ¼ OF SECTION 1, TOWNSHIP 38 NORTH, RANGE 13 EAST OF THE
THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN# **19-01-117-014-0000**
Property address: **3039 W. 41st Place, Chicago, IL 60632**

That said decedent, **EFREN ALVAREZ**, died on **SEPTEMBER 23, 2008**, leaving no last will
and testament.

That the total value of the estate of said decedent including her taxable interest in the above real
estate does not exceed \$100,000.00

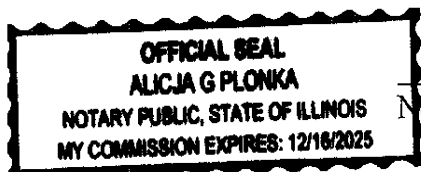
That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's
estate, has been paid in full.

That affiant was co-owner of the above-described property and surviving joint tenant to said
property.

FIDELITY NATIONAL TITLE
OC21044210

Maria L. Alvarez *Maria Luisa Guzman*
MARIA L. ALVAREZ aka MARIA LUISA GUZMAN

SUBSCRIBED AND SWORN TO before me this 21st day of October,
2021 a Notary Public in and for said State of Illinois, County of Cook.



[Signature]

Notary Public

Mail to: Alicja G. Plonka, Attorney at Law, 4111 W. 47th Street, Chicago, IL 60632

This instrument prepared by: Alicja G. Plonka, Attorney at Law, 4111 W. 47th Street, Chicago, IL 60632

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CERTIFICATION OF DEATH RECORD

EXHIBIT

COOK COUNTY CLERK VITAL RECORDS
CHICAGO, ILLINOIS
MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER 2008-0073814

DATE ISSUED 7/29/2020

DECEDENT'S LEGAL NAME ETREN ALVAREZ		SEX MALE	DATE OF DEATH SEPTEMBER 23, 2008	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 68 YEARS	DATE OF BIRTH JUNE 18, 1940		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME 3039 W 41ST PLACE		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE MEXICO	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME MARIA GUZMAN	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 3039 W 41ST PLACE	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	ZIP CODE 60632	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JUSTO ALVAREZ	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MICAELA CAHUE	
INFORMANT'S NAME ROCIO ALVAREZ	RELATIONSHIP DAUGHTER	MAILING ADDRESS 3039 W 41ST PLACE, CHICAGO, IL, 60632		
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION MUNICIPAL CEMETERY	LOCATION: CITY OR TOWN AND STATE HUANDACAREO, MEXICO	DATE OF DISPOSITION SEPTEMBER 29, 2008	
FUNERAL HOME RIDGE FUNERAL HOME, 6620 W ARCHER AVENUE, CHICAGO, IL, 60638				
FUNERAL DIRECTOR'S NAME MONICA C RODRIGUEZ			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014535	
LOCAL REGISTRAR'S NAME TERRY MASON MD			DATE FILED WITH LOCAL REGISTRAR SEPTEMBER 25, 2008	
CAUSE OF DEATH PART I: ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		APPROXIMATE INTERVAL BETWEEN ONSET AND 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? 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?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED SEPTEMBER 23, 2008	TIME OF DEATH 07:30 PM
CERTIFIER MEDICAL EXAMINER/CORONER			DATE CERTIFIED SEPTEMBER 24, 2008	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH NANCY L JONES MD, 2121 W HARRISON ST, CHICAGO, IL 60612			PHYSICIAN'S LICENSE NUMBER	

1455572



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

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM

THE WORD VOID APPEARS WHEN PHOTOCOPIED