

Doc# 2200757028 Fee \$88.00

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

KAREN A. YARBROUGH COOK COUNTY CLERK

DATE: 01/07/2022 02:25 PM PG: 1 OF 3

DECEASED TENANCY BY THE ENTIRETY AFFIDAVIT

STATE OF Illinois

ŚSS.

COUNTY OF Cook

That Carmen Butron duly sworn states that she resides at 6153 S. Trip Ave Chicago, Illinois 60652

That Angel Butron was one of the owners of the land at 501 Briarwood Lane, Elk Grove Village, Wirois 60007 legally described as follows:

LOT TWO HUNDRED NINETY (290) IN ELK GRC VE VILLAGE SECTION ONE NORTH, BEING A SUBDIVISION IN THE SOUTHEAST QUARTER OF SECTION TWENTY-ONE(21), TOWNSHIP FORTY-ONF (41) NORTH, RANGE ELEVEN (11), EAST OF THE THIRD PRINCIPAL MERIDIAN. ACCORDING TO THE PLAT RECORDED JANUARY 21, 1957 AS DOCUMENT NO. 16806228 AND FILED IN THE OFFICE OF THE REGISTRAR OF TITLES OF COOK COUNTY, ILLINOIS ON JANUARY 21, 1957 AS DOCUMENT LR1718327.

P.I.N: 08-21-414-001-0000

That the deceased died May 23, 2020 evidenced by a copy of a death certificate of the deceased attached hereto. That the deceased died without leaving a Last Will & Testament. That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of Three Hundred Thousand dollars and 00/100 (\$300,000.00).

UNOFFICIAL COPY

Affiant makes this affidavit for that purpose of inducing a licensed Title Insurance Company to issue an owner's policy for the above-referenced property.

IN WITNESS WHEREOF, this document was executed on January $\frac{1}{2}$, 202.

Carmen Butron

State of Illinois County of Cook ss.

The undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that Carmen But on personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that she signed, sealed and delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth.

SUBSCRIBED and SWORN to before me this

 4^{4} day of January 29

Notary Public

"OFFICIAL SEAL"
LUIS C. MARTINEZ
NOTARY PUPLIC, STATE OF ILLINOIS
MY COMMICSION EXPIRES 5/10/2023

This Document prepared by: Luis C. Martinez

Law Offices of Luis C. Martinez

4111 West 63rd Street Chicago, Il. 60629

Return Document to:

Luis C. Martinez

Law Offices of Luis C. Martinez

4111 West 63rd Street Chicago, II. 60629

CERTIFICATION OF DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER 2020 0050694	MEDICAL EXAMINER'S CASE NUMB	BER ME2020-06303	DATE ISSUED 1/6/2022
DECEDENT'S LEGAL NAME ANGEL C BUTRON		AN THE DESCRIPTION AND AND AND AND AND AND AND AND AND AN	7 23, 2020
COUNTY OF DEATH: COOK	AGE AT LAST BIRTHDAY 75 YEARS	DATE OF BIRTH AUGUST 03: 1944	
CITY OR TOWN LAGRANGE	一点的"多"。"我们是一次是对你,我就是一个时间,一个你们的一个时间,一个时间,一个小人。"	HER INSTITUTION NAME LAGRANGE MEMORIAL HOSPITAL	
PLACE OF DEATH INPATIENT			
【铁铁色运动】 的现在分词复数 一切的 二种原则 医抗	ECURITY NUMBER STATUS AT TIME OF DEATH -50-9539 MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNERS MAIDE CARMEN MORALES	N NAME
RESIDENCE 6153 S TRIPP AVE	i elitadatakan latata latika belada ketis 1981. Interac	TY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
COOK STATE ZIP C	TREAT DESIGN NORTH SECTION AND SECTION AND A CONT.	GEICIVIL UNION MOTHERICO PARENT'S NAME PE RUFINA CASAS	IOR TO FIRST MARRIAGE/CIVIL UNION
INFORMANT'S NAME CARMEN BUTRON	RELATIONSHIP WIFE	MAILING ADDRESS 6153 S TRIPP AVE, CHICAGO IL	, 60629
METHOD OF DISPOSITION CREMATION	VCODLAWN CREMATORY	[4] Selected Material Service Control of the Con	DATE OF DISPOSITION JUNE 02, 2020
FUNERAL HOME RIDGE FUNERAL HOME, 6620 W	ARCHEF A', F ; CHICAGO, IL, 60638		
FUNERAL DIRECTOR'S NAME JOHN WISAACSON		FUNERAL DIRECTOR'S ILLI 034015103	NOIS LICENSE NUMBER
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH		DATE FILED WITH LOCAL F MAY 30, 2020	EGISTRAR
CAUSE OF DEATH PART I ACUTE IMMEDIATE CAUSE	HYPOXEMIC RESPIRATORY F LURE	TE VEEN	į
(Final disease or condition resulting in death): b. PNEUM	ONIA Due to (or as a innsequence of)	APPROXIMA	SET AND DE
c NOVEL	Due to for as a consequence of CORONA (COVID-19) VIRAL INFECTION.	TIVI	XO
	Due to (or as a consequence of) tributing to death but not resulting in the underlying cause		SY PERFORMED? NO
HYPERTENSION; CORONARY ARTER	(Y DISEASE		Y FINDINGS USED TO USE OF DEATH? N/A
FEMALE PREGNANCY STATUS NOT APPLICABLE		NNER OF DE	
DATE OF INJURY	TIME OF INJURY PLACE OF INJURY		INJURY AT WORK?
LOCATION OF INJURY			
DESCRIBE HOW INJURY OCCURRED:			NSPURT/TION INJURY, SPECIFY
ATTEND THE DECEASED? DATE LAST	SEEN ALIVE. WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED MAY 23, 2020	TIME OF DEATH 09:30 AM
CERTIFIER MEDICAL EXAMINER/CORONER			CERTIFIED Y 29, 2020
NAME, ADDRESS AND ZIP CODE OF PERSON PONNI ARUNKUMAR MD, 2121 V	COMPLETING CAUSE OF DEATH V HARRISON ST. CHICAGO, IL, 60612	PH	YSICIAN'S LICENSE NUMBER



DECEDENT ALIAS

শর্মার የጀመር የተመሰው ነው። The official death record filed with the Illinois Department of Public Health:



