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Doc#. 2204121373 Fee: \$98.00

Karen A. Yarbrough

Cook County Clerk

Date: 02/10/2022 11:07 AM Pg: 1 of 4

Prepared by:

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Return to:

HBI Title Services, Inc.
7 Easton Oval, Dept. EA5E301
Columbus, OH 43219

DECEASED JOINT TENANT AFFIDAVIT OF DEATH

State of Illinois)

Order No. R21-164402-A

County of Cook) ss.

Affiant **OFELIA CORREA**, being duly sworn, states that she resides at 4937 South Hermitage Avenue, Chicago, IL 60609, and she was acquainted with **ANTONIO CORREA**, Deceased, who at the time of his death was one of the owners of the land described and referred to herein, located in Cook County, Illinois, and described as:

See Exhibit A attached hereto and made a part hereof

That the deceased died December 12, 2020, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died:



Leaving no Last Will & Testament.



Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven Will should be filed with the Clerk of the Probate Division of the Circuit Court of Cook County, Illinois



Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois about _____

Affiant makes this affidavit for that purpose of inducing the **HBI Title Services, Inc.**, to issue its Title Insurance Policy, describing the above-mentioned property.

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Subscribed and sworn to before me by the said OFELIA CORREA.

By: *Ofelia Correa*
OFELIA CORREA

This 20 day of September, A.D. 2021

Marie Sweatt
Notary Public



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EXHIBIT A

Lot Thirty Five (Except the South 2.93 feet thereof) (35) The South 19.45 feet of Lot Thirty Six (36) in Block Forty Six (46) in the Chicago University Subdivision of the South Half (1/2) of the Northeast Quarter (1/4) of the West Three Quarters (3/4) of the South Half (1/2) of the North Half (1/2) of The Northeast Quarter (1/4) The Northwest Quarter (1/4) of the Northwest Quarter (1/4) of the Northeast Quarter (1/4) and The Southeast Quarter (1/4) of the Northwest Quarter (1/4) of Section 7, Township 38 North, Range 14, east of the Third Principal Meridian.

Tax ID # 20-07-221-036-0000

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

Exhibit

STATE FILE NUMBER 2020 0118879

DATE ISSUED 12/16/2020

DECEDENT'S LEGAL NAME ANTONIO CORREA		SEX MALE	DATE OF DEATH DECEMBER 12, 2020	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 77 YEARS	DATE OF BIRTH MAY 02, 1943		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME 4937 SOUTH HERMITAGE AVENUE		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE CAROLINA, PR	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME OFELIA PADRON	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 4937 SOUTH HERMITAGE AVENUE		APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60609	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION DANIEL CORREA	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION DELFINA MOJICA
INFORMANT'S NAME OFELIA CORREA		RELATIONSHIP SPOUSE	MAILING ADDRESS 4937 SOUTH HERMITAGE AVENUE, CHICAGO, IL, 60609	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION WOODLAWN CREMATORY	LOCATION - CITY OR TOWN AND STATE FOREST PARK, IL	DATE OF DISPOSITION DECEMBER 17, 2020
FUNERAL HOME BLAKE LAMB FUNERAL HOME, 4727 WEST 103 RD STREET, OAK LAWN, IL, 60453				
FUNERAL DIRECTOR'S NAME NICHOLAS R. TOMA			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016724	
LOCAL REGISTRAR'S NAME KAREN A. YARBROUGH			DATE FILED WITH LOCAL REGISTRAR DECEMBER 16, 2020	
CAUSE OF DEATH - PART I		PROSTATE CANCER	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	YEARS
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? 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? YES	DATE LAST SEEN ALIVE NOVEMBER 20, 2020	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 10:41 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED DECEMBER 14, 2020	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH: ELIZABETH DAVIS, 1700 W VAN BUREN ST 5TH FLOOR, CHICAGO, ILLINOIS, 60612			PHYSICIAN'S LICENSE NUMBER 036141156	

1541523



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
 Karen A. Yarbrough
 Cook County Clerk

