UNG	JEFICIAL COPY
DECEASED JOINT TENANCY AFFIDAVIT	
State of Illinois)	*2223013034* Doc# 2223013034 Fee \$88 00
County of Cook)	RHSP FEE:\$9.00 RPRF FEE: \$1.00
The undersigned being duly sworn states: That she FLORENCIA	KAREN A. YARBROUGH COOK COUNTY CLERK
CAVAZOS resides at 2820 W. 99th St., Evergreen Park, Illinois.	DATE: 08/18/2022 11:13 AM PG: 1 OF 3
That she is acquainted with ELEUTERIO CAVAZOS ,	· ·
deceased, who at the time of his death was one of the owners of the	
land in Cook County, Illu ois described as:	
KING ESTATES SUBDIVISION	GACH BEVERLY HILLS SUBDIVISION OF LOTS 24 AND 25 IN LOTS 2
PERMANENT INDEX NUMBER: 2	24-12-125-032 0000 and 24-12-125-031-0000
PROPERTY ADDRESS: 2820 W. 9	9 th St., Evergreen Park, Illinois <i>, 60805</i>
That the deceased died on October deceased hereto: (attached a	19, 2017 as evidenced by a certified copy of the death certificate of the SEXHIBIT "A")
That the deceased died:	ament
with the Clerk of the Probate I o Leaving a Last Will and Testa	ament a copy of which is attached. The original of the unproven will, is filed Division of the Circuit Court of, Illinois ment which is filed in the Unproven Will Box of the probate Division of unty Illinois on or about
	e deceased, including both real and personal property owned by the t tenancy at the time of the death of the deceased, does not exceed the sum lollars.

2223013034 Page: 2 of 3

UNOFFICIAL COPY The undersigned Affiant sayeth naught

FLORENCIA CAVAZOS

SUBSCRIBED AND SWORN to

before me this <u>25th</u> day

of July , 2022

Property of Cook County Clerk's Office NOTARY PUBLIC

KATRINA A COX OFFICIAL SEAL Notary Public - State of Illinois My Commission Expires November 17, 2025

MEDICAL CERTIFICATE OF DEATH. COOK COUNTY CLERK VITAL RECORDS

STATE FILE NUMBER 2017 0083544



10/20/2017

DECEDENT'S LEGAL NAME	TO THE TO SECTION SECT	5.50		
	"。 "我们" 计安全部等数据 多田 安阳 "别这样的基础。"	F SEX	DATEOF	DEATH SE
ELEUTERIO CAVAZOS	· · · · · · · · · · · · · · · · · · ·			
CECO ENIO ONVAZOS		MALE	0000	VOCTO AN ANAT
The second secon	· [1] 黄芩、 : (1) (STATE OF THE STATE	to the UUTC	DBER 19, 2017
COMPANIES THE STATE OF THE STAT	and the second of the second o		and the first of the second of	
COUNTY/OF DEATH	L AGE AT LAST BIRTHDAY	DATE OF BISTURE	400	11.00

71 YEARS MAY 26, 1945

CITY OR TOWN HOSPITAL OR OTHER INSTITUTION NAME

OAK LAWN ADVOCATE CHRIST MEDICAL CENTER

PLACE OF DEATH INPATIENT

BIRTHPLACE SOCIAL SECURITY NUMBER STATUS AT TIME OF DEATH SURVIVING SPOUSEICHTE UROON PARTNERS MAIDEN WAVE EVER IN U.S. ARMED MEXICO MARRIED FLORENCIA ZAMORA FORCES? NO

RESIDENCE-CITY OR TOWN INSIDE CITY LIMITS? 2820 WEST 99TH S' REET EVERGREEN PARK YES.

ZIP CODE FATHERICO PARENTS NAME PRIOR TO FIRST MARRIAGEICIVIL UNION MOTHERICO PARENTS NAME PRIOR TO F COOK 60805 ATANACIO CAVAZOS LORENZA QUINTANILLA INFORMANTS NAME

RELATIONSHIP MAILING ADDRESS FLORENCIA CAVAZOS 2820 WEST 99TH STREET, EVERGREEN PARK IL 60805 WIFE

METHOD OF DISPOSITION. LUCE OF DISPOSITION LOCATION - CITY OR TOWN AND STATE DATE OF DISPOSITION CREMATION HE GHTS CREMATORY CHICAGO HEIGHTS, IL OCTOBER 23, 2017

FUNERAL HOME. KOSARY FUNERAL HOME, 9837 SOUTH NED IF AVENUE, EVERGREEN PARK, IL, 50805

FUNERAL DIRECTOR'S NAME FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER LINDA K KOSARY 034014410 LOCAL REGISTRAR'S NAME

DATE FILED WITH LOCAL REGISTRAR DAVID ORR OCTOBER 20, 2017

CAUSE OF DEATH RESPIRATORY FAILURE PART I IMMEDIATE CAUSE tina m aes DIABETES

CONGESTIVE HEART FAILURE

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART. WAS AN AUTOPSY PERFORMED? NO CORONARY ARTERY DISEASE

WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATHY N/A FEMALE PREGNANCY STATUS N & NER OF DEATH NOT APPLICABLE

: ATUPAL DATE OF INJURY TIME OF INJURY PLACE OF INJURY INJURY AT WORK?

LOCATION OF INJURY

DESCRIBE HOW INJURY OCCURRED IF TRANSPORTA (ON INJURY SPECIE)

DATE LAST SEEN ALIVE WAS MEDICAL EXAMINER OR DATE PRONOUNCED TIME OF DEATH

YES OCTOBER 19, 2017 GORONER CONTACTED?

09.20 PM CERTIFIER PHYSICIAN

OCTOBER 20, 2017 NAME ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PHYSICIAN'S LICENSE NUMBER

DRAGISIC, PETER MD, 4201 WEST 95TH STREET, OAK LAWN, HUNDIS, 60453 036-092116

D00131199

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

> rid E)r David Orr



Cook County Clerk