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Doc# 2223517000 Fee \$88.00

AFTER RECORDING, MAIL TO:
SATURN TITLE, LLC
1030 W. HIGGINS RD.
SUITE 365
PARK RIDGE, IL 60068

1 of 1 2233378

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 08/23/2022 09:12 AM PG: 1 OF 4

Deceased Joint Tenancy Affidavit to Record

THE SOUTH 20 FEET OF LOT 38 AND THE NORTH 10 FEET OF LOT 37 IN JOHN J RUTHERFORD'S THIRD ADDITION TO MONT CLARE IN THE NORTH WEST QUARTER OF SECTION 30, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT RECORDED APRIL 26, 1915 AS DOCUMENT 5620861 IN COOK COUNTY, ILLINOIS.

Address: 2854 N. Nordica Ave., Chicago, IL 60634

PIN #: 13-30-129-035-0000

PIN #:

PIN #:

Township: Jefferson

Property of Cook County Clerk's Office

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Prepared by:
 Anthony V Panzica
 2510 W Irving Park Rd Ste B
 Chicago IL 60618

Mail to:
 Anthony V Panzica
 2510 W Irving Park Rd Ste B
 Chicago IL 60618

STATE OF ILLINOIS }
 }SS
 COUNTY OF COOK }

DECEASED JOINT TENANCY AFFIDAVIT

PAULITA RIVERA hereinafter referred to as the affiant, states under oath that she resides at 2854 N. NORDICK CHgo. IL., that they was acquainted with **GENARO RIVERA** the decedents; that at the time of their death, the decedent was one of the owners of property; by virtue of a properly recorded joint tenancy warranty deed, said property, located in Cook County, Illinois, and legal described as follows:

SEE ATTACHED SHEET

That the decedent has no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

GENARO RIVERA died on 8-8-1995 leaving no last will and 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 10.00 dollars.

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 the affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representative or assignees, to forever fully indemnify, protect, defend and hold Anthony V Panzica harmless and to reimburse the said parties for all loss, costs, damages suite, attorney fees and expenses of every kind and nature which the said parties may suffer, expand or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of GENARO RIVERA the decedents;
2. Illinois State Inheritance Tax and Federal Estate Tax, which any is

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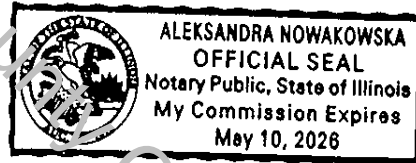
- Charged against the estate of said decedent.
- 3. Legacies, if any, created by the will of said decedent;
- 4. Rights to contribution.

Paulita Rivera by Carmen Cuomo [SEAL]
 PAULITA RIVERA her attorney in fact

Subscribed and Sworn to before me this

18 Day of August, 2022

[Signature]
 Notary Public



Property of Cook County Clerk's Office

DECEASED-NAME **GENARO RIVERA** FIRST MIDDLE LAST
 SEX **MALE**
 DATE OF DEATH (MONTH, DAY, YEAR) **AUGUST 8, 1995**

COUNTY OF DEATH **COOK**
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **CHICAGO**
 AGE-LAST BIRTHDAY (YRS) **59**
 HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **OUR LADY OF RESURRECTION**
 DATE OF BIRTH (MONTH, DAY, YEAR) **DECEMBER 20, 1928**
 IF HOSP. OR INST. INDICATE D.O.A. OR OTHER APPROPRIATE (SPECIFY) **D.O.A.**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **PUERTO RICO**
 MARRIED (NEVER MARRIED, WIDOWED, DIVORCED, (SPECIFY)) **MARRIED**
 NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) **PAULITA RIVERA**
 SOCIAL SECURITY NUMBER **118-22854 N. NORDICA**
 USUAL OCCUPATION **FACTORY WORKER**
 NAME OF BUSINESS OR INDUSTRY **STEWART WARNER**
 EDUCATION (SPECIFY HIGHEST GRADE COMPLETED) **8**
 INSIDE CITY (YES/NO) **YES**
 COUNTY **COOK**

FATHER-NAME **ISABEL RIVERA** FIRST MIDDLE LAST
 MOTHER-NAME **CRUSTIA** FIRST MIDDLE LAST
 INFORMANT NAME (TYPE OR PRINT) **PAULITA RIVERA** RELATIONSHIP **WIFE**
 MAILING ADDRESS (STREET AND NO. OR R.F.D. NO., CITY, TOWN, STATE, ZIP) **2854 N. NORDICA AVE., CHICAGO, IL 60634**

18. PART I. Enter the diseases, 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.
MYOCARDIAL INFARCTION
HOURS

19. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
Diabetes mellitus, Hypertension, Hypertrophic cardiomyopathy

20. MAJOR FINDINGS OF OPERATION
 20a. YES NO

21. (IF DID NOT ATTEND THE DECEASED) (MONTH, DAY, YEAR)
JULY 22, 1995
 21a. WAS CORONER OR MEDICAL EXAMINER (NOTIFIED) (YES/NO) **NO**
 21b. HOUR OF DEATH **4:55 P. M.**

22. SIGNATURE (TYPE OR PRINT)
GENARO RIVERA
 22a. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)
GENARO RIVERA, 2854 N. NORDICA AVE., CHICAGO, IL 60634
 22b. ILLINOIS LICENSE NUMBER **036-078634**

23. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)
 23a. DATE SIGNED (MONTH, DAY, YEAR)
 23b. HOUR OF DEATH

24. BURIAL, CREMATION, REMOVAL (SPECIFY)
BURIAL
 CEMETERY OR CREMATORY-NAME **ST. JOSEPH**
 LOCATION **RIVER GROVE, ILLINOIS**
 CITY OR TOWN **CHICAGO, ILLINOIS**
 STATE **ILLINOIS**
 DATE (MONTH, DAY, YEAR) **AUGUST 11, 1995**

25. FUNERAL HOME
THE MONTELAIR-LUCANIA FUNERAL HOME, 6901 W. BELMONT AVE., CHICAGO, IL 60634
 STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
 FUNERAL DIRECTOR'S SIGNATURE **JOSEPH A. LUCANIA**
 LICENSE NUMBER **034-010685**

26. LOCAL REGISTRAR'S SIGNATURE
Sheila Lyne RSW
 DATE FILED BY **AUG 10 1995**
 LOCAL REGISTRAR'S SIGNATURE (TYPE OR PRINT)
 DATE FILED BY (MONTH, DAY, YEAR)

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO
AUG 10 1995

SHEILA LYNE, RSW, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS FOR THE CITY OF CHICAGO AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO. THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

