UNOFFICIAL COPY



DECEASED JOINT TENANCY AFFIDAVIT OR TENANTS BY THE ENTIRETY AFFIDAVIT

| State of | f Illinois |)) SS | | | | | |
|-------------------|---|-------------------------------|-------------------------------------|--|-------------------------------------|---|---------------------|
| County | of DUPAGE. |) | 94 | | | | |
| | | | | | | | |
| states t | The undersigned, hat he or she resid | CIRILO VI les at 4928 | LCHIS, being t W. 29TH PLA | irstduly sworn CE, CICERO, C | and under pen County of COOI | alty of perjury on oa K, State of ILLINOIS | ath S. |
| was on | or she was acqua e of the owners of O, IL 60804. Real | the land de | scribed in THE | DEED for prop | I who, at the tip porty known as | me of his or her dea 4928 W. 29TH PLA | ath, ACE, |
| That the of the d | e deceased died o leceased attached | n OCTOBE hereto. | R 23, 2022 as | evidenced by | a certified cco | of the death certifi | cate |
| А сору | of the legal descrip | otion to the | property is atta | iched hereto as | s Exhibit A. | | |
| That the | e deceased died: | | | | | CO | |
| Χ | Leaving no Last V | Vill and Tes | tament. | | | | |
| | Leaving a Last W unproven will is to County, Illinois. | ill and Testa be filed wi | ament, a copy of th the Clerk of | of which is attac the Probate Div | ched hereto. T vision of the Cir | he original of the cuit Court of | - |
| | Leaving a Last W Division of the Cir | ill and Testa cuit Court o | ament, which w | as filed in the l unty, Illinois on | Jnproven Will E | Box of the Probate | |
| | Leaving a Last W Court of | ill and Testa County, Illi | ament which w nois, on | as probated in | the Probate Div | vision of the Circuit ase # | |
| | | • | | | | | |

2231815030 Page: 2 of 4

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That from the Estate of the Deceased:

All State Inheritance and/or Federal Estate Taxes which were due have been paid and evidence thereof is attached hereto.

No State Inheritance and/or Federal Estate Taxes were due.

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 or as Tenants By The Entirety at the time of the death of the deceased, does not exceed the sum of \$__100,000 _____ dollars.

Further Affiant Sayeth not

Date:

CIRILO VII CHIS

Affiant's Signature

Subscribed and Sworn defore me this

Jovember 11,

day of

BY CIRILO

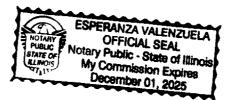
VILCHIS

ESPERANZA VALYNZUELA

My Commission Expires:

12.01.2025

Notary Public



This document was prepared by: Law Office Of Esperanza Rivera-Valenzuela, LLC 6418 W. Ogden Ave Berwyn, IL 60402

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LEGAL DESCRIPTION

LOT 16 IN BERSBACH'S SUBDIVISION OF LOTS 1, 2, 3, 10, 11 AND 12 IN BLOCK 15 IN HAWTHORNE, A SUBDIVISION OF THE SOUTHEAST QUARTER OF SECTION 28, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.



2231815030 Page: 4 of

COOK COUNTY CLEBR VITAL BECORDS

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

| ***** | | | MEDIC | AL CERTIFIC | ATE UP DEATH | | | |
|--|--|---|--|-----------------------------|-------------------------------|--|---|-------------|
| | DECEDENT'S LEGAL NAME | 94580 | | | | SEX DAT | DATE ISSUED E OF DEATH | 11/7/2022 |
| 2011 | THELMA VILCHIS | | | | | | CTOBER 23, 2022 | |
| 111111 | COOK | | AGE AT LAST BIRT | HDÂY | DATE OF BI | ятн 1, 1953 | | |
| | CITY OR TOWN | | | HOSPITAL OF | ROTHER INSTITUTION 29 PL | NAME | | |
| ****** | PLACE OF DEATH DECEDENT'S HOME | | 建设制 | · 展 | | | | |
| 111111 | BIRTHPLACE DANVILLE IL | soci* | YNUMBER STATUS | AT TIME OF DEATH | SURVIVING SPOUS CIRILO VIL | E/CIVIL UNION PARTNER'S MA | FORCES? N | |
| 1242144 | RESIDENCE 4928 W 29 PL | | | APT:NO | CITY OR TOWN | | INSIDE CITY LIMI | |
| 1212121 | COUNTY STAT | ZIP CODE | FATHER/CO PARENTS | NAME PRIOR TO FIRST M | ARRIAGE/CIVIL UNION | MOTHERICO PARENT'S NAMED'S BESSIE KENNED | E PRIOR TO FIRST MARRIAGE/CIV | /IL UNION |
| 414411 | INFORMANT'S NAME ELIZABETH ESPARZA | | RELATIONSH DAUGH | | MAILING ADDRE 1921 CLAR | SS ENCE AVE, BERWY | N, IL, 60402 | |
| in the state of | METHOD OF DISPOSITION | | CODLAWN CEM | ETERY | LOCATION CITY | OR TOWN AND STATE | DATE OF DISPOSITION OCTOBER 27, 2022 | |
| E SE E E E E E E | FÜNERALHOME OCWIEJA-ROBLES FUN | ERAL HOME, 4 | 1256 S. W.ZART | CHICAGO, IL, 60 | 0632 | | | |
| Treatest | FUNERAL DIRECTOR'S NAME LEONARD P HERNANDE | z | | | | FUNERAL DIRECTOR'S | LLINOIS LICENSE NUMBER | |
| ******* | LOCAL REGISTRAR'S NAME MARIA PUNZO-ARIAS | | | | | DATE FILED WITH LOCA OCTOBER 26, 20 | | |
| ****** | CAUSE OF DEATH PARTI | PRIMARY ADS | ENOCARCINOMA C | FTHE FILIARY TRA | СТ | | Ű † UNKNOWN UN | KNOWN |
| ***** | (Final disease or condition resulting in death) | () <u>() 1년() 1년()</u> - 변화기원 (1년) K 1년(1년() 1 | . 1997 - 1998 1979 - 1998 1988 - 1988 1994 | Oue to (or as a concequant | a(): | XIMA | BETW | |
| .47.5.5.1 | | | | | | APPRO | INTERVAL ONSET AN | |
| 112111 | | c. | 24. 真新 真教 集 <i>2</i> 7 | Due to (or as a consequence | a of): | | 2 6 | |
| 111111 | | | | Due to (or as a consequence | | | | |
| **** | PART II: Enter other significant cor CHRONIC DIASTOLIC HEA | | g to death but not resi | ulting in the underlying o | ause given in PART I | | TOPSY PERFORMED? NO | September 1 |
| riiit. | ESNA E DDEONANCY CTATUS | | | | | COMPLETE | PSY FINDINGS USED TO CAUSE OF DEATH? N/A | |
| ***** | FEMALE PREGNANCY STATUS: NOT PREGNANT WITHI | N LAST YEAR | | | | NAUNER OF | | |
| ent fert | DATE OF INJURY | | TIME OF INJURY | PLACE OF IN | JURY. | | INJURY AT W | ORK? |
| ieen akee | LOCATION OF INJURY | | | | | | | 藩窟 |
| Per se | DESCRIBE HOW INJURY OCCURR | | | | | | RANSPORTATION INJURY, S | SPECIFY |
| ti i i i | The state of the s | DATE LAST SEEN A | LIVE WAS ME | DICAL EXAMINER OR | 1 1 1 1 | RONOUNCED | TIME OF DEAT | HERE IN |
| 1111 | NO | UNKNOWN | 2. 10 (c) 12 (c) 16 (d) | ER CONTACTED? N | | | 05.45 AM | |
| 11111 | CERTIFIER PHYSICIAN | | | | | | TE CERTIFIED OCTOBER 25, 2022 | |



NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH

KIM BATTLEMILLER, 2000 SPRINGER DRIVE, LOMBARD, IL, 60148

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.

Karon A Varbrough

Karen A Yarbrough Cook County Clerk



PHYSICIAN'S LICENSE NUMBER