CHICAGONO EFINGUANCE COMPANY

DECEASED JOINT TENANCY AFFIDAVIT

	TE OF ILLINOIS INTY OF Cook	} } ss.			Order No.: 800238837 I
being	NZO ORTIZ duly sworn states that he City of Chicago	resides at	<u>537 /</u>	V. Dran	ge Ave Apt 2
27	was acquainted with one of the owners of the land in 19 WEST 23RD STREET CHICAGO III N: 16-25-206-009-0000	Cook . 60608		ption	deceased who, at the time of death,County, Illinois, described as:
That the deceased died MARCH 27, 2022 , as evidenced by a certified copy of death certificate of the deceased attached hereto.					
That	the deceased died:			5	
V	Leaving no Last Will & Testan	nent.			O _r
	Leaving a Last Will & Testame filed with the Clerk of the Prob				riginal of the unproven will should beCounty, Illinois.
	Leaving a Last Will & Testame Court of				of the Probate Division of the Circuit
	the total value of the estate of th r individually or in joint tenancy a		ith of the de		
	nt makes this affidavit for the puribing the above mentioned prope	-	nicago Title	Insurance Co	ompany to issue its Title Insurance Policy,
Subscribed and sworn to before me by the said MARIA G. DIAZ NOTARY PUBLIC, STATE OF ILLINOIS My Commission Expires DEC. 08: 2024					OFFICIAL SEAL MARIA G. DIAZ NOTARY PUBLIC, STATE OF ILLINOIS My Commission Expires DEC. 08, 2024
_	Mang G. Sa. 1/th day of NOWN	n chez	2772		
this	day of NOVER	, A.D). <u>AULL</u>		Pot
	Notary Public				(Affiant's Signature)

2233408052 Page: 2 of 3

UNOFFICIAL COPY

Exhibit "A"

LOT 8 IN MCCORMICK ESTATE SUBDIVISION OF BLOCK 5 (EXCEPT THE NORTH 125 FEET OF THE WEST 250 FEET) OF S.J.WALKERS SUBDIVISION OF THE NORTHEAST 1/4 OF SECTION 25, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN NUMBER: 16-25-206-009-0000

Common Address: 2719 W 23RD Street , Chicago Illinois 60623.

Property of Cook County Clerk's Office

CERTIFICATION OF DEATH RECORD

PEDWAY CATA STORE

BERWYN, ILLINOIS

MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER 2022 0032483 MEDICAL EXAMINER'S CASE NUM	BER ME2022-04297 DATE SSUED 4/1/2022
DOLORES E MARTINEZ BARAJAS	SEX DATE OF DEATH FEMALE MARCH 27, 2022
COOK AGE AT LAST BIRTHDAY 73 YEARS	DATE OF BIRTH: MARCH 31, 1948
The way to the contract of the	THER INSTITUTION NAME HOSPICE AT MACNEAL HOSPITAL
HOSPICE FACILITY	
BIRTHPLACE SOCIAL SECURITY NUMBER STATUS AT TIME OF DEATH MARRIED MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME FORCES? NO
2719 WEST-23RD ST/CETF	CHICAGO A A A A A A A A A A A A A A A A A A
COUNTY SINE ZIP CODE FATHER/CO-PARENTS NAME PRIOR TO FIRST MARRI COOK EULALIO MARTINEZ	AGE/CIVIL UNION MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION TO
INFORMANT'S NAME JUAN OROZCO RELATIONSHIP SON	MAILING ADDRESS 22719 WEST 23RD STREET, CHICAGO, IL, 60608
METHOD OF DISPOSITION PLACE OF DISPOSITION NO JUNT AUBURN CEMETERY	LOCATION CITY OR TOWN AND STATE DATE OF DISPOSITION APRIL 01, 2022
FUNERAL HOME RUMODELL FH/CHICAGO, 5725 S. PULAS' L. ROAD, CHICAGO, IL, 60629	的复数形式 超海电影扩散 1
FUNERAL DIRECTOR'S NAME GREGORY F, LASH	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014877
DAVID J'AVILA	DATE FILED WITH LOCAL REGISTRAR APRIL 1, 2022
CAUSE OF DEATH PART : COMPLICATIONS OF NOVEL COR ON . (COVID-19) VIRA IMMEDIATE CAUSE 2	AL INFECTION
(Final disease or condition Due to (or as a .onseq: ince of): resulting in death)	AND DO ON THE BETT AND DO ON THE
Due to (or as a consequence)	
Due to (or as a consequence of): PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause	
HYPERTENSION DIABETES MELLITUS CHRONIC KIDNEY DISEASE	WERE AUTOPSY FINDINGS USED TO
FEMALE PREGNANCY STATUSE TO MAKE THE PROPERTY OF THE PROPERTY	COMPLETE CAUSE OF DEATH? N/A
UNKNOWN A SALES SA	r'ATURAL
DATE OF INJURY PLACE OF INJURY PLACE OF INJURY	
LOCATION OF INJURY	symptom for the property seems of the seems
DESCRIBE HOW INJURY OCCURRED	IF TRAI SPOPTATION INJURY, SPECIFY.
ATTEND THE DECEASED? DATE LAST SEEN ALIVE WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	A MARCH 27, 2022
CERTIFIER MEDICAL EXAMINER/CORONER	ALC LAND A COMPANY MANAGEMENT OF THE ACT AND ACCOUNTS
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH	PHYSICIAN'S LICENSE NUMBER

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.

Courd 9. Unla

David J. Avila

NY ALTERATION OR FRASURE VOIDS THIS CERTIFICATE