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2312222001

Doc# 2312222001 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 05/02/2023 09:17 AM PG: 1 OF 5

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

2 of 3 2231414

Affidavit of Heirship to Record

LOT 22 IN BLOCK 1 IN CASTELLO'S SUBDIVISION OF THE NORTH WEST 1/4 OF THE SOUTH WEST 1/4 OF THE NORTH WEST 1/4 OF SECTION 35, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Address: 3946 W. Dickens Ave., Chicago, IL 60647

PIN #: 13-35-116-013-0000

PIN #:

PIN #:

Township: Jefferson

Property of Cook County Clerk's Office

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AFFIDAVIT OF HEIRSHIP ESTATE OF ELVIRA VEGA

1. THE AFFIANT (S) JOSE M. VEGA, DAVID VEGA, RICARDO VEGA, JAVIER VEGA, AND STEVEN VEGA, ARE THE SOLE HEIRS OF ELVIRA VEGA.

2. THAT THE AFFIANT (S) STATE THAT ELVIRA VEGA, DECEDENT, DIED ON JUNE 07, 2020.

3. AT THE TIME OF DEATH ELVIRA VEGA, DECEDENT, DIED OWNING AN INTEREST IN PROPERTY LEGALLY DESCRIBED AS FOLLOWS AND COMMONLY KNOWN AS:

3946 W. DICKENS AVE
CHICAGO, IL 60647

LEGAL DESCRIPTION:

LOT 22 IN BLOCK 1 IN CASTELLO'S SUBDIVISION OF THE NORTH WEST 1/4 OF THE SOUTH WEST 1/4 OF THE NORTH WEST 1/4 OF SECTION 35, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 13-35-116-013-0000

4. THE DECEDENT WAS MARRIED TO THE FOLLOWING AND NO OTHER: MANUEL VEGA.

5. THAT THE FOLLOWING CHILDREN AND NO OTHERS WERE BORN TO, AND THAT NO CHILDREN WERE ADOPTED BY ELVIRA VEGA:

<u>NAME</u>	<u>LIVING/DECEASED</u>	<u>PARENTS</u>
JOSE M. VEGA	LIVING	MANUEL VEGA & ELVIRA VEGA
DAVID VEGA	LIVING	MANUEL VEGA & ELVIRA VEGA
RICARDO VEGA	LIVING	MANUEL VEGA & ELVIRA VEGA
JAVIER VEGA	LIVING	MANUEL VEGA & ELVIRA VEGA
STEVEN VEGA	LIVING	MANUEL VEGA & ELVIRA VEGA

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6. THAT THE TOTAL VALUE OF THE STATE OF THE DESCENDENT, INCLUDING THE TAXABLE INTEREST IN THE AFORESAID PROPERTY AND ALL JOINT TENANCY INTEREST IS \$ _____

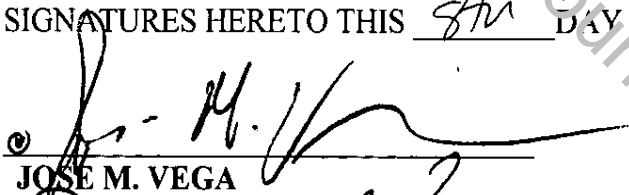
7. THAT THERE IS NOT FEDERAL TAX OR ILLINOIS INHERITANCE TAX OR ILLINOIS PICK UP TAX DUE.

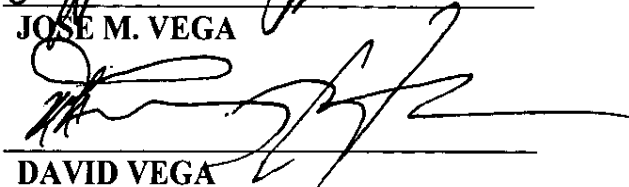
NONE

8. THAT THE AFFIANT (S) MAKE THIS AFFIDAVIT TO INDUCE **SATURN TITLE COMPANY** TO ISSUE POLICY NUMBER **2231414** AND AFFIANTS ACKNOWLEDGE THAT **SATURN TITLE COMPANY** WILL RELY UPON THE REPRESENTATIONS MADE AND CONTAINED HEREIN IN ISSUING SAID POLICY (IES). FURTHER AFFIANT(S) AGREE TO INCUR ANY AND ALL COSTS, EXPENSES, DAMAGES OR ANY OTHER ACTIONS INVOLVING THE ESTATE AND HOLD **SATURN TITLE COMPANY** HARMLESS FOR SAME, INCLUDING, BUT NOT LIMITED TO ANY AND ALL LEGAL FEES AND OR CLAIMS INCURRED AGAINST THE ESTATE.

FURTHER AFFIANT(S) SAYETH NOT.

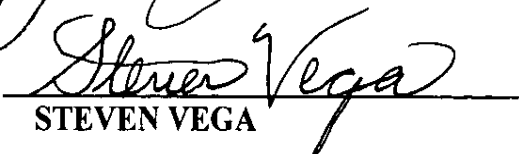
IN WITNESS WHEREOF, THE AFFIANT(S) HAVE AFFIXED (HIS/HER/THEIR) SIGNATURES HERETO THIS 8th DAY OF April, 20 23.


JOSE M. VEGA


DAVID VEGA


RICARDO VEGA


JAVIER VEGA


STEVEN VEGA

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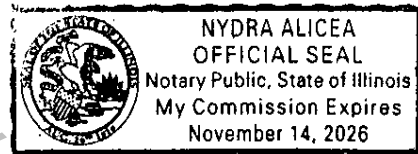
STATE OF ILLINOIS)
) SS.
 COUNTY OF COOK)

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, do hereby certify that **JOSE M. VEGA, A MARRIED MAN, DAVID VEGA, A SINGLE MAN, RICARDO VEGA, A SINGLE MAN, JAVIER VEGA, A MARRIED MAN, AND STEVEN VEGA, A SINGLE MAN,** personally known to me to be the same person(s) whose name(s) is/are subscribed to the foregoing instrument appeared before me this day in person, and acknowledged that he/she/they signed, sealed and delivered the said instrument, as his/her/their free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and notarial seal, this 8th day of April, 2023

NYdra Alicea
 Notary Public

My commission expires: 11-14-2024



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COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2020 0055777

DATE ISSUED 4/25/2023

DECEDENT'S LEGAL NAME ELVIRA VEGA MIRANDA				SEX FEMALE	DATE OF DEATH JUNE 07, 2020														
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 77 YEARS		DATE OF BIRTH MARCH 24, 1943															
CITY OR TOWN HOFFMAN ESTATES			HOSPITAL OR OTHER INSTITUTION NAME SAINT ALEXIUS MEDICAL CENTER																
PLACE OF DEATH INPATIENT																			
BIRTHPLACE VILLALBA, PR	SOCIAL SECURITY NUMBER 022-34-7854	STATUS AT TIME OF DEATH WIDOWED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO														
RESIDENCE 3946 W DICKENS		APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES															
COUNTY COOK	STATE IL	ZIP CODE 60647	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ENRIQUE MIRANDA	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION SANTOS RODRIGUEZ															
INFORMANT'S NAME JOSE M. VEGA		RELATIONSHIP SON		MAILING ADDRESS 114 SETON PLACE, STREAMWOOD, IL, 60107															
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION MONTROSE CEMETERY CO.		LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION JUNE 18, 2020														
FUNERAL HOME ALVAREZ FUNERAL DIRECTORS P.C., 2500 N. CICERO AVE, CHICAGO, IL, 60639																			
FUNERAL DIRECTOR'S NAME SUSAN ALVAREZ				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011737															
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH				DATE FILED WITH LOCAL REGISTRAR JUNE 13, 2020															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="width: 15%; vertical-align: top;"> CAUSE OF DEATH IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small> </td> <td style="width: 10%;">PART I</td> <td style="width: 55%;">CORONARY ARTERY DISEASE</td> <td rowspan="4" style="width: 10%; text-align: center; vertical-align: middle;"> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH </td> <td style="width: 10%;"></td> </tr> <tr> <td>a.</td> <td>Due to (or as a consequence of)</td> <td></td> </tr> <tr> <td>b.</td> <td>Due to (or as a consequence of)</td> <td></td> </tr> <tr> <td>c.</td> <td>Due to (or as a consequence of)</td> <td></td> </tr> </table>						CAUSE OF DEATH IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	PART I	CORONARY ARTERY DISEASE	APPROXIMATE INTERVAL BETWEEN ONSET AND 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)	
CAUSE OF DEATH IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	PART I	CORONARY ARTERY DISEASE	APPROXIMATE INTERVAL BETWEEN ONSET AND 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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED	TIME OF DEATH 01:35 AM														
CERTIFIER PHYSICIAN				DATE CERTIFIED JUNE 12, 2020															
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH RAJIV SOOD MD, 1585 BARRINGTON RD., HOFFMAN ESTATES, ILLINOIS, 60169					PHYSICIAN'S LICENSE NUMBER 036-114523														

2556649



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
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM