

# UNOFFICIAL COPY

Doc#: 2314313077 Fee: \$98.00  
Karen A. Yarbrough  
Cook County Clerk  
Date: 05/23/2023 10:06 AM Pg: 1 of 4

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF Illinois )  
 ) SS.  
COUNTY OF Cook )

That Salvador Torres duly sworn states that she resides at 5400 S. Long Ave. Chicago, Illinois 60638

That Salvador Torres was one of the owners of the land at 5400 S. Long Ave. Chicago, Illinois 60638 legally described as follows:

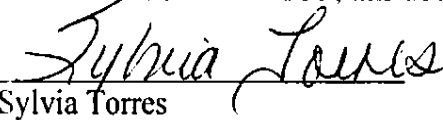
LOT 1 AND THE NORTH 10 FEET OF LOT 2 IN BLOCK 31 IN CRANE VIEW ARCHER AVENUE HOME ADDITION TO CHICAGO, BEING A SUBDIVISION OF THE WEST 1/2 OF THE WEST 1/2 OF SECTION 9, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

P.I.N: 19-09-327-081-0000

That the deceased died December 11, 2014 evidenced by a copy of a death certificate of the deceased attached hereto as Exhibit A. That the deceased died without leaving a Last Will & 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 Six Hundred Thousand dollars and 00/100 (\$600,000.00).

Affiant makes this affidavit for that purpose of inducing a licensed Title Insurance Company to issue an owner's policy for the above-referenced property.

IN WITNESS WHEREOF, this document was executed on May 22, 2023

  
Sylvia Torres

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State of Illinois  
County of Cook ss.

The undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that Sylvia Torres personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that she signed, sealed and delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth.

Lisa M. Wenta  
Notary Public



This Document prepared by Attorney Michael J. Laird 6537 West Archer Ave. Chicago, Il. 60638

Return Document to: Attorney Michael J. Laird 6537 West Archer Ave. Chicago, Il. 60638

Property of Cook County Clerk's Office

# CERTIFICATION OF DEATH RECORD

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

STATE FILE NUMBER 2014 0095339

DATE ISSUED 12/18/2014

DECEDENT'S LEGAL NAME SALVADOR TORRES			SEX MALE	DATE OF DEATH DECEMBER 11, 2014	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 57 YEARS	DATE OF BIRTH JUNE 22, 1957		
CITY OR TOWN BERWYN		HOSPITAL OR OTHER INSTITUTION NAME MAC NEAL MEMORIAL HOSPITAL			
PLACE OF DEATH INPATIENT					
BIRTHPLACE MEXICO	SOCIAL SECURITY NUMBER <del>XXXXXXXXXX</del>	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME SYLVIA ZAVALA		EVER IN U.S. ARMED FORCES? NO
RESIDENCE 5400 SOUTH LONG AVENUE		APT. NO.	CITY OR TOWN CHICAGO		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60638	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION VITALIANO TORRES	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION GUILLERMINA GONZALEZ	
INFORMANT'S NAME SYLVIA TORRES		RELATIONSHIP WIFE	MAILING ADDRESS 5400 SOUTH LONG AVENUE, CHICAGO, IL, 60638		
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION RESURRECTION CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE JUSTICE, IL	DATE OF DISPOSITION DECEMBER 18, 2014	
FUNERAL HOME DAMAR-KAMINSKI FUNERAL HOME & CREMATORIUM, 7861 S 88TH AVE, JUSTICE, IL, 60458					
FUNERAL DIRECTOR'S NAME MARK A KAMINSKI SR			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014496		
LOCAL REGISTRAR'S NAME ELIZABETH A PECHOUS			DATE FILED WITH LOCAL REGISTRAR DECEMBER 16, 2014		
<b>CAUSE OF DEATH</b> PART I. LIVER FAILURE					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		b. ALCOHOLIC HEPATITIS			
		c. ALCOHOL ABUSE			
		Due to (or as a consequence of):			
		Due to (or as a consequence of):			
		Due to (or as a consequence of):			
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I. ACUTE RENAL FAILURE, PANCREATITIS			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? YES	DATE LAST SEEN ALIVE DECEMBER 11, 2014	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED	TIME OF DEATH 9:27 PM
CERTIFIER PHYSICIAN				DATE CERTIFIED DECEMBER 12, 2014	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DINAS ALEKSONIS, MD, 3249 S OAK PARK AVE, BERWYN, ILLINOIS, 60402				PHYSICIAN'S LICENSE NUMBER 036120401	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



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.

Exhibit A

David Orr

David Orr  
Cook County Clerk



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**TO TEST FOR AUTHENTICITY:** The face of this document has a green background. Verification of some of the security features can be accomplished by:

- Identifying invisible UV fibers embedded in the paper.
- Applying fresh liquid bleach to activate color stain chemical protection reaction.
- Face of document has a green border with ornate lines including reverse microtext.
- This backer copy is constructed with a microtext border. Inspection under magnifier shows "STATEOFILLINOIS" in microtext.
- Document is protected with embossed Cook County seals.
- Photocopying this document produces the word "VOID" across the face.