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(b) The decedent died intestate.

- 11. 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 \$ _____ dollars.
- 12. The forgoing is based upon my own personal knowledge and belief, is true, and if called upon as a witness I would competently and consistently testify thereto.

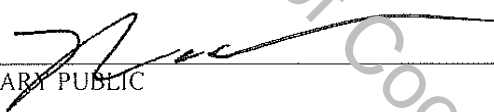
THERE HAS BEEN NO JUDICIAL DETERMINATION REGARDING THIS AFFIDAVIT.

FURTHER AFFIANT SAYETH NOT.

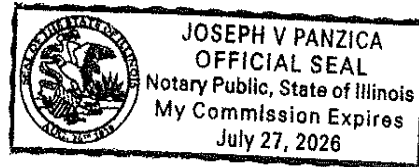


 AFFIANT

SUBSCRIBED AND SWORN TO ME THIS 5th DAY
 OF September, 20 03.



 NOTARY PUBLIC



Prepared by and After Recording Mail to: Anthony V. Panzica, 2510 W. Irving Park Rd., Unit B, Chicago, IL, 60618 Phone: 773-539-5853 Email: anthonyvpanzica@gmail.com

File# 2335049

Property Address: 2140 N. Laramie Ave. Chicago IL 60639

PIN#: 13-33-112-026-0000

Legal:

LOT 9 AND SOUTH 12 1/2 FEET OF LOT 8 IN BLOCK 3 IN FOSS AND NOBLE'S SUBDIVISION OF PART OF THE EAST HALF OF THE EAST HALF OF THE NORTHWEST QUARTER OF SECTION 33, TOWNSHIP 40 NORTH, RANGS 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED NOVEMBER 23, 1900 IN BOOK 79 OF PLATS, PAGE 30, AS DOCUMENT 3035572, IN COOK COUNTY ILLINOIS.

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

STATE FILE NUMBER 2013 0020170

DATE ISSUED 2/10/2023

DECEDENT'S LEGAL NAME MARIA B. OCAMPO		SEX FEMALE	DATE OF DEATH MARCH 06, 2013	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 73 YEARS	DATE OF BIRTH AUGUST 15, 1939		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME 2140 N LARAMIE		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE MEXICO	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 2140 N LARAMIE	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60639	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ALBERTO OCAMPO	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION SANTANA AGUILAR
INFORMANT'S NAME CRESCENCIO ARROYO		RELATIONSHIP SON	MAILING ADDRESS 1618 DAYLILY DR. ROMEVILLE, IL 60446	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION MOUNT OLIVE CEMETERY	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION MARCH 12, 2013	
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 DAVID ORR			DATE FILED WITH LOCAL REGISTRAR MARCH 11, 2013	
CAUSE OF DEATH	PART I. MULTIPLE MYELOMA			
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	Due to (or as a consequence of)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	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 10:30 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED MARCH 08, 2013	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ERNESTINE HAMBERG MD, 1340 S DAMEN, CHICAGO, ILLINOIS, 60608			PHYSICIAN'S LICENSE NUMBER 036-042220 2225947	

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
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