

UNOFFICIAL COPY

Prepared By

After Recording Return To:

Law Office of Lisa L. Glenn, LLC
600 Holiday Plaza Dr, Ste 188
Matteson, IL 60443



Doc# 2336034012 Fee \$88.00

RHSP FEE:\$18.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 12/26/2023 09:55 AM PG: 1 OF 3

Name & Address of Taxpayer

Andrea M. Garcia
226 W. 16th Street
Chicago Heights, IL 60411

Space Above This Line for Recorder's Use

DECEASED JOINT TENANCY AFFIDAVIT

I, **ANDREA M. GARCIA**, the surviving tenant of the joint tenancy created by the deed with document number 0406901300 do hereby declare under oath that the joint tenant, **WILLIAM V. GARCIA**, died on 6/4/2011, as evidence by the attached certified copy of his or her death certificate (**see attached**). I also declare that the aforementioned named joint tenant was an owner of the property with the legal description of:

LOT 4 IN BLOCK 2 IN SCHILLING AVENUE ADDITION TO CHICAGO HEIGHTS, BEING A SUBDIVISION OF THE SOUTH 1/2 OF THE SOUTH WEST 1/4 OF SECTION 20, TOWNSHIP 35 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Number: 32-20-316-008-0000

Commonly Known As: 226 W. 16th Street, Chicago Heights, IL 60411

Hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois

Furthermore, the deceased tenant died leaving NO LAST WILL & TESTAMENT

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Dated this 18th Day of December, 2023

Andrea M. Garcia

ANDREA M. GARCIA

State of ILLINOIS)

County of COOK)

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that ANDREA M. GARCIA, whose names are signed to the foregoing instrument, and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, they, executed the same voluntarily on the day the same bears date.

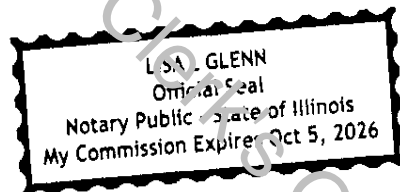
Given under my hand this 18th day of December, 2023

[Signature]

(SEAL)

Notary Public

My Commission Expires: Oct 5, 2026





INDIANA STATE DEPARTMENT OF HEALTH UNOFFICIAL COPY CERTIFICATE OF DEATH

Local No 001741

EDR No 000000202652

State No 024954

1. Decedent's Legal Name (First, Middle, Last) WILLIAM V GARCIA				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 07:10 PM	4. Date Of Death (Month/Day/Year) 06/04/2011																	
6a. Age - Yrs 87	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 12/26/1923		8. Birthplace (City and State or Foreign Country) LOS ANGELES, CA																		
9. Ever Married or Widowed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival					10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)															
11. Facility Name (If Not Institution, Give Street and Number) TRIUMPH HOSPITAL-NORTHWEST INDIANA										12. City Or Town, State, And Zip Code HAMMOND, IN, 46320		13. County Of Death LAKE		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown											
15. Surviving Spouse's Name ANDREA GARCIA				15a. (If Wife) Give Maiden Last Name KALAN			16. Decedent's Usual Occupation MACHINIST		17. Kind Of Business/Industry FORD MOTOR CO																
18. Residence - State ILLINOIS			18a. County COOK		18b. City Or Town CHICAGO HEIGHTS			18d. Apt. No.	18e. Zip Code 60411	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
18c. Street And Number 226 WEST 16TH STREET				19. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White																	
22. Father's Name (First, Middle, Last) WILLIAM V GARCIA				23. Mother's Name (First, Middle, Last) ELEANOR GARCIA			23a. Mother's Maiden Last Name DIETRICH																		
24. Informant's Name ANDREA GARCIA			24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 226 WEST 16TH STREET, CHICAGO HEIGHTS, IL 60411																				
25. Place Of Disposition																									
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) KELLY CARROLL CREMATORY			25c. Location - City, Town, And State GARY, IN																				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURNS-KISH FUNERAL HOME INC-MUNSTER, 8115 CALUMET AVE, MUNSTER, IN 46321						27a. Funeral Home License Number: FH83004968																	
27b. Signature Of Indiana Funeral Service Licensee: BRIAN T. BURNS, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD08601763																			
Cause Of Death (See Instructions And Examples)																									
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events, Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.																									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Immediate Cause (Final Disease Or Condition Resulting In Death)</td> <td style="width: 30%;">A. <u>HYPOXIC RESPIRATORY FAILURE</u></td> <td style="width: 10%;">Due to (Or As A Consequence Of):</td> <td style="width: 10%;">1-2MONTHS</td> </tr> <tr> <td>Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last</td> <td>B. <u>GASTROINTESTINAL BLEED</u></td> <td>Due to (Or As A Consequence Of):</td> <td>JUN 09 2011 1-2MONTHS</td> </tr> <tr> <td></td> <td>C.</td> <td>Due to (Or As A Consequence Of):</td> <td></td> </tr> <tr> <td></td> <td>D.</td> <td>Due to (Or As A Consequence Of):</td> <td></td> </tr> </table>										Immediate Cause (Final Disease Or Condition Resulting In Death)	A. <u>HYPOXIC RESPIRATORY FAILURE</u>	Due to (Or As A Consequence Of):	1-2MONTHS	Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last	B. <u>GASTROINTESTINAL BLEED</u>	Due to (Or As A Consequence Of):	JUN 09 2011 1-2MONTHS		C.	Due to (Or As A Consequence Of):			D.	Due to (Or As A Consequence Of):	
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	C.	Due to (Or As A Consequence Of):																							
	D.	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 CEREBROVASCULAR ACCIDENT						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																			
30. Were Autopsy Findings Available To Correlate With Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No																									
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined																				
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No																		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.	38d. Zip Code																		
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)																			
41. Signature, Of Person Certifying Cause Of Death: RAJARAJESWARI MAJETY, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer																			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: RAJARAJESWARI MAJETY, 5454 HOHMAN AVE., HAMMOND, IN 46320						44. License Number 01055426A		45. Date Certified 06/07/2011																	
46. Additional Funeral Service Provider:						47. *Akas:																			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): JUN 08 2011																			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)																									