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Prepared by:

Thayer C. Torgerson 2400 North Western Avenue Chicago, Illinois 60647

Return to:

Thayer C. Torgerson 2400 North Western Avenue Chicago, Illinois 60647



Doc# 2415108037 Fee \$88.00 ILRHSP FEE:\$18.00 RPRF FEE:\$1.00 CEDRIC GILES

COOK COUNTY CLERK'S OFFICE DATE: 5/30/2024 2:44 PM

PAGE: 1 OF 2



DECEASED JOINT TENANCY AFFIDAVIT

Maria R. Zamud o, hereinafter called Affiant(s) being duly sworn states that she resides at: 2615 South Spaulding Avenue, Chicago, Illinois. That Affiant(s) was acquainted with Guillermina Zamudio, hereinafter referred to as Decedent, and at the time of Decedent's death, was one of the owners of the land in Cook County, Illinois, described as:

LOT 49 IN PINKERT AND WITTKE'S SUBDIVISION OF THE WEST 1/2 OF BLOCK 1 IN STEEL'S SUBDIVISION OF THE SOUTHEAST 1/4 AND THE EAST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 26, TOWNSHIP 30 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINIOIS

Permanent Index Number(s): 16-26-406-012-0003

Property Address: 2615 South Spaulding Avenue, Chicago, Illinois 60623

That the Decedent died on February 13, 2016, as evidenced by a copy of Decedent's death certificate attached hereto.

That the Decedent, at the time of her death, held her share of the apove-mentioned property as a joint tenant and that the Decedent died leaving no last will & testamera. That the total value of the estate of the Decedent, for estate tax purposes. including both real and personal property owned by the Decedent either individually or in joint tenancy at the time of the Decedent, does not exceed the sum of \$100,000.00

Affiant makes this affidavit for the purpose of any individual or corporation who may be harmed by the Affiant's lack of veracity.

State of Illinois)

County of Cook)

Subscribed and sworn before me this 24

Official Seal XIOMARA MENDOZA Notary Public, State of Illinois Commission No. 676352

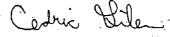
My Commission Expires October 25, 2027

COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS

				MEDICAL CERTIFICATE OF DEATH
5 pF (- (A. 1)	7 · 1	-	

STATE FILE NUMBER 2016 00135	72							DAT	E ISSUED 5/23/2024				
DECEDENT'S LEGAL NAME GUILLERMINA ZAMUDIO	-		1		· ·		SEX FEMALE	DATE OF DEAT					
COUNTY OF DEATH COOK	n =:	AGE AT LAST E 78 YEARS		to a		DATE OF 8	IRTH 27, 1937						
CITY OR TOWN CHICAGO				HOSPITAL O 2615 S.S		R INSTITUTION DING .	NAME						
PLACE OF DEATH DECEDENTS HOME													
BIRTHPLACE SO	CIAL SECURITY	NUMBER STATE	TUS AT ȚIM IDOWED	*	5	SURVIVING SPOUS	SE/CIVIL UNION PART	TNER'S MAIDEN NAME	EVER IN U.S. ARMED				
RESIDENCE -2615 S SPAULDING		-	APT.	NO.		OR TOWN			INSIDE CITY LIMITS? YES				
COUNTY / STATE IL	and the second second	CO PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ANO MEJIA				MOTHER/CO PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LUS RANGEL							
INFORMANT'S NAME JOSE A ZAMUDIO								MAILING ADDRESS 2615 S SPAULDING, CHICAGO, IL, 60623					
METHOD OF DISPOSITION CREMATION	OF DISPOSITION				LOCATION - CITY OR TOWN AND STATE CHICAGO HEIGHTS, IL			E DATE OF DISPOSITION FEBRUARY 22, 2016					
FUNERAL HOME PLÂNET GREEN CREMATIO	NS, 297 E G	LENWOOD-	LANSING	G RD, GLEN	woo	D, IL, 60425		· .	<u> </u>				
FUNERAL DIRECTOR'S NAME BRETT R MORELAND							034014588	CTOR'S ILLINOIS LIG B	CENSE NUMBER				
LOCAL REGISTRAR'S NAME DAVID ORR			0		. +			TH LOCAL REGISTR Y 19, 2016	AR				
CAUSE OF DEATH PART I. DI	EFFUSE LARG	SE B-CELL LYI	MPH(MA	OF MEDIAST	INUM			شہ ش					
IMMEDIATE CAUSE a. (Final disease or condition	t de la companya de l						the state of the state of		MONTHS				
resulting in death)b.			Due to (c	orasar Asequi no	e of):			ROXIN VAL BE					
	<u>. • • · · · · · · · · · · · · · · · · · </u>	<u> </u>	Due to (c	or as a consequenc	of):			APP INTER	1 2				
) //	.a .	', <u> </u>					
iga (kunggi lain na Austria	٠.,		Dua to (c	or as a consequenc	e out:			· · ·					
PART II. Enter other significant condition	ns contributing	to death but not	resulting in	the underlying o	ause glv	en in PAF FI.		S AN AUTOPSY PER	<u> </u>				
and the second s	2 -				. *	_25 >	, coi	RE AUTOPSY FINDI MPLETE CAUSE OF					
NOT APPLICABLE	. <u> </u>				4.	·		NNER OF DEATH ATURAL					
DATE OF INJURY 4	i terak T	IME OF INJURY		PLACE OF IN	JURY	,	.0		INJURY AT WORK?				
LOCATION OF INJURY	· · · · ·							135					
DESCRIBE HOW INJURY OCCURRED.								IF TRAN 2PO 37	TATION INJURY, SPECIFY:				
	LAST SEEN ALI			EXAMINER OR	NO OV	DATE P	RONOUNCED	:	TIME OF DEATH 09:42 PM				
CERTIFIER PHYSICIAN	# 7.5			•		- A	na est	DATE CERTIFI FEBRUA	ED				
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR. CHARLES DRUECK, 600 W CERMAK, CHICAGO, ILLINOIS, 60616 PHYSICIAN'S LICENSE NUMBER 036045746													
the state of the s	 _								. — — — — — — — — — — — — — — — — — — —				

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.



Cedric Giles