Doc# 2416210010 Fee \$88.00

ILRHSP FEE:\$18.00 RPRF FEE:\$1.00

CEDRIC GILES

COOK COUNTY CLERK'S OFFICE DATE: 6/10/2024 10:52 AM

PAGE: 1 OF 5

Deceased joint Tenancy Affidavit joi. Cook County Clark's Office

Pin: 32-21-114-024-0000

Property Address:

1314 Emerald Ave

Chicago Heights, IL 60411

24BAR59863

Prepared By/Return To:

Alondra Sierra Nunez

1600 Huntington Drive

Calumet City, IL 60409

2416210010 Page: 2 of 5

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DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)
) SS.
County of Cook)

hereinafter called Affiant, being duly sworn, states that she/he resides at 1314 Emergid Arc chooks., Illinois. That Affiant was acquainted with Set Bucio., hereinafter referred to as Deceased, and at the time of Decedent's death, was one of the owners of the land in Cook County, Illinois, described as:

LOTS BAND C IN THER SESUBDIVISION OF PART OF BLOCK 19 (AS PER PLAT RECORDED NOVEMBER 8, 1924 AS. DOCUMENTS NO. 8663013) ALLBEING IN CHICAGO HEIGHTS, A SUBDIVISION IN SECTION 21, TOWNSHIP 35 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

See Attached Legal Description

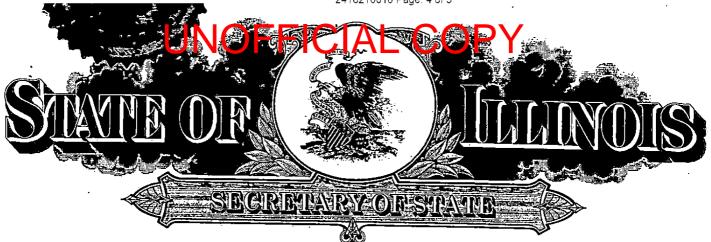
That the Deceased died on September 22, 2017, as evidenced by a copy of Deceased's death certificate attached hereto.

That the Deceased, at the time of her/his death, held her/his share of the above-mentioned property as a joint tenant and that the Deceased died leaving no last will & testament.

That the total value of the estate of the Deceased, for estate tax purposes, including both real and personal property owned by the Deceased either individually or in joint tenancy at the time of 2416210010 Page: 3 of 5

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the death of the Deceased, doe	s not exceed the sum of
Affiant makes this affida or corporation who may be har veracity.	vit for the purpose of any individual med by the Affiant's lack of
·	Rasa Bucia Affiant
Subscribed and sworn to before me this 5 day of 12 2028.4	
Jacq & R Q	Jacqueline M. Reichenberger NOTARY PUBLIC, STATE OF ILLINOIS My Commission Expires 05/03/26
Cof	
	OUNE
	Clarks
	Continue Con



COUNTRY OF DESTINATION: MEXICO

APOSTILLE (Convention de La Haye du 5 Octobre 1961)

1. Country:

United States of America

This public document

2. has been signed by

SUS AN OLENEK

3. acting in the capacity of

LOCAL RECIPTRAR OF VITAL RECORDS,

4. bears the seal/stamp of STATE OF ILLINOIS

Certified

5. at

CHICAGO, ILLINOIS

6. the

SEF (EMBER 26, 2017

esse White

7. by

Secretary of State, State of Illinois

8. No.

C17OD057642

9. Seal/Stamp:

10. Signature:



JESSE WHITE SECRETARY OF STATE STATE OF ILLINOIS

This Apostille only certifies the signature and the seal or stamp it bears. It does not certify content of the document for which it was issued.

THIS APOSTILLE IS NOT VALID WITHIN THE UNITED STATES OF AMERICA

នៅមហាវាយារិយាយមហិយាមប្រមាណអាមានការប្រជាពលរបស់ពេលក្រុមប្រជាពលរបស់ពេលក្រុមប្រជាពលរបស់ពេលក្រុមប្រជាពលរបស់ពេលប្រជា SATING TANK A SATING TO THE COLUMN SATING TO THE SATING

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2017 00	76076		·			DATE	ISSUED 9/25/201
DECEDENT'S LEGAL NAME JOSE T BUCIO			 		SEX MALE	DATE OF DEATH	
COUNTY OF DEATH WILL		AGE AT LAST BIRT	HDAY	DATE OF E	иктн 4, 1944		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
GITY OR TOWN BEECHER				ROTHER INSTITUTION		ir	
PLACE OF DEATH NURSING HOME / LONG	TERM CARE F	ACILITY	<u> </u>				
BIRTHPLACE MEXICO	SOCIAL SECURIT	Y NUMBER STATUS SA MARF		The same of the same of	SEADVIL UNION PAI SA RAMIREZ		EVER IN U.S. ARMED FORCES? NO
RESIDENCE 1314 EMERALD AVENUE			APT NO.	CHICAGO HE	GHTS		SIDE CITY LIMITS?
COOK STATE	ZEP CODE 60411	FATHER/CO PARENTS		ARRIASE/CIVIL UNION	MOTHERICO PAR CLARA TE	ENTS HAVE PRIOR TO FIRE	
INFORMANTS NAME! MARIA ROSA RAMIREZ		RELATIONSHI WIFE	P .	MAILING ADDRE	SS D'AVENUE, CHIC	AGO HEIGHTS, IL, 6041	1
METHOD OF DISPOSITION BURIAL		E OF DISPOSITION METERIO SALVATI	ERRA MEXICO	LOCATION - CIT	Y OR TOWN AND	1.00	ISPOSITION ER 02, 2017
FUNERAL HOME PANOZZO BROS FUNER	AL HOME, 630	WEST LINCOL	N HIGHWAY, CH				
FUNERAL DIRECTOR'S NAME PHILLIP J PANOZZO						ECTOR'S ILLINOIS LICE 12	NSE NUMBER
local registrar's name SUSAN OLENEK						MHLOCAL REGISTRAF BER 25, 2017	
CAUSE OF DEATH PART I, IMMEDIATE CAUSE 8	END STAGE R	ENAL FAILUR					
(Final disease or conflict resulting in death)	ATRIAL FIBRIL	LATION	Due lo (o' es , consequenci	i vi)			
			Due to (or as a co. Someone	one)			
•	DABETES						
			Due to (or ex a consequence				
PART II Enter other significant cond	itions contributing	to death but not resu	king in the underlying c	ause giver un l'ART L	W	AS AN AUTOPSY PERFO	RMED? NO
					w	ERE AUTOPSY EINDING MPLETE CAUSE OF DE	SUSED TO
FEMALE PREGNANCY STATUS NOT APPLICABLE						WHER OF DEATH	
DATE OF INJURY		TIME OF INJURY	PLACE OF IN	AURY			INJURY AT WORK!
LOCATION OF INJURY							
DESCRIBE HOW INJURY OCCURRE	D.			rei Çil		IF A'ST DRITAT	ION MUURY, SPECIFY,
			e e e e e e e e e e e e e e e e e e e				
ATTEND THE DECEASED? D. YES	ATE LAST SEEN AL SEPTEMBER		DICAL EXAMINER OR R CONTACTED? Y	ES DATE P	RONOUNCEO		ME OF DEATH D7:19 AM
CERTIFIER PHYSICIAN						DATE CERTIFIED SEPTEMBE	
NAME, ADDRESS AND ZIP CODE OF KHAJA ASADULLAH, 101				60423			LICENSE NUMBER

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.

Susan Olenek
Executive Director and Local Registrar
Will County Health Department
ALTERATION OR ERASURE VOIDS THIS CERTIFICATE