



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

ss.

Order No. _____

Mary C. Bernal being duly sworn
states that She resides at 819 W 33 place in the City of
Chicago

That I was acquainted with Rosendo Silva
deceased who, at the time of his death, was one of the owners of the land in Cook
County, Illinois, described as:

Lot 62 inclusive in Block 1 in Brown's Addition in
The South 45 Acres of The East 1/2 of The North East 1/4
of Section 32 Township 39 North, Range 14, East of
The Third Principal Meridian, in Cook County, Illinois
17-32-221-022-0000 n

That the deceased died July 17 1982, as evidenced by a
certified copy of death certificate of the deceased attached hereto

That the deceased died:

Leaving no Last Will & Testament.

Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven
will should be filed with the Clerk of the Probate Division of the Circuit Court of
_____ County, Illinois.

Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate
Division of the Circuit Court of _____ County, Illinois about _____

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 Twenty Thousand dollars.

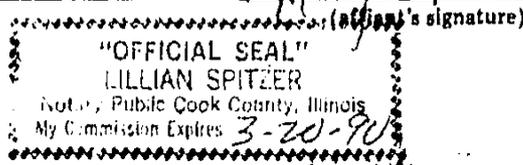
Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue
its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

this 7th day of April, A.D. 19 89

Lillian Spitzer
Notary Public

Mary C. Bernal
(affiant's signature)



UNOFFICIAL COPY

89154313

Property of Cook County Clerk's Office

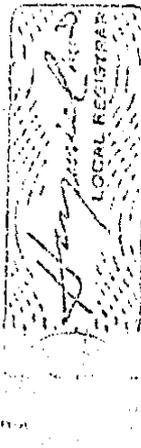
DEPT OF RECORDING
14222 TRSN 07/16/07 16:02:00
#29-154313
COOK COUNTY RECORDER

STATE FILE NUMBER 69154313

July 29, 1982

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO } SS

Hugo H. Muriel, M.D. Local Registrar of Vital Statistics of the City of Chicago, do hereby certify that I am the keeper of the records of births, stillbirths and deaths of the City of Chicago by virtue of the laws of the State of Illinois and the ordinances of the City of Chicago; that the accompanying certificate on this sheet is a true copy as a record kept by me in pursuance of said laws and ordinances.



This Certified Copy VALID
When MULTICOLOR SEAL
And BLUE SIGNATURE ARE
Affixed

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH 614729

REGISTRATION DISTRICT NO. 16.10 REGISTERED NUMBER

DECEASED - NAME: Rosendo Silva

1. NAME, BIRTH DATE, ANCESTRY, DIVISION OR DESCENT, AGE, SEX, MARRIAGE STATUS, UNDER 1 YEAR, UNDER 1 DAY, DATE OF BIRTH, MONTH, DAY, YEAR, COUNTY OF DEATH

2. PLACE OF BIRTH, IF NOT IN U.S.A., AND COUNTRY: Chicago, Illinois

3. SOCIAL SECURITY NUMBER: 1512-44-5023

4. USUAL OCCUPATION: 13b. Trucking Co.

5. RESIDENCE STREET AND NUMBER, CITY, TOWN, TWP. OR ROAD DISTRICT NO., INSIDE CITY (YES/NO), COUNTY, STATE

6. FATHER NAME, MOTHER NAME, MIDDLE NAME, FIRST NAME, LAST NAME, RELATIONSHIP, MAILING ADDRESS, STREET AND NO. OR R.F.D., CITY OR TOWN, STATE ZIP

7. DEATH WAS CAUSED BY: (a) Poorly Differentiated Lymphocytic Lymphoma involving both kidneys and retroperitoneal lymph nodes (b) Acute Bronchopneumonia (c)

8. IMMEDIATE CAUSE: 5 Years

9. DATE OF OPERATION, IF ANY, MAJOR FINDINGS OF OPERATION: 20b. July 17, 1982

10. DATE DECEASED FROM: 21c. July 17, 1982

11. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, PLACE AND DATE AND DUE TO THE CAUSE(S) STATED: 21d. 7:06 P.M.

12. SIGNATURE OF CERTIFIER: Robert Slayton, M.D. 1725 W. Harrison Street Chgo Ill 60612

13. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: Robert Slayton, M.D. 1725 W. Harrison Street Chgo Ill 60612

14. DATE OF DEATH: July 17, 1982

15. DATE SIGNED: July 18, 1982

16. ILLINOIS LICENSE NUMBER: 36-30249

17. CHICAGO DEPT. OF HEALTH: RICHARD J. DALEY CENTER, ROOM 111 CONCOURSE LEVEL, CHICAGO 60607

18. DATE RECD BY LOCAL REGISTRAR: JUL 19 1982

19. ILLINOIS DEPARTMENT OF PUBLIC HEALTH - Office of Vital Records