

# UNOFFICIAL COPY JOINT TENANCY AFFIDAVIT

RE DOROTHY JUAREZ, DECEASED

91236289

STATE OF ILLINOIS

COUNTY OF Cook

ss.

ORDER NO. \_\_\_\_\_

DATE: \_\_\_\_\_

Alfonse Juarez, hereinafter referred to as the affiant deposes and states that the affiant resides at 8132 South Crandon Avenue in the City of Chicago, Cook County, Illinois;

That the decedent at the time of his/her death was one of the owners of the property in Cook County, Illinois, legally described as follows:

Lot 14 and the North 8 feet of Lot 15 in Block 1 in the Subdivision of the West half of the Southeast quarter of the Northeast Quarter of Section 36, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

P.I.N. 20-26-221-027

Commonly known as: 8132 South Crandon Avenue, Chicago, Illinois 60617

91236289

That said decedent died on October 22, 1987 leaving no last will and testament;

That the total value of the estate of said decedent including his/her taxable interest in the above real estate is \$ less than \$40,000.00;

That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

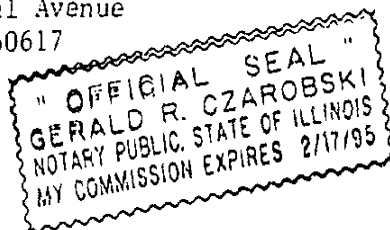
~~That the affiant makes this affidavit to induce PIONEER NATIONAL LIFE INSURANCE COMPANY to issue a Policy of Life Insurance on the above described property.~~

MAIL TO:

Gerald R. Czarobski  
9138 South Commercial Avenue  
Chicago, Illinois 60617

Signature Alfonse Juarez

SUBSCRIBED AND SWORN TO before me this 17th day of May, 1991,  
a Notary Public in and for said State and County.



NOTE: If the decedent left a will it will be necessary that the original or a certified copy thereof be presented to us for inspection.

A death certificate together with evidence of payment of death taxes, if any, should accompany this affidavit.

*[Handwritten signature/initials]*

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Property of Cook County Clerk's Office

DEPT-01 RECORDING  
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\* 4014 E \* -41-236289  
COOK COUNTY RECORDER

91236289

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I, DAVID D. ORR, County Clerk of the County of Cook, do hereby certify that the attached is a true and correct copy of the original Record on file, all in accordance with the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook at my Office in the City of Chicago, in said County

*David D. Orr*  
County Clerk

STATE OF ILLINOIS  
MEDICAL CERTIFICATE OF DEATH 620809

|   |                                 |   |                   |                          |
|---|---------------------------------|---|-------------------|--------------------------|
| DECEASED'S BIRTH NO.  | REGISTRATION DISTRICT NO. 16.10 | REGISTERED NUMBER   | STATE OF ILLINOIS | DEATH FILE NUMBER 620809 |
| DECEASED - NAME: DOROTHY TERESA JUAREZ  |                                 |   |                   |                          |
| SEX: FEMALE   |                                 | DATE OF BIRTH: OCTOBER 22, 1987   |                   |                          |
| RACE: WHITE   |                                 | CITIZENSHIP: AMERICAN   |                   | COUNTY OF BIRTH: Cook    |
| AGE: 63   |                                 | DATE OF BIRTH: OCT. 14, 1924  |                   |                          |
| CITY: Chicago   |                                 | HOSPITAL OR OTHER INSTITUTION: SOUTH SHORE HOSPITAL   |                   |                          |
| CITY OF ILLINOIS: CHICAGO   |                                 | CITIZEN OF WHAT COUNTRY: U. S. A.   |                   |                          |
| MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: MARRIED  |                                 | NAME OF SURVIVING SPOUSE: ALFONSE JUAREZ  |                   |                          |
| SOCIAL SECURITY NUMBER: UNKLN   |                                 | OCCUPATION: HOUSEWIFE   |                   | INDUSTRY: OWN HOME       |
| RESIDENCE: 8132 S. CRANDON AVE.   |                                 | CITY: CHICAGO   |                   |                          |
| FATHER: LAWRENCE ROSOL  |                                 | MOTHER: MARY NOT AVAILABLE  |                   |                          |
| DECEASED'S SIGNATURE: DIANA LUNDELL, ART  |                                 | RELATIONSHIP: MED. REC.   |                   |                          |
| MARRIAGE ADDRESS: 8015 S. LUELLE AVE.   |                                 | CITY: CHICAGO, IL   |                   |                          |
| DEATH WAS CAUSED BY: PART I. IMMEDIATE CAUSE: (a) CARDIO-RESPIRATORY ARREST (b) SEPTIC SHOCK, WITH SEPSIS (c) SEVERE, CHRONIC OBSTRUCTIVE PULMONARY DISEASE |                                 |   |                   |                          |
| PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I  |                                 |   |                   |                          |
| DATE OF OPERATION, IF ANY   |                                 | MAJOR FINDINGS OF OPERATION   |                   |                          |
| I DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: I DID ATTEND   |                                 | BIRTH, DAY, YEAR: OCT. 22, 1987   |                   | HOUR OF DEATH: 2:25 PM   |
| SIGNATURE: Issac Thomas, M.D.   |                                 | DATE: OCT. 23, 1987   |                   |                          |
| NAME AND ADDRESS OF CERTIFIER: ISSAC THOMAS, M.D., 8015 S. LUELLE AVE. CHICAGO, IL.   |                                 | ILLINOIS LICENSE NUMBER: 036-063274   |                   |                          |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: ROLANDO ALEJOS, M.D.   |                                 | NOTE: IF AN INQUIRY HAS BEEN MADE BY THE CORONER OR MEDICAL EXAMINER A REPLY SHOULD BE FURNISHED. |                   |                          |
| FUNERAL REMOVAL: Burial   |                                 | CITY OF REMOVAL: Oakland Memory Lane  |                   | STATE: Illinois          |
| FUNERAL HOME: RUIZICH FUNERAL HOME  |                                 | ADDRESS: 9725 South Commercial Avenue Chicago, Illinois 60617                                     |                   |                          |
| LOCAL HOSPITAL'S SIGNATURE: Dennis C. Edwards, M.D., MPA  |                                 | DATE RECEIVED BY LOCAL HOSPITAL: OCT 26 1987  |                   |                          |

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CASE

CERTIFY

CERTIFY

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