

UNOFFICIAL COPY

93300354

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

{ ss.

Order No. 1767353

TITO B. DINZEY

states that he resides at 3913 Rugen Road

being duly sworn
Village
in the City of

Glenview

That he was acquainted with Marina Dinzey

deceased who, at the time of her death, was one of the owners of the land in Cook
County, Illinois, described as:

UNIT NO. 9737-1B IN THE TERRACE SQUARE CONDOMINIUM, AS DELINEATED ON
THE SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE: PART OF THE WEST
HALF OF THE SOUTH EAST QUARTER OF SECTION 10, TOWNSHIP 41 NORTH, RANGE
12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS,
WHICH SURVEY IS ATTACHED AS EXHIBIT A TO THE DECLARATION OF CONDOMINIUM
RECORDED IN THE OFFICE OF COOK COUNTY, ILLINOIS RECORDED AS DOCUMENT
NUMBER 25132652, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE
COMMON ELEMENTS.

P.I.N. 09-10-401-100-1448

• DEFT-01 RECORDING \$25.50
• T#6666 TRAN 1479 04/27/93 16:01:00
• \$1542 F * 93-300354
COOK COUNTY RECORDER

That the deceased died June 26, 1987, 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 _____ dollars.

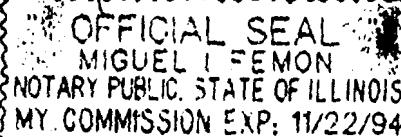
Affiant makes this affidavit for that purpose of inducing the ANTN Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

this 24th day of July, A.D. 1993

Miguel Remon

Notary Public



(affiant's signature)

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Property of Cook County Clerk's Office

93300354

UNOFFICIAL COPY

REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF DEATH
(Fill out completely, accurately and legibly in ink or typewriter)

87-06651

MARINA

PROVINCE Mt. Ugo, Benguet
CITY/MUNICIPALITY Itogon

LOCAL CIVIL REGISTRY NO.

1. NAME MARINA	(MOTHER) CELINO	(FATHER) DINZEY
2. SEX (Please 'X' on appropriate answer) <input checked="" type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female	3. AGE (At time of death) 8 4 2	4. If 1 year or above Completed years Months
5. CIVIL STATUS (Please 'X' on appropriate answer) <input type="checkbox"/> 1 Single <input checked="" type="checkbox"/> 2 Married <input type="checkbox"/> 3 Widowed <input type="checkbox"/> 4 Others	6. NATIONALITY U.S.A.	7. If under 1 year Days Hours
8. USUAL RESIDENCE (Street/Borough) 3913 Hugen Rd, Glenview IL 60025 U.S.A.	9. CITY/MUNICIPALITY Glenview	10. PROVINCE Illinois
11. USUAL OCCUPATION (in 15 years old or over) Chairperson-NGO, Degree Nursing	12. DATE OF DEATH (Day) 26	13. MONTH June
14. PLACE OF DEATH (Name of Hospital/Clinic, if not in hospital, give street/borough) Mt. Ugo Itogon, Benguet	15. YEAR 1987	
16. SURVIVING SPOUSE (Name) _____ (Address) _____		

MEDICAL CERTIFICATE

17. CAUSE OF DEATH (Please see instructions at the back)	18. PLACE OF OCCURRENCE (Home, farm, factory, street, sea, etc.) Marina, Itogon
19. Immediate cause : <input type="checkbox"/> a Antecedent cause : <input type="checkbox"/> b Underlying cause : <input type="checkbox"/> c Other significant conditions : <input type="checkbox"/> d	Interval Between Onset and Death 1 month
20. DEATH BY NON-NATURAL CAUSES <input type="checkbox"/> 1 Murder <input type="checkbox"/> 2 Suicide <input type="checkbox"/> 3 Accident <input type="checkbox"/> 4 Other/Specific	21. Place of Occurrence (Home, farm, factory, street, sea, etc.) Marina, Itogon
22. MEDICAL ATTENDANCE (Please 'X' on appropriate answer) <input checked="" type="checkbox"/> 1 Private Physician <input type="checkbox"/> 3 Hospital Authority <input type="checkbox"/> 2 Public Health Officer <input type="checkbox"/> 4 None	23. If medically attended state duration: From _____ To _____

24. CERTIFICATION OF DEATH I hereby certify that the foregoing particulars are correct as near as same can be ascertained and I further certify that I have/have not altered the deceased, and that death occurred at _____ on the date indicated above.	
Signature _____ Name in print _____ Title or position _____	Address _____ Date _____

25. INFORMANT Signature Marina Relation Sister Name in print Marina Levendo Leviva Relationship to the deceased Sister	
Address _____ Date JUNE 28, 1987	Signature CIRGOM M. RIBILLA Name in print Evi M. Ribilla Title or position CAPITA M. ARANA Date JUNE 28, 1987

26. PREPARED BY Signature NOEL GONZALES Name in print NOEL GONZALES Title or position CIVIL REGISTRY CLERK Date JUNE 28, 1987	
27. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRY Signature EVI M. ARANA Name in print Evi M. Arana Title or position CAPITA M. ARANA Date JUNE 28, 1987	28. BURIAL / CREMATION PERMIT Number 161/94 PT Date issued July 12, 1987

29. COMPLETION DISPOSAL (Please 'X' on appropriate answer) <input checked="" type="checkbox"/> 1 Burial <input type="checkbox"/> 2 Cremation <input type="checkbox"/> 3 Other/Specific	
30. PLACE OF BURIAL/CREMATION Itogon Cemetery	
31. DATE OF DEATH June 26, 1987	
32. PLACE OF DEATH Marina, Itogon	
33. CIVIL STATUS <input type="checkbox"/> a Single <input type="checkbox"/> b Married <input type="checkbox"/> c Widowed <input type="checkbox"/> d Divorced	
34. NATIONALITY <input type="checkbox"/> a American <input type="checkbox"/> b European <input type="checkbox"/> c Asian <input type="checkbox"/> d African <input type="checkbox"/> e Latin American <input type="checkbox"/> f Other	
35. OCCUPATION <input type="checkbox"/> a Farmer <input type="checkbox"/> b Fisherman <input type="checkbox"/> c Housewife <input type="checkbox"/> d Teacher <input type="checkbox"/> e Doctor <input type="checkbox"/> f Lawyer <input type="checkbox"/> g Businessman <input type="checkbox"/> h Other	
36. DECEASED'S RELATIONSHIP TO THE DECEASED <input type="checkbox"/> a Spouse <input type="checkbox"/> b Child <input type="checkbox"/> c Parent <input type="checkbox"/> d Grandparent <input type="checkbox"/> e Brother <input type="checkbox"/> f Sister <input type="checkbox"/> g Cousin <input type="checkbox"/> h Niece/Nephew <input type="checkbox"/> i Uncle/Uncle <input type="checkbox"/> j Niece/Nephew <input type="checkbox"/> k Grandchild <input type="checkbox"/> l Grandparent <input type="checkbox"/> m Other	
37. DECEASED'S ADDRESS Marina, Itogon	
38. DECEASED'S BIRTH DATE August 4, 1942	
39. DECEASED'S DEATH DATE June 26, 1987	
40. DECEASED'S GRAVE NUMBER 161/94 PT	
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POST-MORTEM CERTIFICATE OF DEATH

I HEREBY CERTIFY that I have this 28 day of June, 1982, performed an autopsy upon the body of the deceased Marina Celino Din Zey (Name of deceased) cause of death was as follows: CARDIO RESPIRATORY ARREST DUE TO MULTIPLE INJURIES OF THE BODY (PLANE CRASH)

Signature [Signature] Title / Designation MEDICO-LEGAL OFFICER
Name in Print COL DESIDERIO MOR. LEDA Address FC CRIME LAB. CAMP CRANE QC

CERTIFICATION OF EMBALMER.

I HEREBY CERTIFY re embalmer _____ (Name of deceased) followed all the regulation issued by the Ministry of Health
Signature Gloria M. Binacion Title / Designation _____
Name in Print Gloria M. Binacion License No. _____
Address _____ Issued on _____

HOW TO ACCOMPLISH THIS FORM

1. Accomplish this form in triplicate copies. Upon registration submit the original and duplicate copies to the Local Civil Registrar and keep the third copy for your personal file.
2. The attending physician or the local health officer should complete the medical certification part (Items II-IV). When an autopsy has been performed, the medical examiner or coroner should complete this part.
Causes of death are reported in Item II. Enter only one cause per line for (a), (b) and (c). In Part I give the sequence of events leading directly to death. Report in line (a) the cause leading directly to death. Do not report the symptoms or the mode of dying e.g. heart failure, asphyxia, etc. Rather state the disease, injury or complication which caused the death. Report in lines (b) and (c) the antecedent conditions which, in the judgment of the physician, gave rise to the cause of death reported in line (a), the underlying condition being stated last. If the immediate cause of death, line (a) describes completely the sequence of events no entry is necessary in lines (b) and (c).
3. In Part II report any other important disease or condition that influenced the course of the illness and thus contributed to the fatal outcome but which does not relate to the disease or condition recorded in line (a) as the immediate cause of death.
Enter the approximate interval between onset of the condition and death in the space provided for. This should be given as accurately as possible and a unit of time should be specified e.g. 14 days, 2 months, 1 year. If the interval is not precisely known, an estimate may be made.
3. Complete items 12 & 13 if the death was due to violence or external causes. This is usually furnished by the medical examiner or coroner.
4. Complete the postmortem certificate of death if an autopsy has been performed.
5. Complete certification of embalmer if the dead body has been embalmed.
6. Registration status refers to whether or not registration is delayed. Delayed, place '2' in box hyphenate page " "

PENALTY CLAUSE OF ACT NO. 3763

Section 16 - False Statements - Any person who shall knowingly make false statements in the forms furnished and shall present the same for entry in the civil register, shall be punished by imprisonment for not less than one month nor more than six, or by a fine of not less than two hundred pesos nor more than five hundred, or both, in the discretion of the court.

Section 17 - Failure to Report-Other Violations - Any person whose duty it is to report any fact concerning the civil status of persons and who knowingly fails to perform such duty, and any person convicted of having violated any of the provisions of this Act, shall be punished by a fine of not less than ten nor more than two hundred pesos.

Section 18 - Neglect of Duty with Reference to the Provisions of this Act - Any local civil registrar who fails properly to perform his duties in accordance with the provisions of this Act and of the regulations issued hereunder shall be punished, for the first offense, by an administrative fine in a sum equal to his salary for not less than fifteen days nor more than three months, and for a second or repeated offense, by removal from the service.

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