

# UNOFFICIAL COPY

93300354

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF COOK

} ss.

Order No. 1767353

TITO B. DINZEY

being duly sworn  
Village  
in the City of

states that he resides at 3913 Rugen Road  
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.

93300354

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

DEPT-01 RECORDING \$25.50  
T#6666 TRAN 1479 04/27/93 16:01:00  
01542 \* 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.

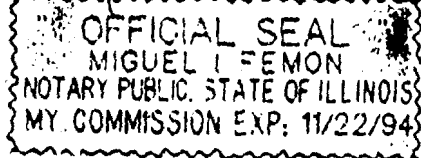
Affiant makes this affidavit for that purpose of inducing the ANTN Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

this 7th day of August, A.D. 1993

Miguel I. Remon  
Notary Public

Tito B. Dinzey  
(affiant's signature)



FORM 3782

MAIL TO: MIGUEL I. REMON, 2337 N MILWAUKEE, CHICAGO IL 60647

UNOFFICIAL COPY

93300354

Property of Cook County Clerk's Office

# UNOFFICIAL COPY

## REPUBLIC OF THE PHILIPPINES CERTIFICATE OF DEATH

(Fill out completely, accurately and legibly in ink or typewriter)

87-0665

PROVINCE Mt. Ugo, Benguet LOCAL CIVIL REGISTRY NO. \_\_\_\_\_

CITY/MUNICIPALITY Itoyon

1. NAME (First) MARINA (Middle) ULLINO (Last) DIANEY

2. SEX (Place 'X' on appropriate answer)  
 1. Male  2. Female

3. AGE (If 1 year or above) (If under 1 year) (If under 1 day)  
 Completed years: 24 Months: 7 Days: 0 Hours: 0

4. CIVIL STATUS (Place 'X' on appropriate answer)  
 1. Single  2. Married  3. Widowed  4. Others

5. NATIONALITY U.S.A.

6. USUAL RESIDENCE (Street/Village) (City/Municipality) (Province)  
3913 Mugaan Rd., Glenview IL 60025 U.S.A.

7. USUAL OCCUPATION (If 15 years old or over) (Date of Death) (Month) (Year)  
Chairperson - Assoc. Degree Nursing 26 June 1987

8. PLACE OF DEATH (Name of Hospital/Chapel, if not in hospital, give street/village) (City/Municipality) (Province)  
Mt. Ugo Itoyon, Benguet

9. SURVIVING SPOUSE (Name) (Address)

### MEDICAL CERTIFICATE

11. CAUSE OF DEATH (Please see instructions at the back) Internal Between Onset and Death

I. Immediate cause: 0  
 Antecedent cause: 0  
 Underlying cause: 0  
 II. Other significant conditions contributing to death: \_\_\_\_\_

12. DEATH BY NON-NATURAL CAUSES  
 a. Manner of Death (Place 'X' on appropriate answer)  
 1. Homicide  2. Suicide  3. Accident  4. Other (Specify) \_\_\_\_\_  
 b. Place of Occurrence a. Home, farm, factory, street, etc. (Specify) \_\_\_\_\_

13. MEDICAL ATTENDANCE (Place 'X' on appropriate answer) If medically attended state duration:  
 1. Private Physician  3. Hospital Authority From \_\_\_\_\_, 19\_\_\_\_  
 2. Public Health Officer  4. None To \_\_\_\_\_, 19\_\_\_\_

14. CERTIFICATION OF DEATH  
 I hereby certify that the foregoing particulars are correct as far as same can be ascertained and I further certify that I have/have not observed the deceased, and that death occurred at \_\_\_\_\_ A.M./P.M. on the date indicated above.

Signature \_\_\_\_\_ Address \_\_\_\_\_  
 Name in print \_\_\_\_\_ Date \_\_\_\_\_  
 Title or position \_\_\_\_\_

15. INFORMANT  
 Signature MARINA LEONARD LUYVA Address Same as above  
 Name in print MARINA LEONARD LUYVA  
 Relationship to the deceased SISTER Date JUNE 28, 1987

16. PREPARED BY  
 Signature REYNOLD LUYVA Signature Dr. Yveth P. Arana  
 Name in print LILIPON OFFICER Name in print PACITA M. ARANA  
 Title or position \_\_\_\_\_ Title or position Dr. Civil Registry Clerk  
 Date JUNE 20, 1987 Date \_\_\_\_\_

17. BURIAL OR CREMATION PERMIT  
 1. Burial  2. Cremation  3. Other (Specify) \_\_\_\_\_  
 Number: 111948 Date issued 26/1/87

18. THIS CERTIFICATE IS TO BE FILLED OUT AT THE (Office of the Local Civil Registrar)

OFFICE OF THE MAYOR  
 CIVIL STATUS:  Single  Married  Widowed  Other  
 NATIONALITY:  Filipino  Alien

DATE OF DEATH:  1987  1988  1989  1990  1991  1992

PLACE OF DEATH:  Home  Farm  Factory  Street  Other

CAUSE OF DEATH:  Natural  Non-natural

MEDICAL ATTENDANCE:  Yes  No

NAME OF DECEASED: First \_\_\_\_\_ M.I. \_\_\_\_\_

MARINA

Properly

OFFICE OF THE CITY CIVIL REGISTRAR  
 OFFICE OF THE CIVIL REGISTRAR  
 RECEIVED THIS \_\_\_\_\_  
 AT \_\_\_\_\_  
 DATE \_\_\_\_\_

93300354

# UNOFFICIAL COPY

PROPERTY OF CIVIL REGISTER

PROPERTY OF CIVIL REGISTER

I HEREBY CERTIFY that I have this 28 day of June, 1987 performed an autopsy upon the body of the deceased Marina Celino Din Zey and that the 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 Crame QC

### CERTIFICATION OF EMBALMER

I HEREBY CERTIFY that I have embalmed [Name of deceased] after having followed all the regulations prescribed by the Department of Health.  
Signature: [Signature] Title/Designation: \_\_\_\_\_  
Name in Print: \_\_\_\_\_ 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 11-14). When an autopsy has been performed, the medical examiner or coroner should complete this part.  
Causes of death are reported in item 11. 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 of 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).  
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 was not related to the disease or condition reported 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 a-b 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 10 otherwise place '1'.

### 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 the salary for not less than fifteen days nor more than three months, and for a second or repeated offense, by removal from the service.

93300259