

UNOFFICIAL COPY

GREATER ILLINOIS TITLE COMPANY

94580530



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

94580530

STATE OF ILLINOIS
COUNTY OF Cook

ss.

Order No. 4170407

Anna Ramirez

being duly sworn

states that she resides at 1128 S. Gardner Road in the City of Westchester, Illinois

That she was acquainted with Arcadio Ramirez

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

The South 6.86 feet of Lot 29, all of Lot 30 and Lot 31 (except the South 6.86 feet thereof) in William Zelosky's Terminal Addition to Westchester, in the South 1/2 of Section 16, Township 39 North, Range 12, lying East of the Third Principal Meridian, in Cook County, Illinois.

Commonly known as 1128 S. Gardner Road, Westchester, Illinois

Permanent Tax No. 15-16-419-051

DEPT-01 RECORDING \$23.50
T#0000 TRAN 8447 07/01/94 15:36:00
#7152 CJ *-94-580530
COOK COUNTY RECORDER

That the deceased died June 30, 1980, 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 Thirty Five Thousand and no/100 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

Anna Ramirez

this 28th day of June, A.D. 19 94

Joseph Platt

**Anna Ramirez*
(affiant's signature)



FORM 3703



2350

94580530

41704075
1013

This Instrument was Prepared by:
Joseph C. Platt, Attorney at Law
7515 W. Madison Street, P.O. Box 54
Forest Park, IL 60130

MAIL TO:

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Property of Cook County Clerk's Office

94580530

APR 10

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CERTIFIED COPY OF A DEATH RECORD

9 4 5 7 0 3 3 0
STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

DECEASED'S BIRTHDAY Type of Print in Permanent Ink See Funeral Director, Hospital, or Physician's Handbook for Instructions A. <u>CERTIFIED</u> B. <u>CERTIFIED</u> C. <u>CERTIFIED</u> D. <u>CERTIFIED</u> E. <u>CERTIFIED</u>	REGISTRATION DISTRICT NO. <u>16.92</u> REGISTERED NUMBER <u>199</u>	DECLARED NAME FIRST MIDDLE LAST <u>ARCADIO RAMIREZ</u>		SEX <u>2. MALE</u>	DATE OF DEATH MONTH DAY YEAR <u>3. JUNE 30, 1980</u>
RACE - (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) <u>4a. AMERICAN</u>		ORIGIN OR DESCENT <u>4b. MEXICAN</u>		AGE - LAST BIRTHDAY (YRS) <u>5a. 68</u>	
DATE OF BIRTH (MO. DAY, YEAR) <u>6. JAN 12, 1912</u>		COUNTY OF DEATH <u>7a. COOK</u>		CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <u>7b. PROVISO TOWNSHIP</u>	
HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <u>7c. LOYOLA HOSPITAL</u>		IF DEPT. CHARGE INDICATED (MO. OF YEAR FOR INQUIRY) (SEE 173) <u>7d. COOK</u>		STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) <u>8. MEXICO</u>	
CITIZEN OF WHAT COUNTRY <u>9. U.S.A.</u>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>10. MARRIED</u>		NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) <u>11. ANNA CICINELLI</u>	
SOCIAL SECURITY NUMBER <u>12. 326-05-0112</u>		USUAL OCCUPATION <u>13a. MACHINIST</u>		KIND OF BUSINESS OR INDUSTRY <u>13b. ARMSTRONG & BLUM</u>	
U.S. WAR VETERAN (YES/NO) <u>13c. NO</u>		WAR OR DATES OF SERVICE <u>13d. NONE</u>		RESIDENCE STREET AND NUMBER <u>14a. 1122 GARDNER RD.</u>	
CITY, TOWN, TWP. OR ROAD DISTRICT NO. <u>14b. WESTCHESTER</u>		INSIDE CITY (YES/NO) <u>14c. YES</u>		COUNTY <u>14d. COOK</u>	
STATE <u>14e. ILL.</u>		FATHER - NAME FIRST MIDDLE LAST <u>15. UNAVAILABLE</u>		MOTHER - MAIDEN NAME FIRST MIDDLE LAST <u>16. UNAVAILABLE</u>	
INFORMANT'S SIGNATURE <u>17a. Albert J. Ramirez</u>		RELATIONSHIP <u>17b. SON</u>		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <u>17c. 745 S. Cromwell Westchester</u>	
18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I. IMMEDIATE CAUSE					
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(a) <u>VENTRICULAR TACHYCARDIA & FIBRILLATION</u> DUE TO, OR AS A CONSEQUENCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <u>1 HOUR</u>	
		(b) <u>CORONARY HEART DISEASE</u> DUE TO, OR AS A CONSEQUENCE OF		<u>10 YEARS</u>	
		(c)			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTINUING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					
DATE OF OPERATION, IF ANY <u>20a.</u>		MAJOR FINDINGS OF OPERATION <u>20b. 1580530</u>		AUTOPSY (YES/NO) <u>19a. NO</u>	
I ATTENDED THE DECEASED FROM: (MONTH, DAY, YEAR) <u>21a. JUNE 28 1972</u>		TO: (MONTH, DAY, YEAR) <u>21b. JUNE 30 1980</u>		AND LAST SAW HIM/HER ALIVE ON: (MONTH, DAY, YEAR) <u>21c. JUNE 26 1980</u>	
HOUR OF DEATH <u>21d. 10:30 P.M.</u>		TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.			
DATE SIGNED (MONTH, DAY, YEAR) <u>22a. JUNE 2, 1980</u>		SIGNATURE <u>Joseph J. Muenster</u>		ILLINOIS LICENSE NUMBER <u>22b. 36-32</u>	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <u>22c. TOS EPA J. MUENSTER 1725 W. HARRISON ST. CHICAGO 60612</u>		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER MUST BE NOTIFIED.			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		23.			
BURIAL, CREMATION, REMOVAL (SPECIFY) <u>24a. BURIAL</u>		CEMETERY OR CREMATORY - NAME <u>24b. ALL SAINTS</u>		LOCATION CITY OR TOWN STATE <u>24c. DES PLAINES, ILL.</u>	
DATE (MONTH, DAY, YEAR) <u>24d. JULY 3, 1980</u>		FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE <u>25a. WESTCHESTER- 10501 W. CERMAK RD. WESTCHESTER, ILL. 60185</u>			
FUNERAL DIRECTOR'S SIGNATURE <u>25b. Peter B. Conway</u>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <u>25c. 6995</u>			
LOCAL REGISTRAR'S SIGNATURE <u>26a. Don Covengan</u>		FOREST PARK, ILLINOIS 60130		DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <u>26b. JULY 2, 1980</u>	

I HEREBY CERTIFY that the foregoing is a true and correct copy of the death record for the decedent named at item 5 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

DATE JUL 2 1980 SIGNED Don Covengan
 AT FOREST PARK, ILLINOIS 60130, Illinois. OFFICIAL TITLE LOCAL REGISTRAR OF VITAL STATISTICS

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that this certification of a death record by the Department of Public Health or the local registrar or the county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

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