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95303767



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

} ss.

Order No. _____

ROLANDO BRIONES

HE 7923 S. EAST END AVENUE being duly sworn
states that he resides at _____ in the City of
CHICAGO

That HE was acquainted with SALVADOR BRIONES
deceased who, at the time of HIS death, was one of the owners of the land in _____
County, Illinois, described as:

LOT FOUR (4) IS SUBDIVISION OF THE WEST 1111
FEET OF THE NORTH WEST CORNER OF THE SECTION 36,
TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE
THIRD PRINCIPAL MERIDIAN IN COOK COUNTY,
ILLINOIS

PIN 20-36-201-013

ADDRESS: 7923 S. EAST END AVE
CHICAGO, ILLINOIS 60627

DEPT-01 RECORDING \$23.50
13555 TRAN 9599 05/09/95 10:35:00
4382 + RC * - 95 - 303767
COOK COUNTY RECORDER

That the deceased died APRIL 29, 1995, as evidenced by a
certified copy of death certificate of the deceased attached hereto.

DEPT-10 PENALTY

\$20.00

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 \$20,000.00 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

ROLANDO BRIONES

95303767

this 6 day of May, A.D. 1995

Henry L. Krajewski
Notary Public

This instrument was prepared by Henry L. Krajewski
8312 S. Commercial Ave. C

FORM 3703

"OFFICIAL SEAL"
HENRY L. KRAJEWSKI
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 9/29/98

(affiant's signature)

23 50
21 30
13 50

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Maria
[Signature]

~~Record~~ Record Bureau

194 Municipal
Colonial City, IL 60408

Property of Cook County Clerk's Office

95303787

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REGISTRATION DISTRICT NO 16.32
 REGISTERED NUMBER 362

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

1 DECEASED NAME SALVADOR BRIONES SR.		SEX MALE	DATE OF DEATH (MONTH DAY YEAR) APRIL 29, 1995	
COUNTY OF DEATH CHICAGO HEIGHTS		AGE LAST BIRTHDAY (YEAR MONTH DAY) 74	DATE OF BIRTH (MONTH DAY YEAR) APRIL 11, 1921	
4 CODE CHICAGO HEIGHTS		HOSPITAL OR OTHER INSTITUTION NAME OR SET (GIVE STREET AND NUMBER) PRARIE MANOR NURSING HOME		IF DEPT. OF HEALTH INVESTIGATION (FOR OTHER AND DEPARTMENT REPORT) INPATIENT
7 MEXICO SOCIAL SECURITY NUMBER 3-45-20-3624		MARRIAGE STATUS (CHECK ONE) WIDOWED		IF DEPT. OF HEALTH INVESTIGATION (FOR OTHER AND DEPARTMENT REPORT) NO
10 RESIDENCE (STREET AND NUMBER) 7923 EAST END AVE.		CITY TOWN TWP OR CRAZ DISTRICT NO CHICAGO		COUNTY COOK
13a ILLINOIS STATE		13b ZIP CODE 60617	14 RACE (WHITE IN ALL AMERICAN INDIAN OR SPECIFY) WHITE	
15 APOLINAR BRIONES		16 ROSARIO RODRIGUEZ		17b MEXICAN SPECIFY MEXICAN
17a CARMEN ANAYA		18 DAUGHTER		MARRIAGE APPROX (GIVE STREET AND NUMBER P.O. CITY OR TOWN STATE ZIP) 60409
19 PART I		20a		20b
Immediate Cause (Final disease or condition resulting in death) (a) CORONARY ARTERY DISEASE DUE TO OR AS A CONSEQUENCE OF (b) ARTERIO SCLEROSIS DUE TO OR AS A CONSEQUENCE OF (c)		YEARS 45		YEARS 45
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST (b)		PART II Other significant conditions contributing to death but not resulting in the underlying cause (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) FACE MASKS RENAL FAILURE DIABETES		19a AUTOPSY (YES/NO) NO 19b WERE ALTOGETHER PRESENT A FINAL CAUSE OF DEATH? (YES/NO) NO
21a		21b		21c
21a (MONTH DAY YEAR) 4-27-95		21b (MONTH DAY YEAR) NO		21c (MONTH DAY YEAR) 5:15 P.M.
22a		22b		22c
22a SIGNATURE R. Yalavarthi MD		22b DATE SIGNED MAY 1, 1995		22c ILLINOIS LICENSE NUMBER 60421
23		24a		24b
23 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		24a CEMETERY OR CREMATORY-NAME HOLY CROSS CEMETERY		24b DATE (MONTH DAY YEAR) MAY 3, 1995
25a		25b		25c
25a BROWN FUNERAL HOME 2939 EAST 95th STREET CHICAGO ILLINOIS 60617		25b FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		25c FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-014537
26a		26b		26c
26a LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>		26b DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) MAY 2, 1995		26c

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD FOR THE DECEASED IN ITEM NO. 1 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: MAY 02 1995 SIGNED: John R. Costabile
 AT: CHICAGO HEIGHTS, IL 60411 TITLE: LOCAL REGISTRAR

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