

96326191



# Chicago Title Insurance Company

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF COOK

} ss.

Order No. \_\_\_\_\_

Ignacio Pedraza being duly sworn

states that he resides at 3531 W. LeMoyné in the City of Chicago, Illinois

That he was acquainted with Guadalupe Pedraza deceased who, at the time of her death, was one of the owners of the land in Cook County, Illinois, described as:

Lot 14 in Block 6 in Van Schaak and Herrick's Subdivision of the North West Quarter of the North East Quarter of Section 2, Township 39 North, Range 13 East of the Third Principal Meridian, in Cook County, Illinois.

Commonly Known as: 3531 W. LeMoyné Avenue, Chicago, IL 60651  
Permanent Index No: 16-02-208-012

96326191 RECORDING \$28.50  
TRAN 2177 05/01/96 10:16:00  
3743 : KE \* - 96 - 326191  
COOK COUNTY RECORDER  
DEPT-10 PENALTY \$20.00

That the deceased died August 23, 1990, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

96326191

- 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 \$75,000.00 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

Ignacio Pedraza  
this 15<sup>th</sup> day of May, A.D. 19 96

Renée A. Prendergast  
Notary Public

Ignacio Pedraza  
(affiant's signature)



FORM 3703

# UNOFFICIAL COPY

F	2350	A
P	0080	P
T	4350	V
I	181	20

RECORDED



Stuart Kessler  
3265 N Arlington Heights, Suite 210  
Arlington Heights, Ill. 60004

161928396

Property of Cook County Clerk's Office

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## DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

MAR 8 1990

L SHEILA LYNE, RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO, THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID WHEN MULTICOL OR SIGNATURE SEAL IS AFFIXED.

DISTRICT NO **10.14**  
REGISTERED NUMBER **616152**

### MEDICAL CERTIFICATE OF DEATH

NUMBER

DECEASED-NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH	
Cuadalupe Pedraza		2 Female		August 23, 1990	
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER	
Chicago		Chicago		Chicago	
AGE LAST BIRTHDAY (MOS) 5a 38		UNDER 15 DAY 5c		DATE OF BIRTH (MONTH, DAY, YEAR)	
Hospital or other institution name (if not mother, give street and number)		NAME OF SURVIVING SPOUSE (last name & maiden name)		IF HOSP GRANT INDICATED ON DEATH CERTIFICATE, PATIENT (SPECIFY)	
University of Illinois Hospital		Illinois Pedraza		6c Inpatient	
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF BUSINESS OR INDUSTRY		WAS DECEASED EVER PREVIOUSLY ADMITTED TO HOSPITAL?	
8a Married		Cerilino Pedraza		9 No	
SOCIAL SECURITY NUMBER		EDUCATIONAL LEVEL (SEE INSTRUCTIONS)		CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER	
10 232-58-6573		11b NONE		12	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, OR ROAD DISTRICT NO.		COUNTY	
13a 3531 N Leinoyne		Chicago		Cook	
STATE		RACE (WHITE, BLACK, AMERICAN INDIAN, HAWAIIAN, OTHER)		OR HISPANIC ORIGIN? (SPECIFY IN 13c)	
13c Illinois		13a WHITE		13c Yes	
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE LAST		SPECIFY: MIDDLE LAST	
Pedro Marchan		Petra Huerta		MIDDLE LAST	
RELATIONSHIP		MARITAL ADDRESS (STREET AND NO. GIVE D. CITY OR TOWN, STATE, ZIP)		CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER	
17a Guadalupe Carlin		Hospital Records		17c 1740 W Taylor Chgo, IL 60612	
18 PART I. Under the laws of the State of Illinois, death is defined as the permanent cessation of all vital functions of the body, as determined by a physician or other qualified person.		19a YES		19b NO	
Immediate Cause (First cause of condition resulting in death)		AUTOPSY PERFORMED? (YES OR NO)		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?	
(a) Pneumonia - Bacterial		19a YES		20c YES ( ) NO ( )	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		HOURS OF DEATH		DATE SIGNED (MONTH, DAY, YEAR)	
(b) Pulmonary Fibrosis		21c 3:58		August 24, 1990	
(c)		DATE OF OPERATION IF ANY		ILLINOIS LICENSE NUMBER	
20a MAJOR FINDINGS OF OPERATION		20b		22d 25-022753	
20b		DATE OF OPERATION (MONTH, DAY, YEAR)		NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
20c		August 23, 1990		DATE (MONTH, DAY, YEAR)	
21a TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		STATE	
22a SIGNATURE		Dr. Hany Huh		Illinois	
22b NAME AND ADDRESS OF CERTIFIER		1740 W Taylor Chgo, IL 60651		CITY OR TOWN	
22c NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		22e LOCATION		STATE	
22d		22f CEMETERY OR CREMATORY-NAME		CITY OR TOWN	
22e		22g LOCAL RESIDENT'S SIGNATURE		FEDERAL DIRECTOR'S & POSSESSION NUMBER	
22f		22h LOCAL RESIDENT'S SIGNATURE		DATE FIED BY LOCAL DEPT. (MONTH, DAY, YEAR)	
22g		22i LOCAL RESIDENT'S SIGNATURE		DATE (MONTH, DAY, YEAR)	
22h		22j LOCAL RESIDENT'S SIGNATURE		DATE (MONTH, DAY, YEAR)	
22i		22k LOCAL RESIDENT'S SIGNATURE		DATE (MONTH, DAY, YEAR)	
22j		22l LOCAL RESIDENT'S SIGNATURE		DATE (MONTH, DAY, YEAR)	

Illinois Certificate of Death  
 (a) Pneumonia - Bacterial  
 (b) Pulmonary Fibrosis  
 (c)  
 DATE OF OPERATION IF ANY  
 MAJOR FINDINGS OF OPERATION  
 20a  
 20b  
 20c  
 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.  
 22a SIGNATURE  
 22b NAME AND ADDRESS OF CERTIFIER  
 22c NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER  
 22d  
 22e LOCATION  
 22f CEMETERY OR CREMATORY-NAME  
 22g LOCAL RESIDENT'S SIGNATURE  
 22h LOCAL RESIDENT'S SIGNATURE  
 22i LOCAL RESIDENT'S SIGNATURE  
 22j LOCAL RESIDENT'S SIGNATURE  
 22k LOCAL RESIDENT'S SIGNATURE  
 22l LOCAL RESIDENT'S SIGNATURE

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