

UNOFFICIAL COPY

97335815

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) ss.
COUNTY OF COOK)

F	23.10	A
F		
	23.50	
	<i>[Signature]</i>	<i>[Signature]</i>

DEPT-01 RECORDING \$23.50
T#0003 TRAM 8587 05/13/97 09:51:00
#1930 # LM #-97-335815
COOK COUNTY RECORDER :

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T#0003 TRAM 8587 05/13/97 09:51:00
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COOK COUNTY RECORDER :

Property of Cook County Clerk's Office

FOR RECORDER'S USE ONLY

Order No. _____

GUADALUPE FLORES being duly sworn states that she resides at 5041 West 25th Place in the City of Cicero, Illinois

That she was acquainted with JESSE MARTINEZ deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

THE SOUTH 24.75 FEET OF THE EAST 53.77 FEET OF LOT 31 IN BLOCK 9 IN WALSH AND MCMULLEN'S SUBDIVISION OF THE SOUTH EAST QUARTER (EXCEPT THE NORTH QUARTER) OF SECTION 20, TOWNSHIP 39, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

Commonly known as:
1808 South May Street
Chicago, Illinois

P.I.N.: 17-20-407-005

That the deceased died January 4, 1996, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

X Leaving no Last Will & Testament

___ Leaving a Last Will & Testament a copy of which is attached hereto.

___ Leaving a Last Will & Testament which was filed in the Unproven Will Book of the Probate Division of the Circuit Court of Cook 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 \$70,000.00 dollars.

Affiant makes this affidavit for the purpose of inducing Chicago Title Insurance Company, or any other title insurer, to issue its title Insurance Policy, describing the above mentioned property, and for all other purposes allowed by law.

Subscribed and sworn to before me by the said Guadalupe Flores

this 25 day of April, 1997.

[Signature]
Notary Public

[Signature]
Affiant's Signature

GUADALUPE FLORES
5041 W. 25TH
CICERO, IL
60804



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Property of Cook County Clerk's Office

87216915

REGISTRATION DISTRICT NO. 16.10 MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH REGISTERED NUMBER

600183

DECEASED - NAME Jesse Martinez **LAST** Martinez **DATE OF DEATH** Jan 4 1996 **MONTH DAY YEAR**

CITY, TOWN, TRP. OR PARISH/DISTRICT NUMBER Chicago **STATE** Illinois **CITY** Chicago **COUNTY** Cook

AGE - LAST BIRTHDAY 85 **DATE OF BIRTH** Nov 21 1910 **MONTH DAY YEAR**

SEX M **EDUCATION** HS **INDUSTRY** Factory **CITY** Chicago **COUNTY** Cook

MARRIED, NEVER MARRIED, DIVORCED, OR SEPARATED MARRIED **NAME OF SURVIVING SPOUSE** Julia **DATE OF MARRIAGE** 1942 **MONTH DAY YEAR**

SOCIAL SECURITY NUMBER 334-14-3645 **INDUSTRY** Factory **CITY** Chicago **COUNTY** Cook

RESIDENCE STREET ADDRESS 1808 S. May St. **CITY** Chicago **COUNTY** Cook **STATE** Illinois **ZIP CODE** 60608

RACE White **RELIGION** None **ETHNIC ORIGIN** Mexican **DATE OF DEATH** Jan 4 1996 **MONTH DAY YEAR**

FATHER - NAME Unknown **MOTHER - NAME** Unknown **RELATIONSHIP** Grand-Granddaughter **CITY** Chicago **COUNTY** Cook **STATE** Illinois **ZIP CODE** 60608

CAUSE OF DEATH (A) INTRACEREBRAL HEMORRHAGE **CONDITIONS, IF ANY, WHICH MAY BE RELATED TO THE DEATH** (B) DUE TO OR AS A CONSEQUENCE OF **DATE OF DEATH** Jan 4 1996 **MONTH DAY YEAR**

PLACE OF DEATH At Home **CITY** Chicago **COUNTY** Cook **STATE** Illinois **ZIP CODE** 60608

DATE OF INJURY Jan 4 1996 **MONTH DAY YEAR** **LOCATION** 1808 S. May St. **CITY** Chicago **COUNTY** Cook **STATE** Illinois **ZIP CODE** 60608

DATE OF DEATH Jan 4 1996 **MONTH DAY YEAR** **DATE OF BURIAL** Jan 5 1996 **MONTH DAY YEAR**

DECEASED'S SIGNATURE Jesse Martinez **DATE** Jan 4 1996 **MONTH DAY YEAR**

CORONER'S SIGNATURE Laura Simms, D.O. **DATE** Jan 4 1996 **MONTH DAY YEAR**

DECEASED'S ADDRESS 1808 S. May St. **CITY** Chicago **COUNTY** Cook **STATE** Illinois **ZIP CODE** 60608

DECEASED'S SOCIAL SECURITY NUMBER 334-14-3645 **DECEASED'S BIRTHDAY** Nov 21 1910 **MONTH DAY YEAR**

DECEASED'S MARRIAGE LICENSE NUMBER 34-011022 **DECEASED'S MARRIAGE DATE** 1942 **MONTH DAY YEAR**

DECEASED'S FUNERAL HOME Funeral Home **CITY** Chicago **COUNTY** Cook **STATE** Illinois **ZIP CODE** 60608

DECEASED'S FUNERAL HOME ADDRESS 1709 v. 18th. St. **CITY** Chicago **COUNTY** Cook **STATE** Illinois **ZIP CODE** 60608

DECEASED'S FUNERAL HOME PHONE NUMBER 606-0800 **DECEASED'S FUNERAL HOME FAX NUMBER** 606-0800

DECEASED'S FUNERAL HOME ADDRESS 1709 v. 18th. St. **CITY** Chicago **COUNTY** Cook **STATE** Illinois **ZIP CODE** 60608

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CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH UNOFFICIAL COPY

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

JAN 5 1996

I, SHEILA LYNE, REG. 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.

Sheila Lyne

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

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