

COOK COUNTY
RECORDER
JESSE WHITE
BRIDGEVIEW OFFICE

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS (ss. Order No. _____
COUNTY OF _____

_____ MARGUERITE GONZALEZ _____ being duly sworn
states that SHE resides at 2942 W. Marquette _____ in the City of
CHICAGO _____

That SHE was acquainted with OSCAR ONESIMO GONZALEZ
deceased who, at the time of HIS death, was one of the owners of the land in
_____ COOK _____ County, Illinois, described as:

That the deceased died AUGUST 25, 1991 _____, as evidenced by a
certified copy of death certificate of the deceased attached hereto.

That the deceased died:

~~XXXX~~ Leaving no Last Will & Testament.

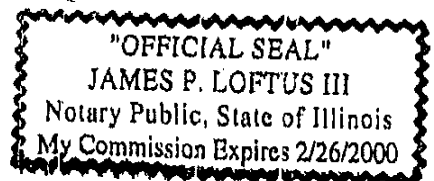
_____ Leaving a Last Will & Testament a copy of which is attached hereto. The
original of the unproven will should be filed with the Clerk of the
Probate Division of the Circuit Court of COOK County,
Illinois.

_____ 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 deceased, does not exceed the sum of _____
dollars.

Subscribed and sworn to before me by the said

APRIL _____
this 23rd day of APRIL A.D. 19 98



NOTARY PUBLIC

Marguerite Gonzalez
(affiant's signature)

UNOFFICIAL COPY

98633911

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Prepared by: James P. Loftus

MAIL TO:

American General Finance
4401 W. 63rd St
Chicago, IL 60629



LOTS 22 IN REED'S 67TH STREET SUBDIVISION OF BLOCK 7 IN EAST CHICAGO LAWN,
SWANNELL'S SUBDIVISION OF THE WEST 1/2 OF THE EAST 1/2 OF THE NORTHWEST 1/4 OF
SECTION 24, TOWNSHIP 38 NORTH RANGE 13 EAST OF THE THIRD PRINCIPLE MERIDIAN, IN
COOK COUNTY, ILLINOIS

PERMANENT INDEX NUMBER: 19-24-128-039-0000

PROPERTY ADDRESS: 2942 W. MARQUETTE
CHICAGO IL 60629

Property of Cook County Clerk's Office

AUG 28 1991

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I, VIRGINIA L. PARKER, M.P.A. ACTING 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 MULTICOLOR SIGNATURE SEAL IS AFFIXED.

700000011

REGISTRATION DISTRICT NO	16.10	STATE FILE NUMBER	616263
DECEASED-NAME	Oscar Onesimo Gonzalez		
CITY OF DEATH	Chicago	DATE OF DEATH	August 25, 1991
AGE- LAST BIRTHDAY (MRS)	5a. 63	DATE OF BIRTH	July 23, 1928
HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT NETHER, GIVE STREET AND NUMBER)	Push-Pres-St. Lukes Medical Center		
IF MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	8a. Married		
NAME OF SURVIVING SPOUSE (MARRIAGE # IF WIFE)	8b. Marguerite Tafel		
USUAL OCCUPATION	11a. Tool & Dye Maker Machine		
RESIDENCE STREET AND NUMBER	13a. 2942 W. 67th St.		
CITY, TOWN, TWP. OR ROAD DISTRICT NO	13b. Chicago		
INSIDE CITY (YES/NO)	13c. YES		
COUNTY	13d. Cook		
RACE (WHITE, BLACK, AMERICAN INDIAN, HAWAIIAN, OTHER SPECIFY)	14a. White		
ETHNICITY (SPECIFY)	14b. Mexican		
FATHER-NAME FIRST MIDDLE LAST	15. (Not Available) Gonzalez Guadalupe Valdez		
RELATIONSHIP	17b. Wife		
MAILING ADDRESS STREET AND NO. OR R.F.D. CITY (STATE, ZIP+4)	17c. 2942 W. 67th St., Chicago, Ill. 60629		
IMMEDIATE CAUSE (IF FATAL) (DISEASE OR CONDITION RESULTING IN DEATH)	(a) Cardiac Arrhythmia		
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a)	(b) Disseminated Small Bowel Adenocarcinoma		
CAUSE LAST	(c) DUE TO, OR AS A CONSEQUENCE OF		
MAJOR FINDINGS OF OPERATION	20b. (c) Cardiac Arrhythmia		
DATE AND ADDRESS OF CERTIFIER (TYPE OR PRINT)	22a. SIGNATURE: [Signature] NAME AND ADDRESS OF CERTIFIER: Dr. D. Baldwin 1653 W. Congress Parkway Chg Il 60612		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)	22b. NAME AND ADDRESS OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: Dr. D. Baldwin 1653 W. Congress Parkway Chg Il 60612		
DATE OF OPERATION, IF ANY	20a. DATE AND ADDRESS OF OPERATION: August 25, 1991		
IF DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON	21a. DATE AND ADDRESS OF LAST CONTACT WITH DECEASED TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE AND PLACE STATED TO THE CAUSE(S) STATED.		
WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	21b. YES NO		
DATE SIGNED (MONTH, DAY, YEAR)	22c. DATE SIGNED: August 26, 1991		
ILLINOIS LICENSE NUMBER	22d. ILLINOIS LICENSE NUMBER: 036068790		
NOTE: IF AN INQUIRY WAS MADE IN THIS LOCALITY THAT THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	22e. NOTE: IF AN INQUIRY WAS MADE IN THIS LOCALITY THAT THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
CITY OR TOWN	24c. City or Town: Evergreen Park, Ill.		
STATE	24d. State: Ill.		
STREET AND NUMBER OR R.F.D.	25a. Street and Number or R.F.D.: Frank Becvar Funeral Home, 654i So. Kedzie Av., Chicago, Il. 60629		
ZIP	25b. ZIP: 60629		
FUNERAL DIRECTOR'S SIGNATURE	25c. FUNERAL DIRECTOR'S SIGNATURE: [Signature]		
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	25d. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 34-010709		
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	26a. DATE FILED BY LOCAL REGISTRAR: AUG 28 1991		
DATE FILED BY REGISTRAR (MONTH, DAY, YEAR)	26b. DATE FILED BY REGISTRAR: AUG 28 1991		

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