

UNOFFICIAL COPY

99468542



Order No. _____
Escrow No. _____
Loan No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF CALIFORNIA,
County of _____ ss.

VIRGINIA ZUNIGA, of legal age, being first duly sworn, deposes and says:
That FRANK ZUNIGA, the decedent mentioned in the attached certified copy of
Certificate of Death is the same person as FRANK ZUNIGA
named as one of the parties in that certain WARRANTY DEED TO JOINT TENANTS dated AUGUST 21, 1961
executed by LEWIS MANGAN and JANE MANGAN
to FRANK ZUNIGA and VIRGINIA ZUNIGA
as joint tenants, recorded as Instrument No. 18262-026 on _____ in
Book _____, Page _____ of Official Records of COOK County, ~~California~~ ILLINOIS
covering the following described property situated in the County of COOK, State of ~~California~~
ILLINOIS

Lot 7 in Blake's Subdivision of Lot 1 in Block 5 in James H. Rees Addition to
Brighton, a subdivision of part of the southwest 1/4 of Section 31, Township
39 North, Range 14, East of the Third Principal Meridian in Cook County,
Illinois.

More Commonly Known As:

3609 S. Archer, Chicago, Illinois 60609

17-31-312-007

Dated: 5-12-99

Judy Zuniga Goldman
JUDY ZUNIGA GOLDMAN, Conservator for
VIRGINIA ZUNIGA

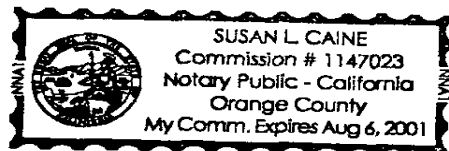
SUBSCRIBED AND SWORN TO before me, the
undersigned a Notary Public in and for said State,

this 12th day of May, 1999.
WITNESS my hand and official seal.

Signature Susan L. Caine

SUSAN L. CAINE

Name (Typed or Printed)



(This area for official notarial seal)

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Property of Cook County Clerk's Office



First American Title Insurance Company

114 EAST FIFTH STREET, (P. O. BOX 267) SANTA ANA, CALIFORNIA 92702 (714) 558-3211

A subsidiary of The First American Financial Corporation

PRE PAID BY

~~FRANK ZUNISA~~

3609 S ARCHER AVE
CHGO, ILL 60609



for the decedent in Item 1 and that this record was established and filed in my office in accordance with the provisions of Illinois statutes relating to the registrar of birth stillbirth and death.

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Date **MAR 24 1994**

Signed *Patricia McCreary*

At Cook County Department of Health Official Title Chief Deputy Registrar
1010 Lake Street Oak Park, IL 60301

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

FILE NUMBER
99468542

REGISTRATION DISTRICT NO.	100	REGISTERED NUMBER	
DECEASED NAME	FRANCISCO (Frank)	FIRST MIDDLE LAST	David Zuniga SR.
COUNTY OF DEATH	Frank	AGE LAST BIRTHDAY (YRS)	2 Male
CITY, TOWN, TWP. OR FPO/D DISTRICT NUMBER	Cook	UNDER 1 YEAR UNDER 1 DAY	3 March 22, 1994
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	Oak Lawn	UNDER 1 DAY	54 AUGUST 9, 1919
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	8a. DIVORCED	DATE OF BIRTH (MONTH, DAY, YEAR)	
USUAL OCCUPATION	11a. REPAIRMAN	HOSPITAL OR OTHER INSTITUTION (NAME IF NOT EITHER, GIVE STREET AND NUMBER)	6c. Inpatient
SOCIAL SECURITY NUMBER	10091-22-2871 A	NAME OF SURVIVING SPOUSE (IF MARRIED, GIVE NAME)	9. YES
RESIDENCE (STREET AND NUMBER)	13a. 26W554 Julie Road	KIND OF BUSINESS OF INDUSTRY	13d. Dupage
STATE	Illinois	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
FATHER NAME	13b. White	INSIDE CITY (YES/NO)	
MOTHER NAME	13c. White	COUNTY	
15. FATHER'S GOVERNMENT SERVICE		16. MOTHER'S GOVERNMENT SERVICE	
17a. Rose Trotter		17b. Zuniga	
18. PART I. IMMEDIATE CAUSE (Final disease or condition resulting in death)	(a) Pulmonary Embolism (b) Due to OR AS A CONSEQUENCE OF (c)		
18. PART II. Other significant conditions contributing to death or resulting in the underlying cause given in PART I.	Aortic Aneurysm, Carotid Arteriosclerosis, Atrial Fibrillation		
DATE OF OPERATION, IF ANY	120b	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	NO
20a. I (D) OR I (M) ATTENDED THE DECEASED AND LAST SAW HIM/HER ALIVE ON	3-22-94	DATE SIGNED	5:19 P
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?	NO
22a. SIGNATURE OF CERTIFIER	<i>Patricia McCreary</i>	ILLINOIS LICENSE NUMBER	0303604645
22b. NAME AND ADDRESS OF CERTIFIER	Patricia McCreary, 4400 W 95th Oak Lawn, IL 60453	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	MAR 24 1994
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	MAR 24 1994
23b. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	MAR 24 1994
24a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	MAR 24 1994
24b. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	MAR 24 1994
25a. SAIERNO'S GALEWOOD Chapels 1857 N HARLEM AVE CHGO., ILLINOIS 60635		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	MAR 24 1994
25b. SAIERNO'S GALEWOOD Chapels 1857 N HARLEM AVE CHGO., ILLINOIS 60635		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	MAR 24 1994
25c. SAIERNO'S GALEWOOD Chapels 1857 N HARLEM AVE CHGO., ILLINOIS 60635		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	MAR 24 1994
25d. SAIERNO'S GALEWOOD Chapels 1857 N HARLEM AVE CHGO., ILLINOIS 60635		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	MAR 24 1994

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REGISTRAR
Illinois Department of Public Health—Division of Vital Records