

Notary Public
038675

03-867559

19 90

we this 20 day of March

Subscribed and sworn to before

~~GERARDO Z. ROBLES~~

~~Gerardo Z. Robles~~

and I make this affidavit for the purpose of inducing the Registrar of Titles of Cook County, Illinois, to issue a Certificate of Title without additional evidence of non-liability, relying on this statement as true, and in consideration thereof warrant the truth of the statements herein contained.

- 1) that no tax is due; or
- 2) that if any tax due, there are sufficient other assets to pay such tax; or
- 3) that any tax due has been paid.

(select one - initial choice)

that regarding Federal Estate Tax or State Inheritance Tax; (2) That as a consequence, I represent to the Registrar of Titles

Laura Lee Robles, who died on August 18, 1989

(2) I am personally acquainted with the assets of the estate of

and reside at 3906 North Paulina, Chicago, Illinois

(1) I am GERARDO Z. ROBLES, surviving spouse (name and capacity)

oath, deposes and states as follows:

tax for the estate of decedent herein, being that only sworn upon the Affiant, regarding the possible liability for state inheritance

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003-201000

Property of Cook County Clerk's Office

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RECEIVED
OCT 10 1988

COMMISSIONER OF PUBLIC HEALTH
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
605 NORTH LAKE STREET
SPRINGFIELD, ILLINOIS 62761

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF VETERINARY MEDICINE

10/10/88

Property of Cook County Clerk's Office

<p>STATE OF ILLINOIS DEPARTMENT OF PUBLIC HEALTH DIVISION OF VETERINARY MEDICINE</p>	<p>STATE OF ILLINOIS DEPARTMENT OF PUBLIC HEALTH DIVISION OF VETERINARY MEDICINE</p>	<p>STATE OF ILLINOIS DEPARTMENT OF PUBLIC HEALTH DIVISION OF VETERINARY MEDICINE</p>	<p>STATE OF ILLINOIS DEPARTMENT OF PUBLIC HEALTH DIVISION OF VETERINARY MEDICINE</p>
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OFFICIAL COPY OF DEATH RECORDS - COOK COUNTY

01/10

UNOFFICIAL COPY

AUG 22 1989

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

SS

I, JAMES W. MASTERSON, M.P.H., 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 OF 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 AS A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

602-867559



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED

Robert J. ...
Dupuy ...

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH
615856
male

DISTRICT NO. 16.10		DECEASED-WAKE LAURA LEE FOLEY		SEX 2. FEMALE		DATE OF DEATH 18, 1989	
COUNTY OF DEATH COOK		AGE-LAST BIRTHDAY (MOS) 53, 46		DATE OF BIRTH 5, 1943		MONTH, DAY, YEAR 18, 1989	
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER CHICAGO		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 3906 N. PAULINA		DATE OF BIRTH 5, 1943		MONTH, DAY, YEAR 18, 1989	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago, IL		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED		NAME OF SURVIVING SPOUSE (MOTHER NAME, IF WIFE) Gerardo Z. Robles		WAS DECEASED BY VENUE (MOS) ARMED FORCE (YES/NO) 9. No	
SOCIAL SECURITY NUMBER 360-34-5752		USUAL OCCUPATION 11a. Homemaker		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12		CITY, TOWN, TWP, OR ROAD DISTRICT NO. Chicago	
RESIDENCE (STREET AND NUMBER) 3906 N. PAULINA		CITY, TOWN, OR ROAD DISTRICT NO. Chicago		INSIDE CITY (YES/NO) Yes		COUNTY 13d. Cook	
STATE 13a. Illinois		RACE (WHITE, BLACK, AMERICAN INDIAN, OR OTHER) White		14b. YES/NO YES		13c. YES	
FATHER-NAME FIRST Michael MIDDLE FOLEY LAST FOLEY		MOTHER-NAME FIRST Laura MIDDLE BORNITZ LAST BORNITZ		14c. YES/NO YES		13d. Cook	
INFORMANT'S NAME (TYPE OR PRINT) Gerardo Z Robles		RELATIONSHIP 17b. Husband		MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE, ZIP CODE) 17c. 1723906 N. Paulina St Chicago, IL		14d. YES/NO YES	
IMMEDIATE CAUSE (final disease or condition resulting in death) MULTIPLE INCISED WOUNDS		CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (B) STATING THE UNDERLYING CAUSE LAST. DUE TO, OR AS A CONSEQUENCE OF		18. PART I. Enter the disease, injury, or complication that caused the death. Do not enter the mode of death, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		14e. YES/NO YES	
NATURAL, ACCIDENT, HOMICIDE, SUICIDE (UNDETERMINED), (SPECIFY) SUICIDE		DATE OF INJURY (MONTH, DAY, YEAR) 20b. AUGUST 18, 1989		HOUR 20c. 4:09 P.M.		19b. YES/NO No	
PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE, SCHOOL, ETC.) (SPECIFY) HOME		LOCATION (CITY, V.L. OR TOWN, OR TWP., OR I.D. DIST. NO., COUNTY, STATE) 20g. CHICAGO COOK IL		HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR "NOT KNOWN") 20d. SELF-INFLICTED		19c. YES/NO No	
CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INFORMATION THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSES) STATED, AND THAT		THE DECEASED WAS PRONOUNCED DEAD ON 21b. AUGUST 18, 1989		AT 21c. 4:00 P.M.		20e. YES/NO No	
CORONER'S - MEDICAL EXAMINER'S SIGNATURE		CORONER'S PHYSICIAN'S SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR) 22b. AUGUST 19, 1989		20f. YES/NO No	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago, IL		CITY, TOWN, TWP, OR ROAD DISTRICT NO. Chicago		STATE 23b. Illinois		20g. YES/NO No	
FATHER-NAME FIRST Michael MIDDLE FOLEY LAST FOLEY		MOTHER-NAME FIRST Laura MIDDLE BORNITZ LAST BORNITZ		14b. YES/NO YES		20h. YES/NO No	
INFORMANT'S NAME (TYPE OR PRINT) Gerardo Z Robles		RELATIONSHIP 17b. Husband		MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE, ZIP CODE) 17c. 1723906 N. Paulina St Chicago, IL		20i. YES/NO No	
IMMEDIATE CAUSE (final disease or condition resulting in death) MULTIPLE INCISED WOUNDS		CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (B) STATING THE UNDERLYING CAUSE LAST. DUE TO, OR AS A CONSEQUENCE OF		18. PART I. Enter the disease, injury, or complication that caused the death. Do not enter the mode of death, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		20j. YES/NO No	
NATURAL, ACCIDENT, HOMICIDE, SUICIDE (UNDETERMINED), (SPECIFY) SUICIDE		DATE OF INJURY (MONTH, DAY, YEAR) 20b. AUGUST 18, 1989		HOUR 20c. 4:09 P.M.		19b. YES/NO No	
PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE, SCHOOL, ETC.) (SPECIFY) HOME		LOCATION (CITY, V.L. OR TOWN, OR TWP., OR I.D. DIST. NO., COUNTY, STATE) 20g. CHICAGO COOK IL		HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR "NOT KNOWN") 20d. SELF-INFLICTED		19c. YES/NO No	
CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INFORMATION THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSES) STATED, AND THAT		THE DECEASED WAS PRONOUNCED DEAD ON 21b. AUGUST 18, 1989		AT 21c. 4:00 P.M.		20e. YES/NO No	
CORONER'S - MEDICAL EXAMINER'S SIGNATURE		CORONER'S PHYSICIAN'S SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR) 22b. AUGUST 19, 1989		20f. YES/NO No	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago, IL		CITY, TOWN, TWP, OR ROAD DISTRICT NO. Chicago		STATE 23b. Illinois		20g. YES/NO No	
FATHER-NAME FIRST Michael MIDDLE FOLEY LAST FOLEY		MOTHER-NAME FIRST Laura MIDDLE BORNITZ LAST BORNITZ		14b. YES/NO YES		20h. YES/NO No	
INFORMANT'S NAME (TYPE OR PRINT) Gerardo Z Robles		RELATIONSHIP 17b. Husband		MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE, ZIP CODE) 17c. 1723906 N. Paulina St Chicago, IL		20i. YES/NO No	
IMMEDIATE CAUSE (final disease or condition resulting in death) MULTIPLE INCISED WOUNDS		CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (B) STATING THE UNDERLYING CAUSE LAST. DUE TO, OR AS A CONSEQUENCE OF		18. PART I. Enter the disease, injury, or complication that caused the death. Do not enter the mode of death, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		20j. YES/NO No	

25a. Burkhard 2157 Irving Park Rd. Chicago Illinois 60618
FUNERAL DIRECTOR'S SIGNATURE
25b. 240 Valle de los Saleros San Luis Potosi Mexico 24d. 8-26-89
FUNERAL HOME
25c. 31-6117
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) AUG 22 1989
25d. AUG 22 1989
BASED ON 1989 U.S. STANDARD CERTIFICATE

(FORM 302)

3867559

Affidavit by Surviving Joint Tenant

L. R. 5772 Doc. No. 3377516 Certificate No. 1415226

State of ILLINOIS }
County of COOK } ss.

GERARDO Z. ROBLES being first
duly sworn, upon oath deposes and says:

That he resides at 3906 N. Paulina in the City of Chicago, Illinois
and that he is one of the parties who took title, not in tenancy in common, but in joint tenancy,
to real estate shown in Certificate of Title No. situated in said Cook County, Illinois,

described as follows: THE NORTH 25.25 FEET OF THE SOUTH 74.56 FEET OF LOT THIRTY-ONE
(31), NORTH 25.23 FEET OF THE SOUTH 74.56 FEET OF LOT THIRTY-TWO (32) IN BLOCK ONE
(1) OF THE SUBDIVISION OF BLOCK TWO (2) OF THE SUBDIVISION OF SECTION 19, TOWNSHIP
40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, (EXCEPT THE SOUTHWEST
QUARTER (1/4) OF THE NORTHEAST QUARTER (1/4) OF THE SOUTHWEST QUARTER (1/4) OF
THE NORTHWEST QUARTER (1/4) AND THE EAST HALF (1/2) OF THE SOUTHWEST QUARTER
(1/4) THEREOF).

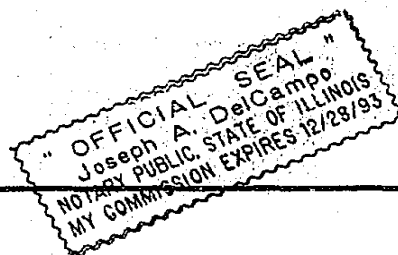
Affiant states that LAURA LEE FOLEY one of the said owners in joint
tenancy, died intestate, in the city (Village) of Chicago in the State of Illinois
as is confirmed by a Certificate of the health department of said municipality hereto attached.

Affiant states that the remaining joint tenant has not changed his marital status since
the issuance of Certificate of Title Number (except n/a who
has been married but once since acquiring said real estate and then to n/a).

Further, that the affiant makes this affidavit for the purpose of inducing the Registrar of Titles
of Cook County, Illinois, to issue a certificate of title to the surviving Joint Tenant to said above
described premises, relying on this statement as true, and in consideration thereof affiant guarantees
the truth of the statements herein contained.

Subscribed and sworn to before me
this 20 day of March 1990

Notary Public signature and NOTARY PUBLIC.



3867559

UNOFFICIAL COPY

Property of Cook County Clerk's Office

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1990 MAR 21 AM 10: 39

CAROL MOSELEY BRAUN
REGISTRAR OF TITLES

IDENTIFIED No.	REGISTRAR OF TITLES CAROL MOSELEY BRAUN Sanchez
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REALTY TITLE, INC.
33 N. LaSalle Street
Suite 1950
Chicago, Illinois 60602