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Property Number:  
45-07-06-108-023.000-023

Tax Mailing Address:  
923 Eaton Street, Hammond, Indiana 46300-2511

**SURVIVORSHIP AFFIDAVIT**

STATE OF ILLINOIS)

**2020-089080**

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
MICHAEL B BROWN  
RECORDER

) SS:

COUNTY OF COOK )

2020 Dec 4

10:18 AM

Comes now Julieta Riesco, the Affiant, and who, being first duly sworn upon his oath, makes the following statements and affirmations:

1. I am an adult residing at 923 Eaton Street, Hammond, Indiana 46300, in the County of Lake, State of Indiana, and have personal knowledge of the facts stated herein as the surviving spouse of Jose Riesco.

2. Julieta Riesco is the owner of the following described real estate:

**THE WEST 24 FEET OF LOT 22 AND THE EAST 16 FEET OF LOT 23, IN BLOCK 8, IN OAKLAND ADDITION, CITY OF HAMMOND, AS SHOWN IN PLAT BOOK 6, PAGE 35, IN THE LAKE COUNTY, INDIANA.**

Commonly known as: 923 Eaton Street, Hammond, Indiana 46300-2511  
Property Number: 45-07-06-108-023.000-023

3. Said real estate was formerly owned by Jose Riesco and Julieta Riesco, husband and wife.

4. Jose Riesco and Julieta Riesco, husband and wife, obtained title to said real estate by the Warranty Deed dated November 4, 2019 and recorded November 13, 2019 as Document No. 2019 077584 in the Office of the Recorder of Lake County, Indiana.

5. Jose Riesco, died on April 11, 2020, as a resident of Lake County, Indiana. A certified copy of the Indiana State Department of Health Certificate of Death is attached to this Survivorship Affidavit as Exhibit "A" and made a part of this Survivorship Affidavit by reference.

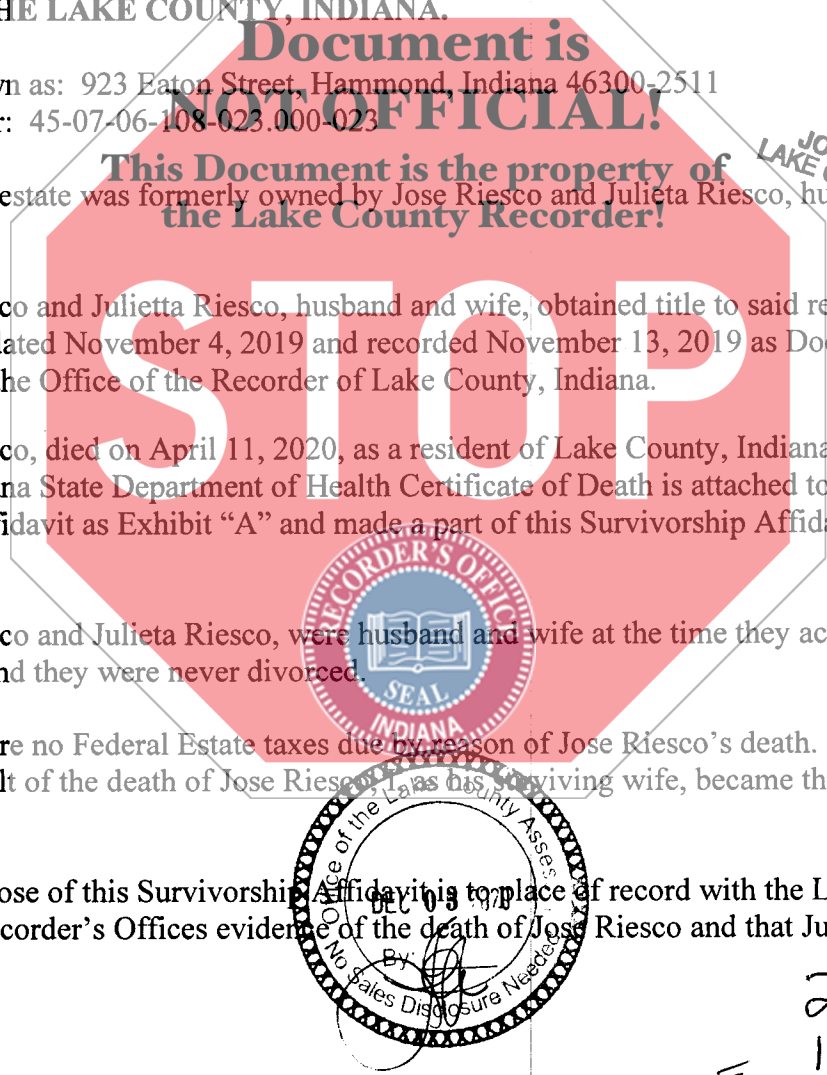
6. Jose Riesco and Julieta Riesco, were husband and wife at the time they acquired title to said real estate and they were never divorced.

7. There were no Federal Estate taxes due by reason of Jose Riesco's death.

8. As a result of the death of Jose Riesco, his surviving wife, became the sole owner of said real estate.

9. The purpose of this Survivorship Affidavit is to place of record with the Lake County Auditor's and Recorder's Offices evidence of the death of Jose Riesco and that Julieta Riesco, as

{00811803 }



**FILED**  
DEC 03 2020  
JOHN E. PETALAS  
LAKE COUNTY  
AUDITOR

E 25-15729 am



Before me, a Notary Public in and for said County and State, personally appeared

Alexander R. Domanskis, the above

WITNESS to the foregoing instrument, being known to me to be the person whose name is subscribed as a WITNESS to the foregoing instrument, who, being duly sworn by me, did depose and say that he/she knows Julieta Riesco, Affiant, to be the individual described in and who executed the foregoing instrument; that said WITNESS was present and saw said Affiant execute the same; that said WITNESS at the same time subscribed his/her name as a witness thereto; and that said WITNESS is not a party to the transaction described in the foregoing instrument and will not receive any interest in or proceeds from the property that is the subject of the transaction.

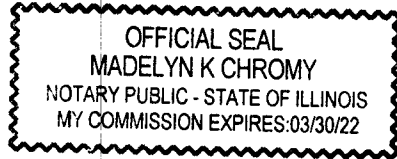
Witness my hand and Notarial Seal this 28th day of July, 2020.

Notary's Signature: Madelyn K. Chromy

Notary's Printed Name: Madelyn K. Chromy

Notary's County of Residence: COOK

Notary's Commission Expires: \_\_\_\_\_

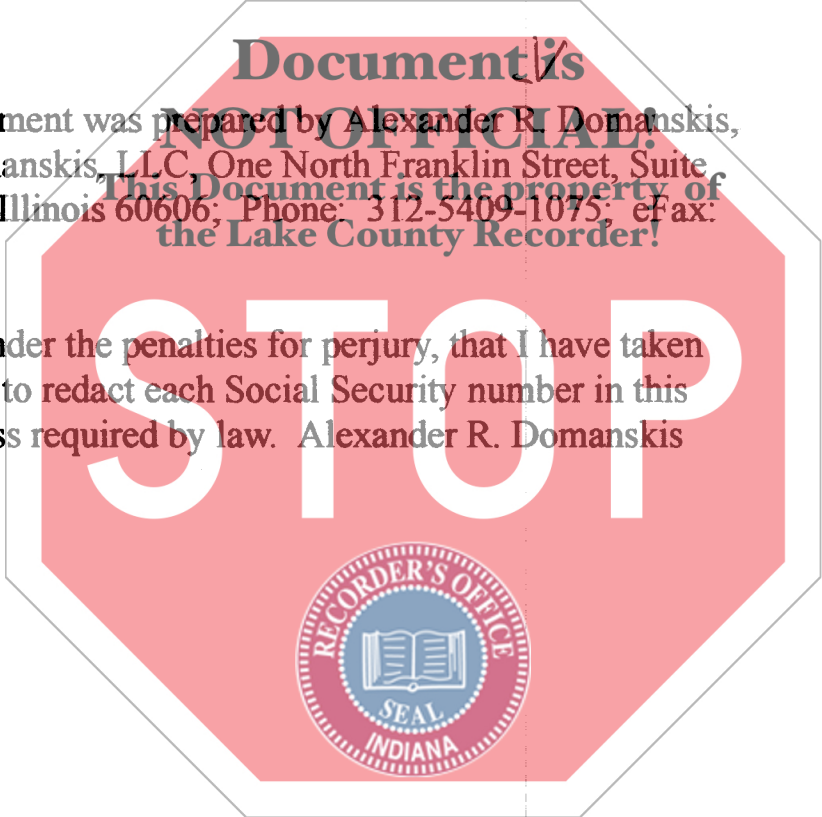


After recording return to and Mailing Address of Affiant:  
**Alexander R. Domanskis, Boodell & Domanskis, LLC, One North Franklin Street, #1200, Chicago, Illinois 6060**

This instrument was prepared by Alexander R. Domanskis, Boodell & Domanskis, LLC, One North Franklin Street, Suite 1200, Chicago, Illinois 60606; Phone: 312-5409-1075; eFax: 312-300-5543;

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. Alexander R. Domanskis

{00811803 }

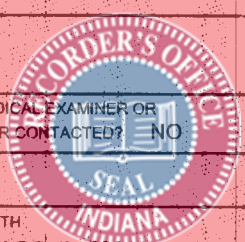


# CERTIFICATION OF DEATH RECORD

## COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER 2020 0030960      MEDICAL EXAMINER'S CASE NUMBER ME2020-02492      DATE ISSUED 4/15/2020

DECEDENT'S LEGAL NAME JOSE RIESCO JR		SEX MALE	DATE OF DEATH APRIL 11, 2020	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 57 YEARS	DATE OF BIRTH JULY 14, 1962		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME ILLINOIS MASONIC MEDICAL CENTER		
PLACE OF DEATH INPATIENT				
BIRTHPLACE CUBA	SOCIAL SECURITY NUMBER <del>240-56-9701X</del>	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME JULIETA GOMEZ	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 923 EATON STREET		APT. NO.	CITY OR TOWN HAMMOND	INSIDE CITY LIMITS? YES
COUNTY LAKE	STATE IN	ZIP CODE 46320	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOSE RIESCO SR	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ZAINÉ DABUL
INFORMANT'S NAME JULIETA RIESCO		RELATIONSHIP WIFE	MARITAL ADDRESS 923 EATON STREET, HAMMOND, IN, 46320	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION ROSEHILL CEMETERY	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION APRIL 13, 2020
FUNERAL HOME DRAKE & SON FUNERAL HOME, 5303 N. WESTERN AVE, CHICAGO, IL, 60625				
FUNERAL DIRECTOR'S NAME RICHARD PETER KONYAR			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015005	
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH			DATE FILED WITH LOCAL REGISTRAR APRIL 12, 2020	
<b>CAUSE OF DEATH</b> PART I: NOVEL CORONA (COVID-19) VIRAL INFECTION IMMEDIATE CAUSE    a. _____ (Final disease or condition    Due to (or as a consequence of): resulting in death)    b. _____ c. _____ Due to (or as a consequence of):				
PART II: Enter other <b>significant conditions contributing to death</b> but not resulting in the underlying cause given in PART I. CORONARY ARTERY DISEASE, STROKE, DIABETES MELLITUS, INFECTED AMPUTATION SITE, HYPERTENSION			WAS AN AUTOPSY PERFORMED? NO WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE			MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?
LOCATION OF INJURY			IF TRANSPORTATION INJURY, SPECIFY:	
DESCRIBE HOW INJURY OCCURRED:				
ATTEND THE DECEASED?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED APRIL 11, 2020	TIME OF DEATH 06:06 AM
CERTIFIER MEDICAL EXAMINER/CORONER			DATE CERTIFIED APRIL 11, 2020	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PONNI ARUNKUMAR MD, 2121 W HARRISON ST, CHICAGO, IL, 60612			PHYSICIAN'S LICENSE NUMBER 1339206	



This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

Karen A. Yarbrough  
 Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE EMBOSSED STATE AND COUNTY SEALS AT BOTTOM