

**SPECIAL NOTICE**  
This form is **NOT** required by law, nor is it required by Cook County Recorder of Deeds (CCRD). CCRD employees **CANNOT** assist with the preparation of this, or **ANY LEGAL FORM.**

**UNOFFICIAL COPY**



Doc#: 1617447060 Fee: \$44.25  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 06/22/2016 11:52 AM Pg: 1 of 3

**PREPARED BY:**  
NICK M ADDEROM  
338 MARQUETTE ST  
PARK FOREST, IL 60466

**SURVIVING TENANT AFFIDAVIT**

I, NICK M ADDEROM the surviving tenant of the tenancy created by the deed with the document number 15107640 do hereby declare under oath that the tenant HAZEL M ADDEROM died on DEC 23 2015 as evidenced by the attached certified copy of her/his death certificate (see attached).

I also declare that the aforementioned tenant was an owner of property with the following details:

**LEGAL DESCRIPTION**

\_\_\_\_\_  
\_\_\_\_\_

**PROPERTY IDENTIFICATION NUMBER (PIN):**

3 1 - 3 5 - 2 1 2 - 0 1 6 - 0 0 0 0

**COMMONLY KNOWN ADDRESS**

338 MARQUETTE ST  
PARK FOREST, IL 60466

**NOTARY & AFFIANT SIGNATURE SECTION BELOW**

Subscribed & Sworn to me by:

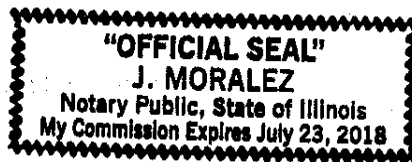
NICK O M ADDEROM

Affiant Signature:

Nick O Madderon

On the Following Date:

JUNE 22<sup>ND</sup> 2016



J. Moralez

# UNOFFICIAL COPY

LOT 55 IN BLOCK 94 IN VILLAGE OF PARK FOREST AREA NO.4, BEING A SUBDIVISION OF THE EAST 1/2 OF SECTION 35 AND THE WEST 1/2 OF SECTION 36, TOWNSHIP 35 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MEDIAN, ACCORDING TO THE PLAT THEREOF RECORDED JUNE 25, 1951 AS DOCUMENT 15107640, IN COOK COUNTY, ILLINOIS.

IN WITNESS WHEREOF, The said first party has signed and sealed these presents the day and year first above written.

PIN # 31-35-212-016

Signed, sealed and delivered in presence of:

Witness

Admette Jangse

Property of Cook County Clerk's Office

**UNOFFICIAL COPY**

**CITY OF CHICAGO HEIGHTS  
CHICAGO HEIGHTS, ILLINOIS  
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2015 0102213

DATE ISSUED 12/30/2015

DECEDENT'S LEGAL NAME HAZEL M MADDEROM		SEX FEMALE	DATE OF DEATH DECEMBER 23, 2015	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 95 YEARS	DATE OF BIRTH JANUARY 02, 1920		
CITY OR TOWN CHICAGO HEIGHTS		HOSPITAL OR OTHER INSTITUTION NAME PRAIRIE MANOR NRSG & REHAB CTR		
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY				
BIRTHPLACE MONESSEN, PA	SOCIAL SECURITY NUMBER 200-01-6117	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 338 MARQUETTE STREET	APT. NO.	CITY OR TOWN PARK FOREST	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60466	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ALBERT LEROY ROWAN	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARY GAMBIL
INFORMANT'S NAME NICHOLAS O MADDEROM		RELATIONSHIP SON	MAILING ADDRESS 338 MARQUETTE STREET, PARK FOREST, IL, 60466	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION REGIONAL CREMATION SERVICES	LOCATION - CITY OR TOWN AND STATE MUNSTER, IN	DATE OF DISPOSITION DECEMBER 26, 2015	
FUNERAL HOME PANAZZO BROS FUNERAL HOME, 530 WEST LINCOLN HIGHWAY, CHICAGO HEIGHTS, IL, 60411				
FUNERAL DIRECTOR'S NAME PHILLIP J PANAZZO			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014612	
LOCAL REGISTRAR'S NAME LORI WILCOX			DATE FILED WITH LOCAL REGISTRAR DECEMBER 30, 2015	
<b>CAUSE OF DEATH</b>				
PART I. DIABETES MELLITUS				
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
a. _____ Due to (or as a consequence of):				
b. DEMENTIA				
_____				
Due to (or as a consequence of):				
c. _____				
_____				
Due to (or as a consequence of):				
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I.			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				
DESCRIBE HOW INJURY OCCURRED:				IF TRANSPORTATION INJURY, SPECIFY:
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 10:32 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED DECEMBER 30, 2015	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR. IYENGAR, 345 DIXIE HIGHWAY, CHICAGO HEIGHTS, ILLINOIS, 60411				PHYSICIAN'S LICENSE NUMBER 036-112541

32034

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.

DATE ISSUED: DEC 30 2015

*Joan D. Durrant*  
City Clerk

