

UNOFFICIAL COPY

SPECIAL NOTICE:

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



1618257057

Doc#: 1618257057 Fee: \$42.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 06/30/2016 09:49 AM Pg: 1 of 3

PREPARED BY:

ROBIN PHILIP JESK &
ASSOCIATES

15150 S. CICERO AVE.

OAK FOREST, IL 60452

SURVIVING TENANT AFFIDAVIT

I, Loretta Kunovic the surviving tenant of the tenancy created by the deed with the document number: 944663817 do hereby declare under oath that the tenant Frank Kunovic died on 01/08/2014 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

LOT 1 IN MESSANA RESUBDIVISION OF LOT 14 (EXCEPT THE SOUTH 17 FEET TAKEN FOR HIGHWAY PURPOSES) IN MIDLOTHIAN HILLS, BEING A SUBDIVISION OF THE WEST 1/2 OF THE SOUTH 1/2 OF THE EAST 1/2 OF THE NORTHWEST 1/4 OF SECTION 9, TOWNSHIP 36 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PROPERTY IDENTIFICATION NUMBER (PIN):

2 8 - 0 9 - 2 0 5 - 0 4 1 - 0 0 0 0

COMMONLY KNOWN ADDRESS:

14661 Laporte Ave.

Midlothian, IL 60445

NOTARY & AFFIANT SIGNATURE SECTION BELOW

Subscribed & Sworn to me by:

Loretta Kunovic

Affiant Signature:

Loretta Kunovic

On the Following Date:

6-29-2016



Ellen J. Boss

UNOFFICIAL COPY

LOT 1 IN MESSANA RESUBDIVISION OF LOT 14 (EXCEPT THE SOUTH 17 FEET TAKEN FOR HIGHWAY PURPOSES) IN MIDLOTHIAN HILLS, BEING A SUBDIVISION OF THE WEST 1/2 OF THE SOUTH 1/2 OF THE EAST 1/2 OF THE NORTHWEST 1/4 OF SECTION 9, TOWNSHIP 36 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PROPERTY ADDRESS: 14661 Laporte Avenue, Midlothian, IL 60445

UNOFFICIAL COPY

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS


MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2014 0002077

DATE ISSUED 1/13/2014

DECEDENT'S LEGAL NAME FRANK G KUNOVIC JR		SEX MALE	DATE OF DEATH JANUARY 08, 2014	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 59 YEARS	DATE OF BIRTH OCTOBER 22, 1954		
CITY OR TOWN PALOS HEIGHTS		HOSPITAL OR OTHER INSTITUTION NAME PALOS COMMUNITY HOSPITAL		
PLACE OF DEATH INPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME LORETTA MAZZOLA	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 14661 SOUTH LAPORTE		APT. NO.	CITY OR TOWN MIDLOTHIAN	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60445	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION FRANK G KUNOVIC SR	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARY MASKOVITZ
INFORMANT'S NAME LORETTA KUNOVIC		RELATIONSHIP WIFE	MAILING ADDRESS 14661 SOUTH LAPORTE, MIDLOTHIAN, IL, 60445	
METHOD OF DISPOSITION ENTOMBMENT		PLACE OF DISPOSITION QUEEN OF HEAVEN CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE HILLSIDE, IL	DATE OF DISPOSITION JANUARY 14, 2014
FUNERAL HOME MCKENZIE FUNERAL HOME LTD, 15618 SOUTH CICERO AVENUE, OAK FOREST, IL, 60452				
FUNERAL DIRECTOR'S NAME CHARLES K MCKENZIE			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031007184	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JANUARY 13, 2014	
CAUSE OF DEATH PART I. CARDIAC ARREST				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of):		
		b. CORONARY ARTERY DISEASE Due to (or as a consequence of):		
		c. _____ Due to (or as a consequence of):		
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I. CABG			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? YES	DATE LAST SEEN ALIVE JANUARY 07, 2014	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 12:22 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED JANUARY 09, 2014	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR. MOHAMMAD RAZZAQUE, M.D., 3230 WEST 95TH STREET, EVERGREEN PARK, ILLINOIS, 60805				PHYSICIAN'S LICENSE NUMBER 036-089799

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.


 David Orr
 Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE