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1623847055

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Doc#: 1623847055 Fee: \$44.25
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 08/25/2016 10:35 AM Pg: 1 of 3

PREPARED BY:

RONNEY RAMEY

5351 CHRISTOPHER DR

OAK FOREST, IL 60452

SURVIVING TENANT AFFIDAVIT

I, RONNEY RAMEY the surviving tenant of the tenancy created by the deed with the document number: 1132042033 do hereby declare under oath that the tenant DOROTHY RAMEY died on 1/02/13 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)

0 7 - 3 5 - 3 1 3 - 0 6 3 - 0 0 0 0

COMMONLY KNOWN ADDRESS:

811 SHAWNEE TRAIL

ROSELLE, IL 60172

NOTARY & AFFIANT SIGNATURE SECTION BELOW

Subscribed & Sworn to me by:

Ronney L Ramey

Affiant Signature:

On the Following Date:

8/25/2016

"OFFICIAL SEAL"
Kim A Anderson
Notary Public, State of Illinois
My Commission Expires 12/1/2017

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CHICAGO TITLE INSURANCE COMPANY COMMITMENT FOR TITLE INSURANCE SCHEDULE A (CONTINUED)

ORDER NO.: 1409 ST5123870 MNC

5. THE LAND REFERRED TO IN THIS COMMITMENT IS DESCRIBED AS FOLLOWS:

PARCEL 1:

LOT 3 IN BLOCK 51 IN THE TRAILS UNIT NUMBER 3, BEING A SUBDIVISION IN THE SOUTHWEST 1/4 OF SECTION 35, TOWNSHIP 41 NORTH, RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED JANUARY 4, 1973 AS DOCUMENT NUMBER 22176530, IN COOK COUNTY, ILLINOIS.

PARCEL 2:

EASEMENTS APPURTENANT TO AND FOR THE BENEFIT OF PARCEL 1 AS SET FORTH AND DEFINED IN THE DECLARATION OF EASEMENTS RECORDED AS DOCUMENT NUMBERS 21992274 AND 22223915, FOR INGRESS AND EGRESS, IN COOK COUNTY, ILLINOIS.

*Property: 811 Shawnee Trail
Roselle, IL 60172*

PIN: 07.35.313.063.0000

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CERTIFICATE OF DEATH RECORD
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COOK COUNTY CLERK VITAL RECORDS
CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2013 0000309

DATE ISSUED 1/4/2013

DECEDENT'S LEGAL NAME DOROTHY M RAMEY		SEX FEMALE	DATE OF DEATH JANUARY 02, 2013	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 72 YEARS	DATE OF BIRTH JULY 23, 1940		
CITY OR TOWN BROOKFIELD		HOSPITAL OR OTHER INSTITUTION NAME BRITISH HOME		
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 427-76-8504	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME RON RAMEY	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 5351 CHRISTOPHER DR	APT. NO.	CITY OR TOWN OAK FOREST		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60452	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JAMES ROSS	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION IRENE IRBY
INFORMANT'S NAME RON RAMEY		RELATIONSHIP HUSBAND	MAILING ADDRESS 5351 CHRISTOPHER DR, OAK FOREST, IL, 60452	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION HOMEWOOD MEMORIAL GARDENS, INC.	LOCATION - CITY OR TOWN AND STATE HOMEWOOD, IL	DATE OF DISPOSITION JANUARY 05, 2013	
FUNERAL HOME GATLING'S CHAPEL INC, 10133 S HALSTED ST, CHICAGO, IL, 60628				
FUNERAL DIRECTOR'S NAME MARGUERITE GATLING			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014380	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JANUARY 4, 2013	
CAUSE OF DEATH		PART I. METASTATIC LUNG CANCER	MONTHS	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of):		
		b. _____ Due to (or as a consequence of):		
		c. _____ Due to (or as a consequence of):		
PART II. Enter other significant conditions contributing to death 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? YES	DATE LAST SEEN ALIVE DECEMBER 26, 2012	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 08:20 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED JANUARY 03, 2013	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH AHMED NAZIMUDDIN, 5101 S WILLOW SPRINGS RD, LAGRANGE, IL, 60525				PHYSICIAN'S LICENSE NUMBER 036128135

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
David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: FACILE SECURITY HOLOGRAPHIC FOLIOS FOLLOW