

UNOFFICIAL COPY

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Doc#: 1625356136 Fee: \$40.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 09/09/2016 02:30 PM Pg: 1 of 2

PREPARED BY:

Roxane West

100 Forest PL P3

OAK PARK IL 60301

SURVIVING TENANT AFFIDAVIT

I, Roxane West the surviving tenant of the tenancy created by the deed with the document number: 0810709037 do hereby declare under oath that the tenant Robert West died on 08/02/2015 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

Lot 22 in Joseph B Ford and CO'S Resubdivision of Lots 1 to 20 inclusive, in the subdivision of lot 161 (Except the north 33 feet thereof) In the school Trustees Subdivision of the north part of section 16, Township 39 north, range 13 east of the third principal meridian, also lots 1 to 20, Inclusive in Allen's Subdivision of lot 162 in the School Trustees Subdivision of the north part of the section 16 township 39 north, range 13 east of the third principal Meridian in Cook County, Illinois

PROPERTY IDENTIFICATION NUMBER (PIN):

1 6 - 1 6 - 4 0 7 - 0 6 9 - 0 0 0 0

COMMONLY KNOWN ADDRESS:

4851 WLexington

Chicago IL 60644

NOTARY & AFFIANT SIGNATURE SECTION BELOW

Subscribed & Sworn to me by:

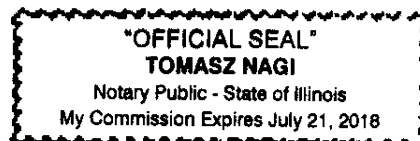
TOMASZ NAGI

Affiant Signature:

Tomasz Nagi

On the Following Date:

09/09/2016



UNOFFICIAL COPY**PROVISO TOWNSHIP REGISTRAR
HILLSIDE, ILLINOIS
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2015 0062592

DATE ISSUED 8/11/2015

DECEDENT'S LEGAL NAME ROBERT JAMES MARVIN WEST			SEX MALE	DATE OF DEATH AUGUST 02, 2015	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 78 YEARS		DATE OF BIRTH JULY 30, 1937		
CITY OR TOWN WESTCHESTER		HOSPITAL OR OTHER INSTITUTION NAME WESTCHESTER HEALTH & REHAB CTR			
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY					
BIRTHPLACE MERIDIAN, MS	SOCIAL SECURITY NUMBER [REDACTED] 1290	STATUS AT TIME OF DEATH WIDOWED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME EVER IN U.S. ARMED FORCES? YES	
RESIDENCE 2901 SOUTH WOLF ROAD		APT. NO.	CITY OR TOWN WESTCHESTER		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60154	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION UNKNOWN UNKNOWN		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MAGGIE HOLMES
INFORMANT'S NAME ROXANNE WEST		RELATIONSHIP DAUGHTER		MAILING ADDRESS 4851 WEST LEXINGTON STREET, CHICAGO, IL, 60644	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION FOREST HOME CEMETERY		LOCATION - CITY OR TOWN AND STATE FOREST PARK, IL	DATE OF DISPOSITION AUGUST 08, 2015
FUNERAL HOME ETERNITY FUNERAL SERVICES INC, 15201 W CENNES RD, PHOENIX, IL, 60426					
FUNERAL DIRECTOR'S NAME KENNETH WALKER			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015203		
LOCAL REGISTRAR'S NAME ANTHONY WILLIAMS			DATE FILED WITH LOCAL REGISTRAR AUGUST 11, 2015		
CAUSE OF DEATH PART I. ARTERIOSCLEROTIC HEART DISEASE					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		b. Due to (or as a consequence of)			
		c. Due to (or as a consequence of)			
		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	
FEMALE PREGNANCY STATUS NOT APPLICABLE				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DATE OF INJURY		TIME OF INJURY	PLACE OF INJURY		WANNER OF DEATH NATURAL
LOCATION OF INJURY					INJURY AT WORK?
DESCRIBE HOW INJURY OCCURRED:					IF TRANSPORTATION INJURY, SPECIFY:
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE JULY 05, 2015	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED	TIME OF DEATH 10:48 AM
CERTIFIER PHYSICIAN				DATE CERTIFIED AUGUST 05, 2015	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR HAISSAM M SABBAGH MD, 6738 W CERMAK ROAD, BERWYN, ILLINOIS, 60402					PHYSICIAN'S LICENSE NUMBER 036047078

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.

AUG 11 2015

Anthony Williams
TOWNSHIP CLERK/REGISTRAR

