

# UNOFFICIAL COPY

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Doc#: 1626546047 Fee: \$40.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 09/21/2016 03:13 PM Pg: 1 of 2

**PREPARED BY:**

FIRST MERIT BANK  
10240 S Cicero Ave  
OAK LAWN IL 60453

## SURVIVING TENANT AFFIDAVIT

I, Theresa LEONARD, the surviving tenant of the tenancy created by the deed with the document number: 1331739000 do hereby declare under oath that the tenant Kenneth Leonard died on May 31, 2013 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 in Molly's Highlands Resubdivision of Lots 41, 42, and 43 in Frank Delugach's Florence Highlands, being a subdivision of the North 1/2 of the South 1/2 of the Northeast 1/4 (Except that part lying East of the West line of the East 22 acres of said South 1/2 of the Northeast 1/4) of Section 6, Township 37 North, Range 13, East of the Third Principal Meridian, in Cook County Illinois.

**PROPERTY IDENTIFICATION NUMBER (PIN)**

24-05-216-04750000

**COMMONLY KNOWN ADDRESS:**

5907 W 89th St  
OAK LAWN IL 60453

**NOTARY & AFFIANT SIGNATURE SECTION BELOW**

**Subscribed & Sworn to me by:**

**Affiant Signature:**

X Theresa Leonard

**On the Following Date:**

9/20/16

*[Handwritten Signature]*

OFFICIAL SEAL  
 JAIME V. DARWIN  
 NOTARY PUBLIC - STATE OF ILLINOIS  
 MY COMMISSION EXPIRES 10/04/2016

**UNOFFICIAL COPY**

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

STATE FILE NUMBER 2013 0042835

DATE ISSUED 6/3/2013

DECEDENT'S LEGAL NAME KENNETH LAWRENCE LEONARD		SEX MALE	DATE OF DEATH MAY 31, 2013	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 63 YEARS	DATE OF BIRTH JULY 16, 1949		
CITY OR TOWN OAK LAWN		HOSPITAL OR OTHER INSTITUTION NAME ADVOCATE CHRIST MEDICAL CENTER		
PLACE OF DEATH INPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]-4889	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME THERESA VILEIKIS	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 5907 W 89TH STREET	APT. NO.	CITY OR TOWN OAK LAWN	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60453	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ROBERT LEONARD	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION DOROTHY NEALY
INFORMANT'S NAME THERESA LEONARD		RELATIONSHIP WIFE	MAILING ADDRESS 5907 W 89TH STREET, OAK LAWN, IL, 60453	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION ABRAHAM LINCOLN NATIONAL CEMETERY	LOCATION - CITY OR TOWN AND STATE ELWOOD, IL	DATE OF DISPOSITION JUNE 05, 2013	
FUNERAL HOME THOMPSON AND KUENSTER FUNERAL HOME, 5570 W. 95TH STREET, OAK LAWN, IL, 60453				
FUNERAL DIRECTOR'S NAME ROBERT BERNARD KUENSTER			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011257	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JUNE 3, 2013	
<b>CAUSE OF DEATH</b> PART I. SEPSIS				
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
a. _____ Due to (or as a consequence of):				
b. PNEUMONIA				
c. RESPIRATORY FAILURE				
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? YES	DATE LAST SEEN ALIVE MAY 31, 2013	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 08:57 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED JUNE 02, 2013	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH WAQAR MIAN, 2555 S KING DRIVE, CHICAGO, ILLINOIS, 60616			PHYSICIAN'S LICENSE NUMBER 036084085	

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: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM