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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.**



Doc# 1628722082 Fee \$40.00

RHSP FEE:\$9.00RPRF FEE \$1.00

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 10/13/2016 01:20 PM PG: 1 OF 2

PREPARED BY:

JAMES A. CORRIGAN
140 S. Dearborn Suite 320
CHICAGO, IL 60603

SURVIVING TENANT AFFIDAVIT

I, CONNIE LONG the surviving tenant of the tenancy created by the deed with the document number: 20971709 do hereby declare under oath that the tenant PAUL LONG died on Aug 3, 2016 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

THE SOUTH 1/2 OF LOT 67 AND ALL OF LOT 68 IN MOREHEAD'S SUBDIVISION OF BLOCK 31 IN THE CANAL TRUSTEES SUBDIVISION OF THE EAST HALF OF SECTION 31, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PROPERTY IDENTIFICATION NUMBER (PIN):

1 7 - 3 1 - 4 7 8 - 0 4 3 5 0 0 0 0

COMMONLY KNOWN ADDRESS:

3748 S. Honore Street
CHICAGO, IL 60609

NOTARY & AFFIANT SIGNATURE SECTION BELOW

Subscribed & Sworn to me by:

Connie Long
Affiant Signature:

On the Following Date:

October 12, 2016

OFFICIAL SEAL
JAMES A. CORRIGAN
Notary Public - State of Illinois
My Commission Expires Sep 15, 2018

Subscribed & Sworn to before me by Connie Long on October 12, 2016
James A. Corry
Notary Public

CCRD REVIEW

UNOFFICIAL COPY**COOK COUNTY CLERK VITAL RECORDS
CHICAGO, ILLINOIS
MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH**

STATE FILE NUMBER 2016 0061718 MEDICAL EXAMINER'S CASE NUMBER ME2016-03816 DATE ISSUED 8/9/2016

DECEDENT'S LEGAL NAME PAUL E LONG		SEX MALE	DATE OF DEATH AUGUST 03, 2016	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 76 YEARS	DATE OF BIRTH FEBRUARY 15, 1940		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME WARREN BARR SOUTH LOOP		
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 354-30-3075	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME CONNIE SRETENOVICH	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 3748 S HONORE ST	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60609	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION EDWARD LONG	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION CATHERINE BENDER
INFORMANT'S NAME CONNIE LONG		RELATIONSHIP SPOUSE	MAILING ADDRESS 3748 S HONORE ST, CHICAGO, IL, 60609	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION WOODLAWN CREMATORY	LOCATION - CITY OR TOWN AND STATE FOREST PARK, IL	DATE OF DISPOSITION AUGUST 09, 2016	
FUNERAL HOME NEPTUNE SOCIETY, 1628 OGDEN AVENUE, DOWNERS GROVE, IL, 60515				
FUNERAL DIRECTOR'S NAME SARAH MORROW SEBBY			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016018	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR AUGUST 9, 2016	
CAUSE OF DEATH	PART I	COMPLICATIONS OF CLOSED HEAD INJURIES		
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	Due to (or as a consequence of):		
	b.	FALL		
	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. HYPERTENSIVE AND ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE			MANNER OF DEATH ACCIDENT	
DATE OF INJURY JUNE 21, 2016	TIME OF INJURY 06:00 PM	PLACE OF INJURY RESIDENCE	INJURY AT WORK? NO	
LOCATION OF INJURY 3748 S HONORE ST APT 1F, CHICAGO, IL, 60609				
DESCRIBE HOW INJURY OCCURRED FALL				IF TRANSPORTATION INJURY, SPECIFY:
ATTEND THE DECEASED?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED AUGUST 03, 2016	TIME OF DEATH 03:21 PM
CERTIFIER MEDICAL EXAMINER/CORONER			DATE CERTIFIED AUGUST 09, 2016	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PONNI ARUNKUMAR MD, 2121 W HARRISON ST, CHICAGO, IL, 60612				PHYSICIAN'S LICENSE NUMBER

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



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