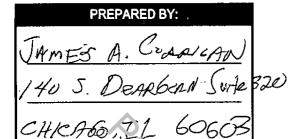
# **UNOFFICIAL COPY**

#### 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.





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

# VING TENANT AF

1. CONNIE Long Chesurviving tenant of the tenancy created by the deed with the document do he eby declare under oath that the tenant Phul 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 ½ OF LOT 67 AND ALL OF LOT 55 IN MOREHEAD'S SUBDIVISION OF BLOCK 31 IN THE CANAL TRUSTEES SUBDIVISION OF THE EAST HALF OF SECTION 31, TOWNSHIP 39 NORTH, RANGE 14, FAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

PROPERTY IDENTIFICATION NUMBER (PIE):
17-31-418-0430000
COMMONLY KNOWN ADDRESS:
3748 S. HONDRE STREET
CHICAGO, IL 60609
NOTARY & AFEIANT SIGNATURE SECTION RELOW

Subscribed & Sworn to me by:	
ornie Hond	
Affiant Signature:	

On the Following Date: dole 12, 2016

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

CCRD REVEW

1628722082 Page: 2 of 2

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

## MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER 2016 0061718	MEDICAL EXAMINER'S CASE NUME	BER ME2018-03816 DATE ISSUED 8/9/20
DECEDENT'S LEGAL NAME PAUL E LONG		SEX DATE OF DEATH MALE AUGUST 03, 2016
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY. 76 YEARS	DATE OF BIRTH FEBRUARY 15: 1940
CITY OR TOWN CHICAGO	and the first term of the fir	HER INSTITUTION NAME ARR SOUTH LOOP
PLACE OF DEATH NURSING HOME / LONG TERM CARE		
BIRTHPLACE SOCIAL SECUR CHICAGO IL 354-30-3	TY NUMBER STATUS AT TIME OF DEATH 075 MARRIED	CONNIE SRETENOVICH FORCES? NO
RESIDENCE 3748 S HONORE ST	and the state of t	TY OR TOWN INSIDE CITY LIMITS? CHICAGO YES
COUNTY STATE ZIP CODE L 60 609	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIA	GE/CIVIL UNION 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
** Control	CE OF DISPOSITION  OODLAWN CREMATORY	LOCATION - CITY OR TOWN AND STATE DATE OF DISPOSITION FOREST PARK, IL AUGUST 09, 2016
FUNERAL HOME NEPTUNE SOCIETY, 1628 OGDEN AV	ENUE, DO A" LERS 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 COMPLICATI	ONS OF CLOSED HEAD IN IVAISS	NWEE NWEE
(Final disease or condition resulting in death) b. FALL	Doe to (or as a cor. equence of):	AL BET AND D
	Dué to (or as a consequence of):	A APP NYE RV
PART II. Enter other significant conditions contribute	Due to (or as a consequence of):	
HYPERTENSIVE AND ARTERIOSCLEROTI	C CARDIOVASCULAR DISEASE	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: PLACE OF INJURY 06:00 PM RESIDENCE	INJURY AT WORK?
LOCATION OF INJURY 3748 S HONORE ST APT 1F, CHICAG	O. IL, 60609	
DESCRIBE HOW INJURY OCCURRED		IF TRÂNSPOR', ', 'Y IN INJURY, SPECIFY:
ATTEND THE DECEASED? DATE LAST SEEN	ALIVE WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED TIME OF DEATH AUGUST 03, 2016 03:21 PM
CERTIFIER MEDICAL EXAMINER/CORONER		DATE CERTIFIED AUGUST 09, 2016
NAME, ADDRESS AND ZIP CODE OF PERSON COMP	LETING CAUSE OF DEATH	PHYSICIAN'S LICENSE NUMBER



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



