

# UNOFFICIAL COPY

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Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 12/14/2016 10:17 AM Pg: 1 of 2

**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.**

**PREPARED BY:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SURVIVING TENANT AFFIDAVIT

I JOHN M LUTWYCHE the surviving tenant of the tenancy created by the deed with the document number \_\_\_\_\_ do hereby declare under oath that the tenant DONNA M. LUTWYCHE died on 8/23/16 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 29 in John Crandall's Subdivision of part of Lot 3 in Adams Subdivision of the Southwest 1/4 of section 18, township 37 North, range 13, East of the third principal meridian in Cook County, IL

**PROPERTY IDENTIFICATION NUMBER (PIN):**

2 4 - 1 8 - 3 0 5 - 0 1 2 - 0 0 0 0

**COMMONLY KNOWN ADDRESS:**

7018 W CRANDALL AVE  
WORTH, IL 60482

**NOTARY & AFFIANT SIGNATURE SECTION BELOW**

**Subscribed & Sworn to me by**

*John M Lutwyche*  
**Affiant Signature**

*Frank R Coleman*

**On the Following Date**

10-13-16



**UNOFFICIAL COPY**

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

DATE ISSUED 8/26/2016

STATE FILE NUMBER 2016 0066470

DECEDENT'S LEGAL NAME DONNA M LUTWYCHE		SEX FEMALE	DATE OF DEATH AUGUST 23 2016	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 61 YEARS	DATE OF BIRTH APRIL 13 1955		
CITY OR TOWN PROVISO TWP	HOSPITAL OR OTHER INSTITUTION NAME FOSTER G MC GAW HOSPITAL			
PLACE OF DEATH INPATIENT				
BIRTHPLACE CHICAGO IL	SOCIAL SECURITY NUMBER [REDACTED] 9427	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNERS MAIDEN NAME JOHN LUTWYCHE	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 7018 W CRANDALL AVE	APT NO	CITY OR TOWN WORTH	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60482	FATHER CO-ARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION BRUNO MAGRINI	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION DOLORES DUDA
INFORMANT'S NAME JOHN LUTWYCHE		RELATIONSHIP HUSBAND	MAILING ADDRESS 7018 W CRANDALL AVE WORTH IL 60482	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION SAIMCOWNI WILLOW HILLS MEMORIAL PARK	LOCATION CITY OR TOWN AND STATE WILLOW SPRINGS IL	DATE OF DISPOSITION AUGUST 27 2016	
FUNERAL HOME SCHMAEDEKE FUNERAL HOME 10751 SOUTH HARLEM AVE WORTH IL 60482				
FUNERAL DIRECTOR'S NAME THOMAS M MINTLE			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015231	
LOCAL REGISTRAR'S NAME ANTHONY WILLIAMS			DATE FILED WITH LOCAL REGISTRAR AUGUST 26 2016	
CAUSE OF DEATH PART I HEMORRHAGIC STROKE				
IMMEDIATE CAUSE (if fatal) (use n, c and m as illg d rth)				
a _____				
b FUNGEMIA				
c CHRONIC MYELOID LEUKEMIA				
PART II Enter other significant conditions contributing to death but not resulting in the underlying cause of death (PART I)				
BONE MARROW TRANSPLANT			AS AN AUTOPSY PERFORMED? NO	
VERIF 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 AUGUST 23 2016	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 09 13 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED AUGUST 24 2016	
NAME ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR AMANDA HOLLOWAY VERRILL 2160 SOUTH 1ST AVE MAYWOOD ILLINOIS 60153			PHYSICIAN'S LICENSE NUMBER 125064768	

THIS WORD VOID APPEARS WHEN PHOTOCOPIED



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