

# UNOFFICIAL COPY

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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# 1703708005 Fee \$40.00

**PREPARED BY:**

PETER CHAIDEZ ✕  
5527 W. 23RD ST  
CICERO ILL 60804

RHSP FEE: \$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 02/06/2017 01:27 PM PG: 1 OF 2

## SURVIVING TENANT AFFIDAVIT

I, PETER CHAIDEZ the surviving tenant of the tenancy created by the deed with the document number: 0021362159 do hereby declare under oath that the tenant ALEJANDRINA VIZCARRA died on 11-16-16 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 14 IN BLOCK 3 IN MORTON PARK LAND ASSOCIATION SUBDIVISION OF THE WEST HALF OF THE NORTHWEST QUARTER OF SECTION 28, TOWNSHIP 39 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

**PROPERTY IDENTIFICATION NUMBER (PIN)**

16 - 28 - 108 - 01A - 0000

**COMMONLY KNOWN ADDRESS:**

5527 W. 23RD ST.  
CICERO ILLINOIS 60804

**NOTARY & AFFIANT SIGNATURE SECTION BELOW**

**Subscribed & Sworn to me by:**

PETER CHAIDEZ

**Affiant Signature:**

Peter Chaidez

**On the Following Date:**

02-07-17

"OFFICIAL SEAL"  
Josefina Melgoza  
Notary Public, State of Illinois  
My Commission Expires 6/19/2019

Josefina Melgoza

**CERTIFICATION OF DEATH RECORD**  
**UNOFFICIAL COPY**  
 COOK COUNTY CLERK VITAL RECORDS

**CHICAGO, ILLINOIS**  
**MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2016 0089822 DATE ISSUED 1/11/2017

DECEDENT'S LEGAL NAME ALEJANDRINA VIZCARRA NAVAR		SEX FEMALE	DATE OF DEATH NOVEMBER 16, 2016	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 71 YEARS	DATE OF BIRTH JULY 07, 1945		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME RUSH UNIVERSITY MEDICAL CENTER		
PLACE OF DEATH INPATIENT				
BIRTHPLACE MEXICO	SOCIAL SECURITY NUMBER 336-96-5062	STATUS AT TIME OF DEATH NEVER MARRIED/NEVER IN CIVIL UNION	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 1011 EAST BAUER STREET	APT. NO.	CITY OR TOWN HAMMOND	INSIDE CITY LIMITS? YES	
COUNTY LAKE	STATE IN	ZIP CODE 46320	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MODESTO VIZCARRA HERRERA	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ARANSAZU NAVAR HERRERA
INFORMANT'S NAME SOFIA TORRES VIZCARRA		RELATIONSHIP DAUGHTER	MAILING ADDRESS 1011 EAST BAUER STREET, HAMMOND, IN, 46320	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION ST. JOHN ST. JOSEPH CEMETERY	LOCATION - CITY OR TOWN AND STATE HAMMOND, IN	DATE OF DISPOSITION NOVEMBER 19, 2016	
FUNERAL HOME HEIGHTS CREMATORY, 230 E. 11TH ST, CHICAGO HEIGHTS, IL, 60411				
FUNERAL DIRECTOR'S NAME JOHANNA MORGAN			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015341	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR NOVEMBER 18, 2016	
<b>CAUSE OF DEATH</b> PART I. ACUTE MYELOID LEUKEMIA				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	Due to (or as a consequence of)	
		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	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR			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 NOVEMBER 16, 2016	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 10:37 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED NOVEMBER 16, 2016	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR. ATUL RAMESH, 1653 W CONGRESS PARKWAY, CHICAGO, ILLINOIS, 60612			PHYSICIAN'S LICENSE NUMBER 036-137132	

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

