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**.

PREPARED BY:

Law Offices of Margaret M. Las PC

7630 S. County Line Road #3A

Burr Ridge, IL 60527



Doc# 1706616097 Fee \$42.00

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

KAREN A.YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 03/07/2017 01:10 PM PG: 1 OF 3

SURVIVING TENANT AFFIDAVIT

	ING TERMINI MITIBILITY							
	surviving tenant of the tenancy created by the deed with the document							
number: 1003317040 do h	reby declare under oath that the tenant TRUDICA VARICIUC							
died on $\frac{09/19/2016}{}$ as evidenced by	the attached certified copy of her/his death certificate (see attached).							
I also declare that the aforementioned te	nant was an owner of property with the following details: LEGAL D SCRIPTION							
SEE ATTACHED LEGAL	DESCRIPTION							
	90 _K							
PROPERTY IDENTIFICATION NUMBER (PM):								
1 9 - 2 2 - 1	27-039-0000							
COMMONLY KNOWN ADDRESS:								
4524 W. 67TH STREET								
	CHICAGO, IL 60629							
NOTARY & AFFIANT SIGNATURE SECTION BELOW								
Subscribed & Sworn to me by:								
Affiant Signature:	OFFICIAL SEAL AFFEX NOTAFMARGARET/PASIN THIS SECTION Notary Public - State of Illinois							
On the Following Date:	My Commission Expires Dec 10, 2017							
1 11	ļ <u> </u>							



1706616097 Page: 2 of 3

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LOT 10 IN MARIAN ADDITION TO PRINCE BUILDERS SUBDIVISION NO. 2 BEING A SUBDIVISION OF PART OF THE WEST ½ OF THE EAST ½ OF THE NORTHWEST ¼ OF SECTION 22, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clark's Office

1706616097 Page: 3 of 3

OF DEATH RECORD

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

				11. TO 10 LD 10	
STATE	FII 9	NIII	VRER	2016	0073383

9/21/2016

all the state of t	eff's news.			10.4	Particle April	87"			
DECEDENT'S LEGAL NAME TRUDICA VARICIUC				SEX FEMALE	DATE OF DEATH SEPTEMBE	R 19, 2016			
COUNTY OF DEATH	AGE AT L	uFi							
COOK 53 YEARS MARCH 21, 1963 CITY OR TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN									
PLACE OF DEATH INPATIENT									
BIRTHPLACE ROMANIA	SOCIAL SECURITY NUMBER	1			POUSE/CIVIL UNION PARTNER'S MAIDEN NAME EVER IN U.S. ARMED FORCES? NO				
RESIDENCE 8258 S LOREL AVENUE	1999a 4963	APT. NO			NSIDE CITY LIMITS?				
	COUNTY STAT ZIP CODE FATHERICO-PARENTS NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MOTHERICO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION								
INFORMANT'S NAME	RELATIONSHIP HUSBAND HUSBAND MAILING ADDRESS 8258 S LOREL AVENUE, BURBANK, IL, 60459								
METHOD OF DISPOSITION BURIAL	ACE OF DISPO	OSITION ION CATHOLIC CEMETERY	LOCATION - CITY JUSTICE, IL	OR TOWN AND S	i i	DISPOSITION MBER 22, 2016			
FUNERAL HOME WOLNIAK FUNERAL HOME, 5700 S. PULY SK PD., CHICAGO, IL. 60629									
FUNERAL DIRECTOR'S NAME NANCY ANN WOLNIAK C	COOK			034011910	OR'S ILLINOIS LIC	•			
LOCAL REGISTRAR'S NAME DAVID ORR	CAL REGISTRAR'S NAME DATE FILED WIT					AR .			
CAUSE OF DEATH PART I. ACUTE HYPOXIC RESPIRATORY FAILURE									
(Final disease or condition resulting in death)	No.	Due to (or ex a const juence of): O ENDOMETRIAL CARCINOMA	in the second		APPROXIMATE INTERVAL BETWEE ONSET AND DEATH				
		Due to (or as a conseque of) .		APPF INTERV ONSET				
•	·. 			, q					
गाँची हैं। परित्र क्या		Due to (or as a consequence of):		7.839		and a			
PART II. Enter other significant cond	ditions contributing to death o	ut not resulting in the underlying cause	given in I ART I.	WAS	AN AUTOPSY PER	FORMED? NO			
				WERI COMP	E AUTOPSY FINDIN PLETE CAUSE OF I	IGS USED TO			
FEMALEIRREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR NATURAL									
DATE OF INJURY	TIME OF IN.		<u> </u>			INJURY AT WORK?			
LOCATION OF INJURY									
DESCRIBE HOW INJURY OCCURRE	ED:				IF T (ANSPORT	ATIONINJURY, SPECIFY:			
ATTEND THE DECEASED? D	OATE LAST SEEN ALIVE SEPTEMBER 18, 2016	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRO	ONOUNCED		TIME OF DEATH 12:30 AM			
CERTIFIER PHYSICIAN					DATE CERTIFIE SEPTEME	ED BER 20, 2016			
NAME, ADDRESS AND ZIP CODE O		SE OF DEATH OF BOARS			PHYSICIAN 036066	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.



