

# UNOFFICIAL COPY

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Doc# 1710734098 Fee \$42.00

**PREPARED BY:**

Gloria Zavala  
7443 N. Rogers Ave  
Chicago, IL 60626

RHSP FEE: \$9.00 RPRF FEE: \$1.00  
KAREN A. YARBROUGH  
COOK COUNTY RECORDER OF DEEDS  
DATE: 04/17/2017 04:10 PM PG: 1 OF 3

## SURVIVING TENANT AFFIDAVIT

I, GLORIA ZAVALA the surviving tenant of the tenancy created by the deed with the document number: 0533647047 do hereby declare under oath that the tenant JESUS ZAVALA died on 12/17/2016 as evidenced by the attached certified copy of her/his death certificate (see attached).

I also declare that the aforementioned joint tenant was an owner of property with the following details:

**LEGAL DESCRIPTION**

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

**PROPERTY IDENTIFICATION NUMBER (PIN)**

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

**COMMONLY KNOWN ADDRESS:**

7443 N. ROGERS AV UNIT GARDEN E  
CHICAGO IL 60626

**NOTARY & AFFIANT SIGNATURE SECTION BELOW**

**Subscribed & Sworn to me by:**

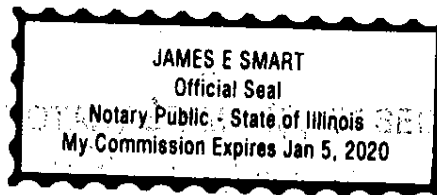
Gloria R. Zavala

**Affiant Signature:**

[Signature]

**On the Following Date:**

4/17/17



Bm

UNOFFICIAL COPY

CITY OF EVANSTON  
EVANSTON, ILLINOIS  
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2016 0100123

DATE ISSUED 12/23/2016

DECEDENT'S LEGAL NAME JESUS PEREZ ZAVALA		SEX MALE	DATE OF DEATH DECEMBER 17, 2016	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 44 YEARS	DATE OF BIRTH DECEMBER 07, 1972		
CITY OR TOWN EVANSTON	HOSPITAL OR OTHER INSTITUTION NAME EVANSTON HOSPITAL			
PLACE OF DEATH INPATIENT				
BIRTHPLACE MEXICO	SOCIAL SECURITY NUMBER 335-98-3928	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME GLORIA RODRIGUES	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 7443 N ROGERS	APT. NO. G	CITY OR TOWN CHICAGO		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60626	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARIO ZAVALA MARTINEZ	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION NATIVIDA PEREZ REYES
INFORMANT'S NAME GLORIA ZAVALA		RELATIONSHIP WIFE	MAILING ADDRESS 7443 N ROGERS, CHICAGO, IL, 60626	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION PANTEON MUNICIPAL	LOCATION - CITY OR TOWN AND STATE TARIMBARO MICHOACAN, MEXICO	DATE OF DISPOSITION JANUARY 06, 2017	
FUNERAL HOME GREIN FUNERAL DIRECTORS, 2114 W IRVING PARK RD, CHICAGO, IL, 60618				
FUNERAL DIRECTOR'S NAME NICOLE SERNE SMITH			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015814	
LOCAL REGISTRAR'S NAME EVONDA THOMAS-SMITH			DATE FILED WITH LOCAL REGISTRAR DECEMBER 23, 2016	
CAUSE OF DEATH PART I. TUMOR LYSIS SYNDROME				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	DAYS
Due to (or as a consequence of):		b. B CELL LYMPHOBLASTIC LEUKEMIA LYMPHOCYTIC		MONTHS
Due to (or as a consequence of):		c.		
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 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 DECEMBER 17, 2016	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 12:36 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED DECEMBER 21, 2016	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH TOMASZ KUZNIAR, 2650 RIDGE, EVANSTON, ILLINOIS, 60201				PHYSICIAN'S LICENSE NUMBER 036106433

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.

*Evonda Thomas Smith*

Evonda Thomas Smith, Local Registrar  
Department of Health  
Evanston, Illinois

