

# 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# 1719949059 Fee \$40.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 07/18/2017 01:17 PM PG: 1 OF 2

### PREPARED BY:

Diana Aguilar  
1098 S. Waynet  
Wheeling Illinois

## SURVIVING TENANT AFFIDAVIT

I, Blanca Delgado, the surviving tenant of the tenancy created by the deed with the document number: 1312857675 do hereby declare under oath that the tenant Juan Delgado died on 6-11-17 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

698 S. Wayne Pl. Wheeling IL 60090  
Lot 48 in block 2 in Dunhurst Subdivision unit no 2, Part  
of the Northeast 1/4 of section 10, Township 42 North, Range 11, East of  
the Third Principal Meridian in Cook County, Illinois

### PROPERTY IDENTIFICATION NUMBER (PIN)

03 - 10 - 208 - 046 - 0000

### COMMONLY KNOWN ADDRESS:

\* see attachment

698 S. Wayne Pl, Wheeling, IL 60090

### NOTARY & AFFIANT SIGNATURE SECTION BELOW

Subscribed & Sworn to me by:

Susan A Gescheidle

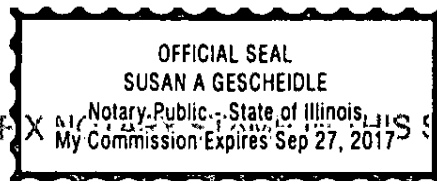
Affiant Signature:

Blanca Delgado

On the Following Date:

July 18, 2017

State of Illinois  
County of Lake



AFF X NOTARY PUBLIC SECTION

**CERTIFICATION OF DEATH RECORD**  
**UNOFFICIAL COPY**

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

STATE FILE NUMBER 2017 0048778 DATE ISSUED 6/21/2017

DECEDENT'S LEGAL NAME JUAN DELGADO-TORRES		SEX MALE	DATE OF DEATH JUNE 11, 2017	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 81 YEARS	DATE OF BIRTH JUNE 23, 1935		
CITY OR TOWN PARK RIDGE		HOSPITAL OR OTHER INSTITUTION NAME ADVOCATE LUTHERAN GENERAL HOSPITAL		
PLACE OF DEATH INPATIENT				
BIRTHPLACE MEXICO	SOCIAL SECURITY NUMBER 324-46-1702	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME BLANCA SALGADO	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 698 S WAYNE PL		APT. NO.	CITY OR TOWN WHEELING	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60090	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MODESTO DELGADO	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ALFONSA TORRES
INFORMANT'S NAME BLANCA DELGADO		RELATIONSHIP WIFE	MAILING ADDRESS 698 S WAYNE PL, WHEELING, IL, 60090	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION ALL SAINTS CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE DES PLAINES, IL	DATE OF DISPOSITION JUNE 19, 2017
FUNERAL HOME SEVERINO'S RIVER WOODS FUNERAL CHAPEL S, 205 S RIVER RD, DES PLAINES, IL, 60016				
FUNERAL DIRECTOR'S NAME COLETTE M. SEVERINO			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014823	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JUNE 16, 2017	
CAUSE OF DEATH PART I: INTRACRANIAL BLEED (NON TRAUMATIC)				
IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>		a	MINUTES	
		b	HYPERTENSION	
		c		
<small>Due to (or as a consequence of):</small>				
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 JUNE 10, 2017	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 06:38 PM
CERTIFIER PHYSICIAN:			DATE CERTIFIED JUNE 12, 2017	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH YAKOV RYABOV, 201 E STRONG AVE SUITE 9, WHEELING, ILLINOIS, 60068			PHYSICIAN'S LICENSE NUMBER 036-089785	

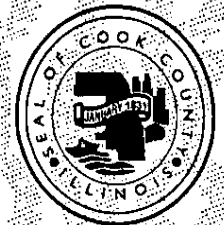
THE WORD VOID APPEARS WHEN PHOTOCOPIED

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



**D00024588**

**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**