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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:

Hilda Ramos
13440 California
Blue Island, IL
60406



Doc# 1720847224 Fee \$40.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 07/27/2017 12:24 PM PG: 1 OF 2

SURVIVING TENANT AFFIDAVIT

I, Hilda Ramos the surviving tenant of the tenancy created by the deed with the document number: 96442330 do hereby declare under oath that the tenant Terecita S. Ramirez died on 09/04/02 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

Lots 12 and 13 in block 4 in section 36,
Township 37N, range 13, East of the third principle
meridian

PROPERTY IDENTIFICATION NUMBER (PIN)

2 4 - 3 6 - 3 1 5 - 0 2 2 5 0 0 0 0

COMMONLY KNOWN ADDRESS:

13440 S. California, Blue Island
IL 60406

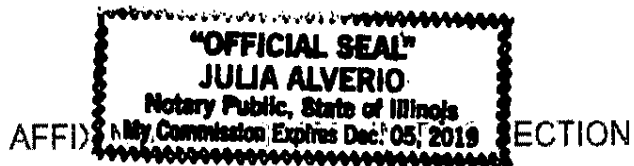
NOTARY & AFFIANT SIGNATURE SECTION BELOW

Subscribed & Sworn to me by:

Julia Alverio
Affiant Signature:

Hilda Ramos
On the Following Date:

7.27.2017



AFFIANT SECTION
County of Cook

CERTIFICATION OF VITAL RECORDS

UNOFFICIAL COPY

DECEASED'S BIRTH NO. _____ REGISTRATION DISTRICT NO. **16.10** STATE OF ILLINOIS STATE FILE NUMBER **613746**

REGISTERED NUMBER _____ **MEDICAL CERTIFICATE OF DEATH**

Type or Title in Permanent Book, as Furnished Director, of Health or Physiological Department for this Section

1. DECEASED—NAME FIRST MIDDLE LAST **TERESA RAMIREZ** SEX **2 FEMALE** DATE OF DEATH MONTH DAY YEAR **3 SEPTEMBER 04 2002**

2. COUNTY OF DEATH **Cook** AGE—LAST BIRTHDAY (YES) UNDER 1 YEAR UNDER 1 DAY UNDER 1 DAY DATE OF BIRTH MONTH DAY YEAR **5a. 70 5b. 50 5c. 5d. 5e. January 28, 1932**

3. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **Chicago** HOSPITAL OR OTHER INSTITUTION—NAME IF NOT IN OTHER, GIVE STREET AND NUMBER **Klondike Central** IF HOSP. OR INST. INDICATE B.O.A. (BUREAU OF ANATOMY) OR OTHER PUBLIC HEALTH AGENCY

4. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **Dallas, TX** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **Divorced** NAME OF SURVIVING SPOUSE (MARRIED NAME, IF WIFE) **None** ARE DECEASED'S VITALS BEING FURNISHED TO OTHER AGENCY?

5. SOCIAL SECURITY NUMBER **343-30-2283** USUAL OCCUPATION **Homemaker** KIND OF BUSINESS OR INDUSTRY **Domestic** EDUCATION (SPECIFY ONLY HIGHER) (SEESEEDCHEDULE) **6**

6. RESIDENCE (STREET AND NUMBER) **13440 S California Ave.** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **Blue Island** HOME CITY (YES/NO) **13a. 13b. 13c. Cook**

7. STATE **IL** ZIP CODE **60406** RACE (WHITE, BLACK, AMERICAN INDIAN, OR OTHER) **Black** OF HISPANIC ORIGIN? (SPECIFY NO OR YES, IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) **14a. 14b. 14c. 14d. 14e. 14f. 14g. 14h. 14i. 14j. 14k. 14l. 14m. 14n. 14o. 14p. 14q. 14r. 14s. 14t. 14u. 14v. 14w. 14x. 14y. 14z.**

8. FATHER—NAME FIRST MIDDLE LAST **Andrew** MOTHER—NAME FIRST MIDDLE LAST **Norma Mercedes**

9. DEPARTMENT'S NAME (TYPE OR PRINT) **Records** RELATIONSHIP **Records** MAILING ADDRESS (STREET AND NO. OR P.O. BOX OR POST OFFICE) **7838 S. Cottage Grove Chicago, IL 60619**

10. PART I. Enter the disease, injury, or other cause that caused the death. Do not over the mode of dying, such as cardiac or respiratory arrest, shock, or heat stroke. List only one cause on each line. (SEESEEDCHEDULE)

11. IMMEDIATE CAUSE (First disease or condition leading to death) **(a) Sepsis** DUE TO, OR AS A CONSEQUENCE OF **3 day**

12. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE IN STATING THE UNDERLYING CAUSE LAST. **(b) (c)**

13. PART II. Other conditions or causes contributing to death but not resulting in the underlying cause (SEESEEDCHEDULE)

14. DATE OF OPERATION, IF ANY **20a.** MAJOR FINDINGS OF OPERATION **20b.** AUTOPSY (YES/NO) **20c. YES [] NO [X]**

15. (X) DID (NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON **9/3/02** MONTH DAY YEAR **21a.** IF PERSON HAS THESE APPEARANCE IMPAIRMENTS (SPECIFY) **21b. YES [] NO [X]**

16. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE AS STATED. **21c. HOUR OF DEATH** **21d. 11 am**

17. SIGNATURE **22a. H. Saadani** DATE SIGNED (MONTH DAY YEAR) **22b. 9/10/02**

18. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **1400 S. Cass St. Chicago, IL 60607** ILLINOIS LICENSE NUMBER **22c. 031097992**

19. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) _____

20. BURIAL, CREMATION, FUNERAL, OR OTHER DISPOSITION **23a. Burial** CEMETERY OR CREMATORY—NAME **23b. Holy Sepulchre** LOCATION **23c. Alsip, Illinois** DATE (MONTH DAY YEAR) **23d. 9/9/02**

21. FUNERAL HOME **24a. Leuk And Sons Funeral Home** STREET AND NUMBER OR R.F.D. **24b. 7838 s. Cottage Grove Chicago, Illinois 60619**

22. LOCAL REGISTRAR'S SIGNATURE **25a. [Signature]** FUNERAL DIRECTOR'S SIGNATURE **25b. [Signature]** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **25c. 031-037489**

23. DATE (MONTH DAY YEAR) **26a. SEP 11 2002** J.H.

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County of Cook State of Illinois

Office of County Clerk David Orr

David Orr COUNTY CLERK



VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED

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