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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:

DOROTHY HICKS
14330 S. MINERVA
WELTON, IL 60419



Doc# 1727047003 Fee \$40.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 09/27/2017 03:14 PM PG: 1 OF 2

SURVIVING TENANT AFFIDAVIT

I, DOROTHY J HICKS the surviving tenant of the tenancy created by the deed with the document number: _____ do hereby declare under oath that the tenant WILLELLA BRIDGET died on MAY 21, 2008 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 9 IN ORRIS A. EAMES' SUBDIVISION OF THE WEST HALF OF LOT 9 IN SCHOOL TRUSTEES SUBDIVISION OF SECTION 16, TOWNSHIP 37 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

PROPERTY IDENTIFICATION NUMBER (PIN)

2 5 - 1 6 - 2 0 7 - 0 1 6 - 0 0 0 0

COMMONLY KNOWN ADDRESS

125 W. 104th St
CHICAGO, IL 60628

NOTARY & AFFIANT SIGNATURE SECTION BELOW

Subscribed & Sworn to me by:

Dorothy J Hicks

Affiant Signature:

Pamela Singleton

On the Following Date:

09-14-2017

OFFICIAL SEAL
Pamela Singleton
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires June 23, 2021

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REGISTRATION DISTRICT NO. **16.10**
LOCAL FILE NUMBER **607142**

STATE OF ILLINOIS CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last) **Will Ella Bridges Thomas** 2. SEX **Female** 3. DATE OF DEATH (Month/Day/Year) (Spell Month) **May 21, 2008**

4. COUNTY OF DEATH **Cook** 5a. AGE AT LAST BIRTHDAY (Years) **88** 5b. UNDER 1 YEAR Months **0** 5c. UNDER 1 DAY Hours **0** 6. DATE OF BIRTH (Month/Day/Year) **March 22, 1920**

7a. CITY OR TOWN **Chicago** 7b. HOSPITAL OR OTHER INSTITUTION NAME (if not in either, give street and number) **125 W. 104th St**

7c. PLACE OF DEATH (Check only one; see instructions)

IF DEATH OCCURRED IN A HOSPITAL: Inpatient Emergency Room/Outpatient Dead on Arrival
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: Hospice facility Nursing Home/Long-term care facility Decedent's home Other (Specify)

8. BIRTHPLACE (City and State or Foreign Country) **Yazoo City, Ms.** 9. SOCIAL SECURITY NUMBER **321-22-2457** 10. MARITAL STATUS AT TIME OF DEATH Married Married but separated Widowed Divorced Never Married Unknown **None** 11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) **None** 12. EVER IN U.S. ARMED FORCES? Yes No

13a. RESIDENCE (Street and Number) **125 W. 104th St** 13b. APT NO **0** 13c. CITY OR TOWN **Chicago** 13d. INSIDE CITY LIMITS? Yes No

13e. COUNTY **Cook** 13f. STATE **IL** 13g. ZIP CODE **60628** 14. FATHER'S NAME (First, Middle, Last) **Willie Hogue** 15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) **Callie Triplett**

16a. INFORMANT'S NAME **Dorothy Hicks** 16b. RELATIONSHIP **Daughter** 16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) **125 W. 104th St Chicago, IL 60628**

17. METHOD OF DISPOSITION: Burial Cremation Donation Entombment Other (Specify) **Restvale Cemetery** 18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) **Restvale Cemetery** 19. LOCATION - CITY, TOWN AND STATE **Alsip, IL** 20. DATE OF DISPOSITION (Month/Day/Year) **5-28-08**

21a. FUNERAL HOME NAME **Gatling's Chapel Inc.** STREET AND NUMBER **10133 S Halsted St** CITY OR TOWN **Chicago, IL** STATE **IL** ZIP **60628**

21b. FUNERAL DIRECTOR'S SIGNATURE *[Signature]* 21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **34-14703**

22. LOCAL REGISTRAR'S SIGNATURE *[Signature]* 23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) **052808**

CAUSE OF DEATH (See instructions and examples)
24. PART I: Enter the chain of events - diseases, injuries or complications - that caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson's Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter on only one line on a line. Add additional lines if necessary.
IMMEDIATE CAUSE (Final disease or condition resulting in death) **A advanced Age Sudden Cardiac death**
Sequentially list conditions, if any, leading to the cause listed on line a. **Degenerative joint disease of knees and back**
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST **Parkinson's Disease**

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
25. WAS AN AUTOPSY PERFORMED? Yes No
26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? Yes No

27. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes Probably No Unknown
28. IF FEMALE: Not pregnant within past 12 months Pregnant at time of death Not pregnant, but pregnant within 42 days of death Pregnant within one year of death but less than one year Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past 12 months

29. MANNER OF DEATH: Natural Suicide Could not be determined Accident Homicide Pending investigation

30. DATE OF INJURY (Month/Day/Year) **10/18/07** 31. TIME OF INJURY A.M. P.M. **5:30 P.M.** 32. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area) **125 W. 104th St** 33. INJURY AT WORK? Yes No

34. LOCATION OF INJURY: Street and Number **125 W. 104th St** Apartment Number **0** City or Town **Chicago** State **IL** ZIP Code **60628**

35. DESCRIBE HOW INJURY OCCURRED: **Slipped on a banana peel while walking** 36. IF TRANSPORTATION INJURY, SPECIFY: Driver/Operator Pedestrian Passenger Other (specify)

37. I (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) **10/18/07** AND LAST SAW HIM/HER ALIVE ON **10/18/07** 38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? Yes No 39. DATE PRONOUNCED (Month/Day/Year) **5-21-08** 40. TIME OF DEATH **5:30 P.M.** A.M. P.M.

41. CERTIFIER (Check only one): Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) **Shantana Sreerama MD, 9831 S Western Ave Chicago, IL 60643** 43. PHYSICIAN'S LICENSE NUMBER **036 096 905**

44. TITLE OF CERTIFIER **MD** 45. DATE CERTIFIED (Month/Day/Year) **5/27/08** 46. SIGNATURE OF CERTIFIER *[Signature]*

47. DECEDENT'S EDUCATION that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health

Based on the 2003 U.S. Standard Certificate (Rev. 1/08) Illinois Department of Public Health - Division of Vital Records

THIS CERTIFICATE COPY VALID WHEN EMBOSSED SEAL IS APPLIED OVER REGISTRAR'S SIGNATURE.

JERRY WASON, M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

052808

BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO, THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN OBTAINANCE OF LAWS AND ORDINANCES.

DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO