

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.



1727913058

Doc# 1727913058 Fee \$42.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 10/06/2017 12:38 PM PG: 1 OF 3

PREPARED BY:

Doris M. Burks

12256 S Carpenter St.

Chicago IL 60643

SURVIVING TENANT AFFIDAVIT

I, Doris Marie Burks the surviving tenant of the tenancy created by the deed with the document number: 23034914 do hereby declare under oath that the tenant Leon Burks died on 8/3/2011 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

SEE ATTACHED

PROPERTY IDENTIFICATION NUMBER (PIN):

2 5 - 2 9 - 2 1 3 - 0 8 2 0 0 0 0

COMMONLY KNOWN ADDRESS:

12256 S Carpenter St.

Chicago, IL 60643

NOTARY & AFFIANT SIGNATURE SECTION BELOW

Subscribed & Sworn to me by:

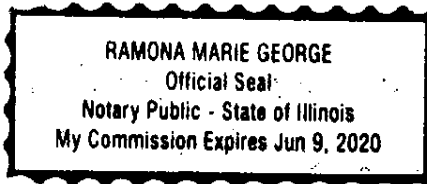
Ramona Marie George

Affiant Signature:

Doris Burks

On the Following Date:

10/6/17



UNOFFICIAL COPY

Lot 23 except the North 12 feet thereof and Lot 24 in Block
11 in the Resubdivision of Block 9 to 16 in First Addition
to West Pullman, except the East 141 feet of Block 9 to 16,
a Subdivision in the Northeast $\frac{1}{4}$ of Section 29, Township * * * *
37 North, Range 14, East of the Third Principal Meridian, 0 0 3 8 0 7
in Cook County, Illinois.

Property of Cook County Clerk's Office

UNOFFICIAL COPY

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

STATE FILE NUMBER 2011-0058624

DATE ISSUED 08/10/2011

DECEDENT'S LEGAL NAME LEON BURKS			SEX MALE	DATE OF DEATH AUGUST 03, 2011			
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 72 YEARS		DATE OF BIRTH DECEMBER 17, 1938			
CITY OR TOWN OLYMPIA FIELDS			HOSPITAL OR OTHER INSTITUTION NAME FRANCISCAN ST. JAMES HEALTH-OLYMPIA FIELDS				
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT							
BIRTHPLACE CHICAGO, IL		SOCIAL SECURITY NUMBER ██████-5849	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME DORIS WHITE	EVER IN U.S. ARMED FORCES? NO		
RESIDENCE 12256 SOUTH CARPENTER		APT. NO.	CITY OR TOWN CHICAGO		INSIDE CITY LIMITS? YES		
COUNTY COOK	STATE IL	ZIP CODE 60628	FATHER'S NAME REUBEN BURKS		MOTHER'S NAME PRIOR TO FIRST MARRIAGE EDITH SHAW		
INFORMANT'S NAME DORIS BURKS		RELATIONSHIP WIFE		MAILING ADDRESS 12256 SOUTH CARPENTER, CHICAGO, IL, 60628			
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION MOUNT HOPE CEMETERY		LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION AUGUST 09, 2011		
FUNERAL HOME W.W HOLT FUNERAL HOME, 175 W 153TH STREET, HARVEY, IL, 60426							
FUNERAL DIRECTOR'S NAME WILLIAM WALTER HOLT				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034010992			
LOCAL REGISTRAR'S NAME DAVID ORR				DATE FILED WITH LOCAL REGISTRAR AUGUST 9, 2011			
CAUSE OF DEATH		PART I: CARDIAC ARREST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>		a. ASPIRATION PNEUMONIA <small>Due to (or as a consequence of):</small>				3 MONTHS	
		b. DYSGRAPHA <small>Due to (or as a consequence of):</small>				3 MONTHS	
		c. DYSGRAPHA <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			
DID TOBACCO USE CONTRIBUTE TO DEATH?		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 AUGUST 02, 2011	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 04:02 PM			
CERTIFIER PHYSICIAN				DATE CERTIFIED AUGUST 08, 2011			
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH BROFMANN JOHYN, 3231 EUCLID, BERWYN, ILLINOIS, 60402				PHYSICIAN'S LICENSE NUMBER 036072874			

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

