# UNOFFICIAL COPY SPECIAL NOTICE 1 is NOT required by law, nor the

This form is <u>NOT</u> required by law, nor the Cook County Recorder of Deeds (CCRD). CCRD employees <u>CANNOT</u> assist with the preparation of this, or <u>ANY LEGAL FORM</u>.

Tonya Williams 14900 Albany Aue Harkham, Il 60128 Doc# 1728547111 Fee \$40.00

IRHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 10/12/2017 01:29 PM PG: 1 OF 2

## SURWIVING TENANT AFFIDAVIT

I, TONYA D. WILLIAMS the surviving tenant of the tenancy created by the deed with the document				
number: 1212247032 do hereby declare under oath that the tenant Calvin H. Williams				
died on 4-39-14 as evidenced by the attached 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 39 AND 40, BOTH INCLUSIVE AND THE EASTERLY 10 FEET OF THE VACATED ALLEY LYING WESTERLY AND ADJOINING SAID LOTS IN BLOCK 2 IN CYCLOR AND THE VACATED ALLEY LYING				
WESTERLY AND ADJOINING SAID LOTS IN BLOCK 3 IN CKOISSANT PARK MARKHAM FOURTH				
TOWNSHIP 36 NORTH, RANGE 13, LYING NORTH OF THE INDIA N BOUNDARY LINE, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.				
PROPERTY IDENTIFICATION NUMBER (PIN)				
28-12-3	11-021-0000			
TOMMONLY KNOWN ADDRESS:				
14900 albany Aul				
17700 007000,017				
Harkhan, Il 60928				
NOTARY & AFFIANT SIGNATURE SECTION BELOW				
Subscribed & Sworn to me by:				
1 - 1 0				
LAMOSMA BROWN	OFFICIAL SEAL			
/o /Affiant Signature:	LATOSHA D BROWN			
XW . M	AFF XNOTARY PUBLIC - STATE OF ILLINOIS : \$ 5 GEOTION  MY COMMISSION EXPIRES: 11/08/18			
LANA MILLER STATE OF THE STATE	MY COMMISSION EXPIRES, FROM			
On the Following Date:				
101 117				

### CERTIFICATION OF DEATH RECORD

#### COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS

#### MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER 2014 0034461	MEDICAL EXAMINER'S CASE NUM	BER 459 APR 14 DATE ISSUED 5/7/2014
DECEDENT'S LEGAL NAME CALVIN MITCHELL WILLIAMS		SEX: DATE OF DEATH  MALE APRIL 29: 2014
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 43 YEARS	DATE OF BIRTH JULY 02, 1970
CITY OR TOWN HAZEL CREST	선생님 현대는 전에는 선생님 전쟁을 가는 나는 것이 살아 그는 것은	HER INSTITUTION NAME BURBAN HOSPITAL
PLACE OF DEATH  EMERGENCY ROOM / OUTPATIEN		
BIRTHPLACE SOCIAL SEC CHICAGO, IL	URITY NUMBER STATUS AT TIME OF DEATH  -2276 MARRIED	SURVIVING SPOUSEICIVIL UNION PARTNERS MAIDEN NAME: EVER IN U.S. ARMED TONYA BROWN FORCES? YES
RESIDENCE 14900 ALBANY AVE VIE	-1.6797944 $-38797$ $-18686494$ $-18799$ $-18647$ $-18647$	TY OR TOWN INSIDE CITY LIMITS? MARKHAM YES
COUNTY STAY ZIP COD	FATHER/CO-PARENTS NAME PRIOR TO FIRST MARRI	AGE/CIVIL UNION MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION CARRIE WILLIAMS
INFORMANT'S NAME TONYA WILLIAMS	RELATIONSHIP WIFE	MAILING ADDRESS 14900 ALBANY AVENUE, MARKHAM, IL, 60428
METHOD OF DISPOSITION BURIAL	LACE OF DISPOSITION  AR HAM LINCOLN NATIONAL CEMETERY	LOCATION - CITY OR TOWN AND STATE   DATE OF DISPOSITION    ELWOOD, IL MAY 06, 2014
The second section and the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section is a section of the second section of the second section is a second section of the	159TH ST (FET, 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 MAY 6, 2014
IMMEDIATE CAUSE 9	RY THROMBOEMBOLISM	TAME OF THE PROPERTY OF THE PR
(Final disease or condition resulting in death).	Due to (or as a onsequence of):	ROXIM AL BET AND D
	Due to (or as a consequence of)	ONSET APP
C		
	Due to (or as a consequence of): uting to death but not resulting in the underlying cause	
		WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? YES:
FEMALE PREGNANCY STATUS NOT APPLICABLE		MANNER OF DEATH: VATURAL
DATE OF INJURY	TIME OF INJURY PLACE OF INJURY	INJURY AT WORK?
LOCATION OF INJURY		
DESCRIBE HOW INJURY OCCURRED		IF TRANSPORT TO THE INJURY SPECIFY
ATTEND THE DECEASED? DATE LAST SE		DATE PRONOUNCED TIME OF DEATH
CERTIFIER MEDICAL: EXAMINER/CORONER	CORONER CONTACTED?	APRIL 29, 2014   08:46 PM   08:46 PM   04:00   05:46 PM   05:46
NAME: ADDRESS AND ZIP CODE OF PERSON CO STEPHEN J CINA MD; 2121 W HAR	"我们的时候,一大就的一个一起我们一个好好。" 肾结膜 医连续性 人	PHYSICIAN'S LICENSE NUMBER



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.



