

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

UNOFFICIAL COPY



Doc# 1735513027 Fee \$42.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 12/21/2017 11:50 AM PG: 1 OF 3

PREPARED BY:
LAW OFFICES OF THEODORE LONDON
1718 E. 87th ST
CHICAGO, ILLINOIS 60617

SURVIVING TENANT AFFIDAVIT

I, TAMIA K. HAWKINS the surviving tenant of the tenancy created by the deed with the document number: _____ do hereby declare under oath that the tenant GLEN ADAMS died on 08/08/2017 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 Attachment

PROPERTY IDENTIFICATION NUMBER (PIN):

2 5 - 2 0 - 2 0 3 - 0 1 2 0 0 0 0 0

COMMONLY KNOWN ADDRESS:

11130 SOUTH PEARIA STREET
CHICAGO, ILLINOIS 60643

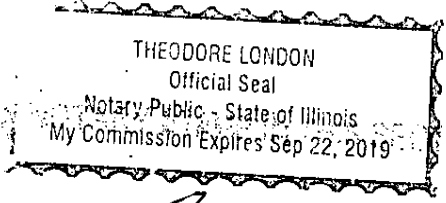
NOTARY & AFFIANT SIGNATURE SECTION BELOW

Subscribed & Sworn to me by:
TAMIA K. HAWKINS

Affiant Signature:
Tamia K Hawkins

On the Following Date:
NOVEMBER 9, 2017

[Handwritten Signature]



CCRD REVIEW *[Signature]*

CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

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

STATE FILE NUMBER 2017.0064540

DATE ISSUED 8/15/2017

DECEDENT'S LEGAL NAME GLEN S ADAMS		SEX MALE	DATE OF DEATH AUGUST 08, 2017	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 65 YEARS	DATE OF BIRTH JANUARY 19, 1952		
CITY OR TOWN CHICAGO	HOSPITAL OR OTHER INSTITUTION NAME RUSH UNIVERSITY MEDICAL CENTER			
PLACE OF DEATH INPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED] 4666	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME TAMIA K HAWKINS	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 11130 SOUTH PEORIA	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60643	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION CHARLES ADAMS	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION OCTAVIA BEASLEY
INFORMANT'S NAME TAMIA K HAWKINS		RELATIONSHIP WIFE	MAILING ADDRESS 11130 SOUTH PEORIA, CHICAGO, IL 60643	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION HEIGHTS CREMATORY	LOCATION - CITY OR TOWN AND STATE CHICAGO HEIGHTS, IL	DATE OF DISPOSITION AUGUST 17, 2017	
FUNERAL HOME AFFORDABLE CREMATIONS LLC, 9624 SOUTH CICERO AVENUE, OAK LAWN, IL, 60453				
FUNERAL DIRECTOR'S NAME MATTHEW F BRYK			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016284	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR AUGUST 15, 2017	
CAUSE OF DEATH - PART I METASTATIC UROTHELIAL CARCINOMA IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ Due to (or as a consequence of): b. _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of): _____ Due to (or as a consequence of):				
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 AUGUST 08, 2017	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 09:28 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED AUGUST 09, 2017	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ROBERT BALK MD, 1653 WEST CONGRESS PARKWAY, CHICAGO, ILLINOIS, 60612			PHYSICIAN'S LICENSE NUMBER 036070405	

THIS WORD VOID APPEARS WHEN PHOTOCOPIED

NOT EMBOSSED STATE AND COUNTY SEALS ARE BOTTOM

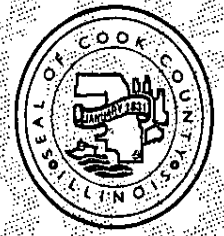


D00038643

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



ANY ALTERATION OR MEASURE VOIDS THIS CERTIFICATE

UNOFFICIAL COPY

SURVIVING TENANT AFFADAVIT

Exhibit "A"

That this affidavit is being recorded relative to the following properties:

Property Identification No.: 25-20-203-012-0000

Property Address: 11130 South Peoria Street
Chicago, Illinois 60643

Legal Description:

LOT 26 IN BLOCK 15 IN SECOND ADDITION TO SHELDON HEIGHTS WEST, BEING A SUBDIVISION OF THE EAST ½ OF THE EAST ½ OF THE NORTH ¼ OF THE NORTHEAST ¼ (EXCEPT THE EAST 498.33 FEET AND EXCEPT OF THE EAST ½ OF THE NORTHEAST ¼ THE NORTH 174 FEET THEREOF.) ALSO THE EAST ¼ OF THE WEST ½ OF THE NORTH ¼ OF THE EAST ½ OF THE NORTHEAST ¼ (EXCEPT THE NORTH 174 FEET THEREOF) IN SECTION 20, TOWNSHIP 37 NORTH RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN ACCORDING TO PLAT THEREOF RECORDED 12-13-1926 AS DOCUMENT 9494590 IN BOOK 239 OF PLATS, PAGE

Property of Cook County Clerk's Office