

UNOFFICIAL COPY

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**.



1802946266

Doc# 1802946266 Fee \$40.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 01/29/2018 04:08 PM PG: 1 OF 2

PREPARED BY:

MIG NATIONAL LLC.

P.O. BOX 803

OAK LAWN, IL 60454

SURVIVING TENANT AFFIDAVIT

I, CURTIS MATTHEWS the surviving tenant of the tenancy created by the deed with the document number: 21617023 do hereby declare under oath that the tenant Johnnie M. Matthews died on 12-18-2015 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 40 in block 2 in the West Chicago Land Company Subdivision of the North West 1/4 of the North West 1/4 of Section 10, Township 39 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois

PROPERTY IDENTIFICATION NUMBER (PIN)

1 6 - 1 0 - 1 0 0 - 0 3 3 - 0 0 0 0

COMMONLY KNOWN ADDRESS:

4708 W Superior

Chicago IL 60644

NOTARY & AFFIANT SIGNATURE SECTION BELOW

Subscribed & Sworn to me by:

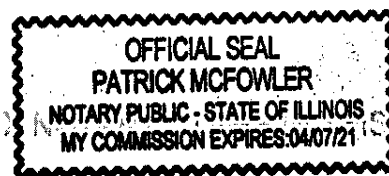
Curtis Matthews

Affiant Signature:

Patrick McFowler

On the Following Date:

01-29-2018



AFFIDAVIT

SECTION

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COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2015 0101040

DATE ISSUED 1/22/2018

DECEDENT'S LEGAL NAME JOHNNIE M MATTHEWS				SEX FEMALE	DATE OF DEATH DECEMBER 18, 2015																
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 76 YEARS		DATE OF BIRTH DECEMBER 31, 1938																	
CITY OR TOWN BERWYN			HOSPITAL OR OTHER INSTITUTION NAME MAC NEAL MEMORIAL HOSPITAL																		
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT																					
BIRTHPLACE BRENT, AL	SOCIAL SECURITY NUMBER [REDACTED]-4705	STATUS AT TIME OF DEATH MARRIED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME CURTIS MATTHEWS SR	EVER IN U.S. ARMED FORCES? NO																
RESIDENCE 1513 S 58TH COURT		APT NO	CITY OR TOWN CICERO		INSIDE CITY LIMITS? YES																
COUNTY COOK	STATE IL	ZIP CODE 60804	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LUTHER DAVIS		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION GERTRUDE WARREN																
INFORMANT'S NAME ANDRE MATTHEWS		RELATIONSHIP SON		MAILING ADDRESS 1513 S 58TH COURT, CICERO, IL, 60804																	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION FOREST HOME CEMETERY		LOCATION - CITY OR TOWN AND STATE FOREST PARK, IL	DATE OF DISPOSITION DECEMBER 26, 2015																
FUNERAL HOME JENNINGS PEOPLE'S FUNERAL HOME, 5018 WEST CHICAGO AVE, CHICAGO, IL 60651																					
FUNERAL DIRECTOR'S NAME VIRGINIA JENNINGS				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031008868																	
LOCAL REGISTRAR'S NAME ELIZABETH A PCHOUS				DATE FILED WITH LOCAL REGISTRAR DECEMBER 28, 2015																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="width: 15%; vertical-align: top;"> CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) </td> <td style="width: 5%;">PART I</td> <td style="width: 60%;">CEREBRAL VASCULAR ACCIDENT</td> <td rowspan="4" style="width: 10%; text-align: center; vertical-align: middle;"> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH </td> <td rowspan="4" style="width: 10%;"></td> </tr> <tr> <td>a</td> <td></td> </tr> <tr> <td>b</td> <td>HYPERTENSION</td> </tr> <tr> <td>c</td> <td>SEIZURES</td> </tr> <tr> <td colspan="5">Due to (or as a consequence of)</td> </tr> </table>						CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death)	PART I	CEREBRAL VASCULAR ACCIDENT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		a		b	HYPERTENSION	c	SEIZURES	Due to (or as a consequence of)				
CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death)	PART I	CEREBRAL VASCULAR ACCIDENT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH																		
	a																				
	b	HYPERTENSION																			
	c	SEIZURES																			
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? UNKNOWN WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? UNKNOWN																	
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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? UNKNOWN		DATE PRONOUNCED	TIME OF DEATH UNKNOWN																
CERTIFIER PHYSICIAN				DATE CERTIFIED DECEMBER 23, 2015																	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ROLANDO SAJOR, MD, 8328 LINCOLN AVE, SKOKIE, ILLINOIS, 60077				PHYSICIAN'S LICENSE NUMBER 036080414																	

0237616



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
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE