

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.

UNOFFICIAL COPY



PREPARED BY:  
WILLIE F. GRIFFIN  
4930 Berkeley Oak Circle  
Norcross, GA 30092

Doc# 1804629051 Fee \$42.00  
RHSP FEE:\$9.00 RPRF FEE: \$1.00  
KAREN A. YARBROUGH  
COOK COUNTY RECORDER OF DEEDS  
DATE: 02/15/2018 11:56 AM PG: 1 OF 3

**SURVIVING TENANT AFFIDAVIT**

I, WILLIE GRIFFIN the surviving tenant of the tenancy created by the deed with the document  
number: 97152082 do hereby declare under oath that the tenant RUBY STEEN GRIFFIN  
died on JAN 20, 2018 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**

\_\_\_\_\_  
\_\_\_\_\_

**PROPERTY IDENTIFICATION NUMBER (PIN)**

2 5 - 1 7 - 4 0 3 - 0 5 7 0 0 0 0

**COMMONLY KNOWN ADDRESS**

4930 Berkeley Oak Circle  
NORCROSS, GA 30092

**NOTARY & AFFIANT SIGNATURE SECTION BELOW**

Subscribed & Sworn to me by:

WILLIE GRIFFIN  
Affiant Signature:  
[Signature]  
On the Following Date:  
FEBRUARY 15, 2018

OFFICIAL SEAL  
MARIO A REED  
NOTARY PUBLIC - STATE OF ILLINOIS  
MY COMMISSION EXPIRES 09/25/21  
[Signature]

BM

# UNOFFICIAL COPY

## COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

### MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 0007119

DATE ISSUED 1/25/2018

DECEDENT'S LEGAL NAME RUBY S. GRIFFIN			SEX FEMALE	DATE OF DEATH JANUARY 20, 2018	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 76 YEARS		DATE OF BIRTH MARCH 02, 1941		
CITY OR TOWN CHICAGO			HOSPITAL OR OTHER INSTITUTION NAME 9424 S EMERALD		
PLACE OF DEATH DECEDENT'S HOME					
BIRTHPLACE LIBERTY MS	SOCIAL SECURITY NUMBER [REDACTED] 7349	STATUS AT TIME OF DEATH MARRIED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME WILLIE GRIFFIN	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 9424 S EMERALD		APT. NO.	CITY OR TOWN CHICAGO		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60620	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION THOMAS HENRY JACKSON		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION RUTH WEATHERSBY
INFORMANT'S NAME FREDERICK GRIFFIN		RELATIONSHIP SON		MAILING ADDRESS 1834 DONMAN AVE NE, BROOKHAVEN, GA, 30319	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION INCOLN CEMETERY		LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION JANUARY 29, 2018
FUNERAL HOME BOONES FUNERAL SERVICE, 3240W79TH ST, CHICAGO, IL, 60652					
FUNERAL DIRECTOR'S NAME DAVID BOONE			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014221		
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JANUARY 25, 2018		
CAUSE OF DEATH PART I: METABOLIC ENCEPHALOPATHY					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. METABOLIC ENCEPHALOPATHY		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		Due to (or as a consequence of)			
		b. DEHYDRATION FROM POOR FLUID INTAKE IN DYSPHAGIA			
		Due to (or as a consequence of)			
		c. END STAGE CEREBROVASCULAR DISEASE			
		Due to (or as a consequence of)			
PART II: Enter other <i>significant conditions contributing to death</i> 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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED	TIME OF DEATH 09:08 AM
CERTIFIER PHYSICIAN				DATE CERTIFIED JANUARY 24, 2018	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR. JIGAR JOSHI, 606 POTTER ROAD, DES PLAINES, ILLINOIS, 60016				PHYSICIAN'S LICENSE NUMBER 036136777	

0250760



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 ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM

