

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.**

PREPARED BY:

Edna M. Woullard
1252 E 95th Pl
Chicago, IL 60628



1817747004

Doc# 1817747004 Fee \$40.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 06/26/2018 02:38 PM PG: 1 OF 2

SURVIVING TENANT AFFIDAVIT

I, Edna M Woullard the surviving tenant of the tenancy created by the deed with the document number: 87150450 do hereby declare under oath that the tenant Fred A Woullard died on 2/28/2018 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 15 (Except the East 10 Feet) and the East 20 feet of Lot 14 in Block 36 in Cottage Grove Heights addition, being a subdivision of part of the North 1/2 of section 11, Township 37 North, Range 14, East of the Third principal Meridian, Cook County, IL

PROPERTY IDENTIFICATION NUMBER (PIN):

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

COMMONLY KNOWN ADDRESS:

1252 East 95th place
Chicago, Illinois 60628

NOTARY & AFFIANT SIGNATURE SECTION BELOW

Subscribed & Sworn to me by:

Edna M Woullard

Affiant Signature:

Edna M Woullard

On the Following Date:

06-26-2018



S. Laval

STAMP IN THIS SECTION

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

STATE FILE NUMBER 2018 0019646

DATE ISSUED 3/7/2018

DECEDENT'S LEGAL NAME FRED ARSBY WOULLARD		SEX MALE	DATE OF DEATH FEBRUARY 28, 2018	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 70 YEARS		DATE OF BIRTH FEBRUARY 10, 1948	
CITY OR TOWN PROVISO TWP		HOSPITAL OR OTHER INSTITUTION NAME HINES VETERAN ADMINSTRATION FACILITY		
PLACE OF DEATH INPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 587-07-7402	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME EDNA SUMLIN	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 1252 E 95TH PL		APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60628	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION CLAYTON WOULLARD	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION FRANCES SPRINGS
INFORMANT'S NAME EDNA WOULLARD		RELATIONSHIP WIFE	MAILING ADDRESS 1252 E 95TH PL CHICAGO, IL 60628	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION BILOXI NATIONAL CEMETERY	LOCATION - CITY OR TOWN AND STATE BILOXI, MS	DATE OF DISPOSITION MARCH 09, 2018
FUNERAL HOME LEAK AND SONS, 7838 SOUTH COTTAGE GROVE, CHICAGO, IL, 60619				
FUNERAL DIRECTOR'S NAME SPENCER LEAK SR			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031007489	
LOCAL REGISTRAR'S NAME ANTHONY WILLIAMS			DATE FILED WITH LOCAL REGISTRAR MARCH 6, 2018	
CAUSE OF DEATH PART I: END STAGE RENAL DISEASE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	Due to (or as a consequence of):	
		b.	HYPERTENSION	
		c.	Due to (or as a consequence of):	
			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: CORONARY ARTERY DISEASE, HISTORY OF CEREBRAL VASCULAR ACCIDENT			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 FEBRUARY 28, 2018	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 04:00 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED FEBRUARY 28, 2018	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH: SEEMA LIMAYE MD, 5000 S FIFTH AVE, HINES, ILLINOIS 60141				PHYSICIAN'S LICENSE NUMBER 036115624

0284677



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