

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:

Noemy Quiñones



Doc# 1819044020 Fee \$42.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 07/09/2018 10:50 AM PG: 1 OF 3

SURVIVING TENANT AFFIDAVIT

I, Noemy Quiñones the surviving tenant of the tenancy created by the deed with the document number: 0915434069 do hereby declare under oath that the tenant Carlos Ramirez, Jr. died on 04/24/2008 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

2 Apartments, three story, multi family building
See Attached

PROPERTY IDENTIFICATION NUMBER (PIN)

1 3 - 3 5 - 4 0 1 - 0 4 6 - 0 0 0 0

COMMONLY KNOWN ADDRESS:

3500 W. Cortland St
Chicago, IL 60647

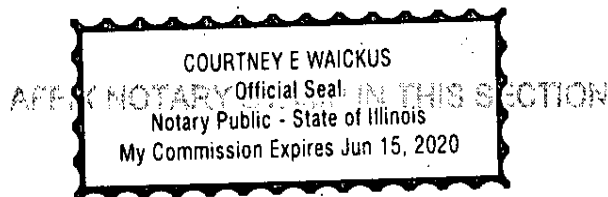
NOTARY & AFFIANT SIGNATURE SECTION BELOW

Subscribed & Sworn to me by:

[Signature]
Affiant Signature:

[Signature]
On the Following Date:

July 9, 2018



Bm

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

STATE FILE NUMBER **2008 0052465** DATE ISSUED **6/22/2018**

DECEDENT'S LEGAL NAME CARLOS RAMIREZ JR		SEX MALE	DATE OF DEATH JUNE 24, 2008	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 47 YEARS	DATE OF BIRTH JANUARY 03, 1961		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME 3500 W CORTLAND STREET		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 354-58-2471	STATUS AT TIME OF DEATH NEVER MARRIED/NEVER IN CIVIL UNION	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 3500 W CORTLAND STREET		APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60647	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION CARLOS RAMIREZ SR	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION NELLIE A CAMACH-QUINONES
INFORMANT'S NAME MARISELA LUGO		RELATIONSHIP NIECE	MAILING ADDRESS 2363 N OAK PARK AVE CHICAGO, IL 60707	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION QUEEN OF HEAVEN CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE HILLSIDE, IL	DATE OF DISPOSITION JUNE 27, 2008	
FUNERAL HOME MONTCLAIR-LUCANIA FUNERAL HOME, 6901 W BELMONT AVENUE, CHICAGO, IL 60634				
FUNERAL DIRECTOR'S NAME JOSEPH A LUCANIA			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034010685	
LOCAL REGISTRAR'S NAME TERRY MASON MD			DATE FILED WITH LOCAL REGISTRAR JUNE 26, 2008	
CAUSE OF DEATH - PART I		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
a. ARRHYTHMIA <small>Due to (or as a consequence of)</small>				
b. CARDIOMYOPATHY <small>Due to (or as a consequence of)</small>				
c. ALCOHOL USE <small>Due to (or as a consequence of)</small>				
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? YES	DATE LAST SEEN ALIVE JUNE 18, 2008	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 07:00 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED JUNE 25, 2008	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH SAURABH SHAH MD, 3118 N ASHLAND AVENUE, CHICAGO, ILLINOIS, 60657			PHYSICIAN'S LICENSE NUMBER 036116721	

0232313



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 PHOTO COPIED

NOT EMBOSSED STATE AND GOVERNMENT SEAL AT BOTTOM