

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:

VANESSA R. HASLERIG

7958 So. ADA ST.

CHICAGO, IL 60620-3817



1822634022

Doc# 1822634022 Fee \$40.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 08/14/2018 10:25 AM PG: 1 OF 2

SURVIVING TENANT AFFIDAVIT

I, VANESSA R. HASLERIG, the surviving tenant of the tenancy created by the deed with the document number 96931329 do hereby declare under oath that the tenant CALVIN L. HASLERIG died on 7-25-2018 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

LOT 26 IN BLOCK 4N AUBURN HIGHLANDS, BEING HALFS
SUBDIVISION OF BLOCKS 7 AND 8 CIRCULAR COURT PARTITION OF THE NORTHEAST,
OF SECTION 32, TOWNSHIP 38 NORTH RANGE 14 EAST OF THE THIRD PRINCIPAL
MERIDIAN IN COOK COUNTY,
ILLINOIS

PROPERTY IDENTIFICATION NUMBER (PIN)

2 0 - 3 2 - 1 0 4 - 0 3 8 - 0 0 0 0

COMMONLY KNOWN ADDRESS:

7958 So. ADA ST.

CHICAGO, IL 60620-3817

NOTARY & AFFIANT SIGNATURE SECTION BELOW

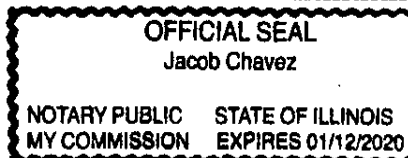
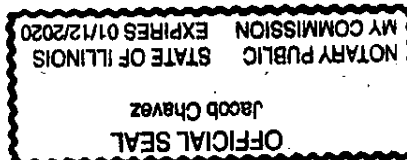
Subscribed & Sworn to me by:

Vanessa R. Haslerig

Affiant Signature:

On the Following Date:

8-14-18



Bm

UNOFFICIAL COPY

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

STATE FILE NUMBER 2018 0061680

DATE ISSUED 8/2/2018

DECEDENT'S LEGAL NAME CALVIN L HASLERIG SR		SEX MALE	DATE OF DEATH JULY 25, 2018	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 58 YEARS	DATE OF BIRTH FEBRUARY 19, 1960		
CITY OR TOWN CHICAGO	HOSPITAL OR OTHER INSTITUTION NAME UNIVERSITY OF CHICAGO MEDICAL CENTER			
PLACE OF DEATH INPATIENT				
BIRTHPLACE CHICAGO, IL	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME VANESSA R RICE		EVER IN U.S. ARMED FORCES? NO
RESIDENCE 7958 SOUTH ADA STREET	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 LONNIE HASLERIG	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION CHARLIE MAE FULLERTON
INFORMANT'S NAME VANESSA R HASLERIG		RELATIONSHIP WIFE	MAILING ADDRESS 7958 SOUTH ADA STREET CHICAGO, IL 60620	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION HEIGHTS CREMATORY	LOCATION - CITY OR TOWN AND STATE CHICAGO HEIGHTS, IL	DATE OF DISPOSITION JULY 30, 2018	
FUNERAL HOME EMANUEL'S CHAPEL FUNERAL HOME, 5125 SOUTH WESTERN AVENUE, CHICAGO, IL 60609				
FUNERAL DIRECTOR'S NAME EMANUEL JONES			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014456	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JULY 31, 2018	
CAUSE OF DEATH PART I				
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
a. MASSIVE ABDOMINAL HEMORRHAGE				
Due to (or as a consequence of)				
b. NON-TRAUMATIC AORTIC DISSECTION				
Due to (or as a consequence of)				
c.				
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? YES	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? YES	
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 JULY 25, 2018	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 12:57 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED JULY 28, 2018	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH JAMES BRYANT, 888 SOUTH MICHIGAN, CHICAGO, ILLINOIS, 60605			PHYSICIAN'S LICENSE NUMBER 036052465	

APPROXIMATE
INTERVAL BETWEEN
ONSET AND DEATH

0431857



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