

# 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:**

Peter M. Ciesielski - CSC Law, PC

1115 N. Ashland Ave.

Chicago, IL 60622



\*1831344052\*

Doc# 1831344052 Fee \$42.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 11/09/2018 03:07 PM PG: 1 OF 3

## SURVIVING TENANT AFFIDAVIT

I, Gail Swanson the surviving tenant of the tenancy created by the deed with the document number: 0011001869 do hereby declare under oath that the tenant Raymond Swanson died on 7/30/2017 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**

See Exhibit A, attached.

**PROPERTY IDENTIFICATION NUMBER (PIN):**

0 9 - 0 8 - 3 0 4 - 0 3 2 0 0 0 0

**COMMONLY KNOWN ADDRESS:**

927 N. Golf Cul de Sac

Des Plaines, IL 60016

**NOTARY & AFFIANT SIGNATURE SECTION BELOW**

Subscribed & Sworn to me by:

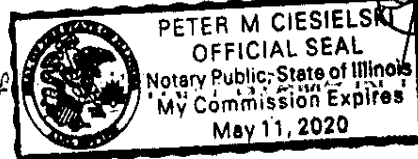
Gail Swanson

**Affiant Signature:**

Gail Swanson

**On the Following Date:**

11-8-18



**THIS SECTION**

# CERTIFICATE OF DEATH RECORD

## UNOFFICIAL COPY

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

STATE FILE NUMBER 2017.0061022

DATE ISSUED 8/3/2017

DECEDENT'S LEGAL NAME RAYMOND C SWANSON			SEX MALE	DATE OF DEATH JULY 30, 2017																			
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 83 YEARS	DATE OF BIRTH AUGUST 27, 1933																				
CITY OR TOWN GLENVIEW		HOSPITAL OR OTHER INSTITUTION NAME MIDWEST PALLIATIVE & HOSPICE CARE CENTER																					
PLACE OF DEATH HOSPICE FACILITY																							
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 338-28-7399	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME GAIL MORFORD		EVER IN U.S. ARMED FORCES? NO																		
RESIDENCE 8284 W AINSLIE	APT. NO.	CITY OR TOWN NORRIDGE	INSIDE CITY LIMITS? YES																				
COUNTY COOK	STATE IL	ZIP CODE 60706	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION CARL SWANSON	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ELSIE BERGMAN																			
INFORMANT'S NAME GAIL SWANSON		RELATIONSHIP WIFE	MAILING ADDRESS 8284 W AINSLIE, NORRIDGE, IL 60706																				
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION FAIR VIEW MEMORIAL PARK	LOCATION - CITY OR TOWN AND STATE NORTHLAKE, IL	DATE OF DISPOSITION AUGUST 05, 2017																			
FUNERAL HOME CUMBERLAND CHAPELS, 8300 W LAWRENCE AVE, NORRIDGE, IL 60706																							
FUNERAL DIRECTOR'S NAME ANTHONY J LUPO			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031007657																				
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR AUGUST 1, 2017																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="width: 15%; vertical-align: top;"> <b>CAUSE OF DEATH</b> IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small> </td> <td style="width: 5%;">PART I.</td> <td style="width: 60%;">RENAL FAILURE, CHRONIC KIDNEY DISEASE</td> <td rowspan="4" style="width: 10%; text-align: center; vertical-align: middle;">APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH</td> </tr> <tr> <td>a.</td> <td style="text-align: center;">Due to (or as a consequence of):</td> </tr> <tr> <td>b.</td> <td>HYPERTENSION, PERIPHERAL ARTERY DISEASE, WITH ISCHEMIC WOUNDS</td> </tr> <tr> <td>c.</td> <td style="text-align: center;">Due to (or as a consequence of):</td> </tr> <tr> <td></td> <td></td> <td>CONGESTIVE HEART FAILURE, CORONARY ARTERY DISEASE</td> <td></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">Due to (or as a consequence of):</td> <td></td> </tr> </table>						<b>CAUSE OF DEATH</b> IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	PART I.	RENAL FAILURE, CHRONIC KIDNEY DISEASE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	a.	Due to (or as a consequence of):	b.	HYPERTENSION, PERIPHERAL ARTERY DISEASE, WITH ISCHEMIC WOUNDS	c.	Due to (or as a consequence of):			CONGESTIVE HEART FAILURE, CORONARY ARTERY DISEASE				Due to (or as a consequence of):	
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	c.	Due to (or as a consequence of):																					
		CONGESTIVE HEART FAILURE, CORONARY ARTERY 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 04:45 AM																			
CERTIFIER PHYSICIAN				DATE CERTIFIED AUGUST 01, 2017																			
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH LYNN E KATTEN, 2050 CLAIRE CT, GLENVIEW, ILLINOIS, 60025				PHYSICIAN'S LICENSE NUMBER 36.100993																			

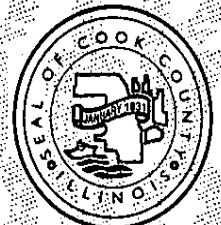


D00062066



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



# UNOFFICIAL COPY *Exhibit A*

COOK COUNTY  
RECORDS & CLERK'S OFFICE

Lot 32 in Cumberland East, being a Subdivision of the Southwest 1/4 of Section 8, Township 41 North, Range 12, East of the Third Principal Meridian according to the Plat thereof recorded December 8, 1939 as Document Number 12407582, in Cook County, Illinois.

COOK COUNTY  
RECORDS & CLERK'S OFFICE

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