

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.**



Doc# 1834506034 Fee \$42.00

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 12/11/2018 11:53 AM PG: 1 OF 3

PREPARED BY:

Leasa J. Baugher

725 E. Irving Park Road, Suite B

Roselle, IL 60172

SURVIVING TENANT AFFIDAVIT

I, Doris L. Tomlinson the surviving tenant of the tenancy created by the deed with the document number: 27035506 do hereby declare under oath that the tenant Alvin Tomlinson died on April 23, 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

SEE EXHIBIT "A" ATTACHED HERETO

PROPERTY IDENTIFICATION NUMBER (PIN)

0 7 - 3 6 - 2 1 3 - 0 0 5 - 50 0 0 0

COMMONLY KNOWN ADDRESS:

925 Debra Lane

Elk Grove Village, IL 60007

NOTARY & AFFIANT SIGNATURE SECTION BELOW

Subscribed & Sworn to me by:

Doris L. Tomlinson

Affiant Signature:

Doris L. Tomlinson

On the Following Date:

September 19, 2018



Leasa J. Baugher
LEASA J. BAUGHER, Notary Public

UNOFFICIAL COPY

EXHIBT "A"

LOT 29 IN PARKVIEW HEIGHTS SUBDIVISION, BEING A SUBDIVISION IN THE NORTHEAST 1/4 OF SECTION 36, TOWNSHIP 41 NORTH, RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT RECORDED APRIL 12, 1978 AS DOCUMENT NUMBER 24399728, IN COOK COUNTY, ILLINOIS.

Permanent Index Number(s): 07-36-213-005-0000

Property Address: 925 Debra Lane, Elk Grove Village, IL 60007

Property of Cook County Clerk's Office

UNOFFICIAL COPY

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

STATE FILE NUMBER 2018 0034473

DATE ISSUED 9/17/2018

DECEDENT'S LEGAL NAME ALVIN N TOMLINSON		SEX MALE	DATE OF DEATH APRIL 23, 2018	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 67 YEARS		DATE OF BIRTH MARCH 22, 1951	
CITY OR TOWN ELK GROVE VILLAGE		HOSPITAL OR OTHER INSTITUTION NAME 925 DEBRA LANE		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME DORIS L LEHMAN	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 925 DEBRA LANE	APT. NO.	CITY OR TOWN ELK GROVE VILLAGE		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60007	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION IRVING TOMLINSON	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION DORIS ZAIN
INFORMANT'S NAME DORIS L TOMLINSON		RELATIONSHIP WIFE	MAILING ADDRESS 925 DEBRA LANE, ELK GROVE VILLAGE, IL, 60007	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION MORCAN CREMATION SERVICES		LOCATION - CITY OR TOWN AND STATE NORTHLAKE, IL	DATE OF DISPOSITION APRIL 24, 2018
FUNERAL HOME GROVE MEMORIAL CHAPEL, 1199 S ARLINGTON HTS ROAD, ELK GROVE VILLAGE, IL, 60007				
FUNERAL DIRECTOR'S NAME ALBERTO DIAZ			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016722	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR APRIL 24, 2018	
CAUSE OF DEATH PART I: METASTATIC LUNG CANCER				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. Due to (or as a consequence of)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		b. 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? 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 MARCH 12, 2018	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 01:00 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED APRIL 23, 2018	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH STEVEN L KANTER, MD, 800 BIESTERFIELD RD SUITE 210, ELK GROVE VILLAGE, ILLINOIS, 60007			PHYSICIAN'S LICENSE NUMBER 036-108503	

0429792



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



THE WORD VOID APPEARS WHEN PHOTO COPIED

NOTICE: REMBOSSE DIS STATE AND CO. UNIVERSE STATE BOTTOM