

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# 1900934023 Fee \$40.00

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 01/09/2019 11:22 AM PG: 1 OF 2

PREPARED BY:

Maria Lucia Cielo Romero

5610 South Mozart st

Chicago IL 60629

SURVIVING TENANT AFFIDAVIT

I, Martha Emeric the surviving tenant of the tenancy created by the deed with the document number: 98188513 do hereby declare under oath that the tenant Santiago Emeric died on 12-10-2004 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 61 IN MURDOCK'S GARFIELD BOULEVARD SUBDIVISION OF THE WEST 1/2 OF EAST 1/2 OF THE NORTHEAST 1/4 OF THE NORTHWEST 1/4 OF SECTION 13, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

PROPERTY IDENTIFICATION NUMBER (PIN):

19-13-114-019-0000

COMMONLY KNOWN ADDRESS:

5610 South Mozart Street
Chicago IL 60629

NOTARY & AFFIANT SIGNATURE SECTION BELOW

Subscribed & Sworn to me by:

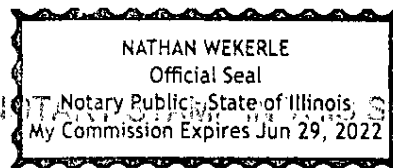
Martha Emeric

Affiant Signature:

Nathan Wekerle

On the Following Date:

1-9-19



AFFIX NOTARY SEAL IN THIS SECTION

2/19

REGISTRATION DISTRICT NO. **16.10**

REGISTERED NUMBER

DECEASED-NAME **Santiago** FIRST **Emeric** MIDDLE **Emric** LAST **Emric** SEX **Male** DATE OF BIRTH (MONTH, DAY, YEAR) **December 31, 1931**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **Cook** AGE LAST BIRTHDAY (YRS) **72** UNDER 1 YEAR (MONTHS, DAYS) **5b.** UNDER 1 DAY (HOURS, MIN.) **5c.** DATE OF DEATH (MONTH, DAY, YEAR) **December 10, 2004**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **Chicago** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **University of Illinois Hospital** (IF ADPSP OR INST. INDICATE P.O.A. OPERATOR, RM, INPATIENT (SPECIFY))

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **Puerto Rico** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **Married** NAME OF SURVIVING SPOUSE (MARRIAGE NAME, IF WIFE) **Martha Romero**

SOCIAL SECURITY NUMBER **108-24-7221** USUAL OCCUPATION **Carpenter** KIND OF BUSINESS OR INDUSTRY **self-employed** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **Elementary/Secondary (9-12)** College (13-16) **NO**

RESIDENCE (STREET AND NUMBER) **5610 S. Mozart Street** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **Chicago** OFF-HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) **NO** INSIDE CITY (YES/NO) **YES** COUNTY **Cook**

STATE **Illinois** ZIP CODE **60629** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) **Hispanic** OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) **NO** 13c. YES 13d. NO

FATHER-NAME FIRST **Victoriano** MIDDLE **Emeric** LAST **Victoriano** MOTHER-NAME FIRST **Eusebio** MIDDLE **Carilion** LAST **Carilion**

DEFORMANT'S NAME (TYPE OR PRINT) **Johnetta Wilcoxson** RELATIONSHIP **Hospital Records** MAILING ADDRESS (STREET AND NO., OR R.F.D. OR TOWN, STATE, ZIP) **1740 W. Taylor Chicago, IL 60612**

17a. **Johnetta Wilcoxson** 17b. **Hospital Records** 17c. **1740 W. Taylor Chicago, IL 60612**

18. PART I. Immediate Cause (Final disease or condition resulting in death) **(a) Laryngeal Cancer**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

19. DATE OF OPERATION, IF ANY

20a. (DD) (ID) (DD NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON **December 10, 2004**

20b. MAJOR FINDINGS OF OPERATION

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) **NO**

21c. HOUR OF DEATH **1:58 P.M.**

21d. DATE SIGNED (MONTH, DAY, YEAR) **12/13/04**

22a. SIGNATURE **[Signature]**

22b. ILLINOIS LICENSE NUMBER **125-046322**

22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)

22d. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)

23. **Nadia Tswail M.D. (Dept. of Medicine)**

BURIAL, CREMATION, REMOVAL, SPECIFY **CEMETERY OR CREMATORY-NAME** **St. Mary** LOCATION **Evergreen Park, IL** CITY OR TOWN **St. Mary** STATE **IL** DATE (MONTH, DAY, YEAR) **Dec 14, 2004**

24a. FUNERAL HOME **St. Mary** STREET AND NUMBER OR R.F.D. **24c. Evergreen Park, IL** CITY OR TOWN **St. Mary** STATE **IL** ZIP **60612**

25a. **Alvarez Funeral Directors, P.C., 2500 N. Cicero Ave., Chicago, Illinois 60639**

25b. FUNERAL DIRECTOR'S SIGNATURE **Susan Alvarez** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **034-011737**

25c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **DEC 14 2004**

26a. LOCAL REGISTRAR'S SIGNATURE **[Signature]** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **DEC 14 2004**

26b. LOCAL REGISTRAR'S SIGNATURE

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26b. LOCAL REGISTRAR'S SIGNATURE

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO

DEC 14 2004

JOHN L. WILHELM M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN OBLIVANCE OF SAID LAW AND ORDINANCES.

[Signature]
 JOHN L. WILHELM, M.D.
 LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.