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UNOFFICIAL COPY



1905945033

PREPARED BY:

LYNNETT DAVIS
9033 S PHILLIPS AVE
CHG, IL 60617

Doc# 1905945033 Fee \$40.00

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 02/28/2019 11:43 AM PG: 1 OF 2

SURVIVING TENANT AFFIDAVIT

I, LYNNETT DAVIS, the surviving tenant of the tenancy created by the deed with the document number: 97885745 do hereby declare under oath that the tenant JOSEPH L. DAVIS died on 1/3/2017 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 114 IN BESSEMER PARK ADDITION BEING A SUB-DIVISION OF PARTS OF BLOCKS 2 TO 7 IN HOLMES ADDITION TO CHICAGO IN THE SOUTHWEST 1/4 OF THE NORTHWEST 1/4 OF SECTION 6, TOWNSHIP 37 NORTH, RANGE 15 EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS

PROPERTY IDENTIFICATION NUMBER (PIN)

2 6 - 0 6 - 1 2 2 - 0 1 2 - 0 0 0 0

COMMONLY KNOWN ADDRESS:

9033 SOUTH PHILLIPS AVENUE
CHICAGO, IL 60617

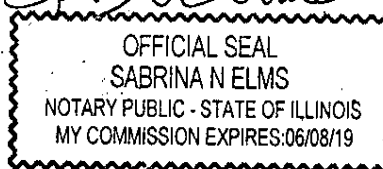
NOTARY & AFFIANT SIGNATURE SECTION BELOW

Subscribed & Sworn to me by:

Affiant Signature:

On the Following Date:

Sabrina N Elms



RH



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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No: 110949

Local No 000092

EDR No 00000552767

State No 001182

1. Decedent's Legal Name (First, Middle, Last) JOSEPH L DAVIS				1a. Maiden Name (if female)		2. Sex MALE		3. Time Of Death 11:10 AM		4. Date Of Death (Month/Day/Year) 01/03/2017	
5. Social Security Number 410-56-4240		6a. Age - Yrs 76		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes	
7. Date of Birth (Month/Day/Year) 06/18/1940				8. Birthplace (City and State or Foreign Country) DESSON, MS							
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival									
10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)											
11. Facility Name (If Not Institution, Give Street and Number) KINDRED HOSPITAL NORTHWEST INDIANA											
12. City Or Town, State, And Zip Code: HAMMOND, IN, 46320						13. County Of Death LAKE			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name LYNNETT DAVIS				15a. Last Name Before First Marriage DOWNS				16. Decedent's Usual Occupation BUSINESS AGENT		17. Kind Of Business/Industry USW	
18. Residence - State ILLINOIS			18a. County COOK			18b. City Or Town CHICAGO					
18c. Street And Number 9033 SOUTH PHILLIPS AVENUE						18d. Apt. No.		18e. Zip Code 60617		18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
19. Decedent's Education ASSOCIATE DEGREE (AA, AS)				20. Decedent Of Hispanic Origin NO, HISPANIC				21. Decedent's Race Black or African American			
22. Parent's Name (First, Middle, Last) JOE WILLIE DAVIS				23. Parent's Name (First, Middle, Last) GEORGIA ANN DAVIS				23a. Parent's Last Name Before First Marriage WOODS			
24. Informant's Name LYNNETT DAVIS			24a. Relationship To Decedent WIFE			24b. Mailing Address (Street And Number, City, State, Zip Code) 9033 SOUTH PHILLIPS AVENUE, CHICAGO, IL 60617					
25. Place Of Disposition											
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):				25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) MT. HOPE CEMETERY				25c. Location - City, Town, And State CHICAGO, IL			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			27. Name And Complete Address Of Funeral Facility RIDGELAWN FUNERAL HOME, INC., 4201 W. RIDGE ROAD, GARY, IN 46408						27a. Funeral Home License Number FH10200007		
27b. Signature Of Indiana Funeral Service Licensee: HARRY A CAGE, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FB20800069					
28-Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause Of Death On One Line. Add Additional Lines If Necessary.											
Immediate Cause (Final Disease Or Condition Resulting In Death) A. METASTATIC LUNG CANCER											
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B. SEPSIS											
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I C. _____											
29. Was An Autopsy Performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
30. Were Autopsy Finding Available To Confer The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No											
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year				33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			
34. Date Of Injury (Month/Day/Year)			35. Time Of Injury			36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
38. Location Of Injury: State			38a. City Or Town			38b. Street & Number			38c. Apt. No.		38d. Zip Code
39. Describe How Injury Occurred								40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian			
NOT VALID UNLESS											
41. Signature, Of Person Certifying Cause Of Death: AMIT DILIPKUMAR VYAS, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer					
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: AMIT DILIPKUMAR VYAS, 5454 HAMMOND AVE, HAMMOND, IN 46320						44. License Number 01045391A		45. Date Certified 01/11/2017			
46. Additional Funeral Service Provider: CAGE MEMORIAL CHAPEL						47. Akas:					
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): JAN 12 2017					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											

THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

JAN 18 2017

LAKE COUNTY HEALTH DEPARTMENT