

# 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# 1909157015 Fee \$40.00

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 04/01/2019 12:12 PM PG: 1 OF 2

**PREPARED BY:**

Cynthia T. Walker

99 N. Genesee Ave.

Pontiac, MI 48341

## SURVIVING TENANT AFFIDAVIT

I, Roger D. Thomas the surviving tenant of the tenancy created by the deed with the document number: 16207857 do hereby declare under oath that the tenant Ileane R. Thomas died on 7-10-2018 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**

Lot 7 in Cramer's Subdivision of the North 322.19 feet of the West 170.6 feet of block 22 in Webster's Subdivision of the North West Quarter of Section 34, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois:

**PROPERTY IDENTIFICATION NUMBER (PIN)**

2 0 - 3 4 - 1 2 1 - 0 0 7 - 0 0 0 0

**COMMONLY KNOWN ADDRESS:**

8221 S. Indiana Ave.

Chicago, IL 60619

**NOTARY & AFFIANT SIGNATURE SECTION BELOW**

**Subscribed & Sworn to me by:**

Roger D. Thomas  
Affiant Signature:

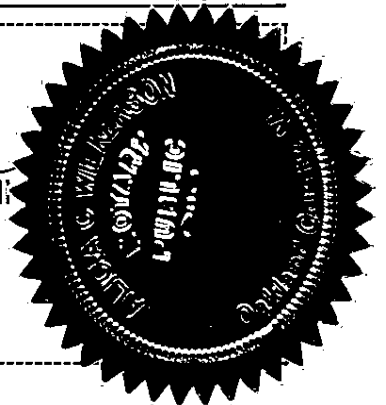
X Roger D. Thomas

**On the Following Date:**

3-18-19

Alicia C. Wilkerson IN THE

ALICIA C. WILKERSON  
Notary Public, State of Michigan  
County of Oakland  
My Commission Expires Aug. 02, 2024  
Acting In The County Of Oakland



**UNOFFICIAL COPY**

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

STATE FILE NUMBER 2018 0057919

DATE ISSUED 7/19/2018

|  |  |  |  |  |                                  |
|--|--|--|--|--|----------------------------------|
| DECEDENT'S LEGAL NAME<br>ILEANE R THOMAS   |  |  | SEX<br>FEMALE  | DATE OF DEATH<br>JULY 10, 2018   |                                  |
| COUNTY OF DEATH<br>COOK  |  | AGE AT LAST BIRTHDAY<br>91 YEARS                 | DATE OF BIRTH<br>FEBRUARY 01, 1927   |  |                                  |
| CITY OR TOWN<br>CHICAGO  |  |  | HOSPITAL OR OTHER INSTITUTION NAME<br>8221 S INDIANA                           |  |                                  |
| PLACE OF DEATH<br>DECEDENT'S HOME  |  |  |  |  |                                  |
| BIRTHPLACE<br>CHICAGO, IL  | SOCIAL SECURITY NUMBER<br>[REDACTED]       | STATUS AT TIME OF DEATH<br>MARRIED               | SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME<br>ROGER D. THOMAS          |  | EVER IN U.S. ARMED FORCES?<br>NO |
| RESIDENCE<br>8221 S INDIANA  | APT. NO.                                   | CITY OR TOWN<br>CHICAGO                          | INSIDE CITY LIMITS?<br>YES   |  |                                  |
| COUNTY<br>COOK   | STATE<br>IL                                | ZIP CODE<br>60619                                | FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION<br>EDWARD R WIGGAN | MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION<br>LUCENIA ULETT |                                  |
| INFORMANT'S NAME<br>CYNTHIA WALKER   |  | RELATIONSHIP<br>DAUGHTER                         | MAILING ADDRESS<br>99 N GENESEE, PONTIAC, MI, 48341                            |  |                                  |
| METHOD OF DISPOSITION<br>BURIAL  | PLACE OF DISPOSITION<br>OAK WOODS CEMETERY | LOCATION - CITY OR TOWN AND STATE<br>CHICAGO, IL | DATE OF DISPOSITION<br>JULY 20, 2018   |  |                                  |
| FUNERAL HOME<br>CAGE MEMORIAL CHAPEL, 7651 S. JEFFERY BLVD, CHICAGO, IL, 60649   |  |  |  |  |                                  |
| FUNERAL DIRECTOR'S NAME<br>H AUGUSTUS CAGE   |  |  | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER<br>034011055                        |  |                                  |
| LOCAL REGISTRAR'S NAME<br>DAVID ORR  |  |  | DATE FILED WITH LOCAL REGISTRAR<br>JULY 17, 2018                               |  |                                  |
| <b>CAUSE OF DEATH</b> PART I: ALZHEIMERS   |  |  |  |  |                                  |
| IMMEDIATE CAUSE<br>(Final disease or condition resulting in death)   |  | a  | UNKNOWN  |  | UNKNOWN                          |
|  |  | b  | Due to (or as a consequence of)  |  |                                  |
|  |  | c  | Due to (or as a consequence of)  |  |                                  |
|  |  |  | 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<br>NOT APPLICABLE  |  |  | MANNER OF DEATH<br>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?<br>NO   | DATE LAST SEEN ALIVE<br>UNKNOWN            | WAS MEDICAL EXAMINER OR CORONER CONTACTED?<br>NO | DATE PRONOUNCED  | TIME OF DEATH<br>02:15 PM  |                                  |
| CERTIFIER<br>PHYSICIAN   |  |  | DATE CERTIFIED<br>JULY 13, 2018  |  |                                  |
| NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH<br>KIM BATTLEMILLER, 2000 SPRINGER DRIVE, LOMBARD, IL, 60148  |  |  |  | PHYSICIAN'S LICENSE NUMBER<br>036089482                                      |                                  |

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



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