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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# 1910746134 Fee \$40.00

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

EDWARD H. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 04/17/2019 01:06 PM PG: 1 OF 2

PREPARED BY:

ERLENE FISHER
8558 S. JEFFERY BLVD
CHICAGO, IL 60617

SURVIVING TENANT AFFIDAVIT

I, ERLENE FISHER the surviving tenant of the tenancy created by the deed with the document number: _____ do hereby declare under oath that the tenant Robert EARL Fisher died on 1-24-07 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 23 (EXCEPT THE NORTH 16 FEET THEREOF) AND ALL OF LOT 24 IN BLOCK 10 IN GEORGE AND WANNER'S RESUBDIVISION OF BLOCKS 10 AND 17 IN CON-
STANCE BEING A SUBDIVISION OF THE EAST 1/2 OF THE SOUTH WEST 1/4 OF
SECTION 36, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL
MERIDIAN, IN COOK COUNTY, ILLINOIS.

PROPERTY IDENTIFICATION NUMBER (PIN)

2 0 - 3 6 - 3 2 3 - 0 6 1 - 0 0 0 0

COMMONLY KNOWN ADDRESS:

8558 S. JEFFERY BLVD
CHICAGO IL 60617

NOTARY & AFFIANT SIGNATURE SECTION BELOW

Subscribed & Sworn to me by:

Affiant Signature:

[Signature]

On the Following Date:

4/8/2019



UNOFFICIAL COPY

STATE OF ILLINOIS

STATE FILE NUMBER

PERMANENT CERTIFICATE
 TEMPORARY CERTIFICATE

REGISTRATION DISTRICT NO: 16.32
REGISTERED NUMBER: 57

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

418 JANOT

Type or Print in PERMANENT ink See Coroner's or Funeral Director's Handbook for INSTRUCTIONS

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
1. ROBERT Earl FISHER MALE 3 1 24 07

COUNTY OF DEATH AGE-LAST BIRTHDAY (MM/DD) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)
4. COOK 5a. 65 5b. 56 5c. 56 5d. February 24, 1941

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE D.O.A. (IF ENTERED BY PATIENT) (SPECIFY)
6a. Chicago Heights 6b. St. James Hospital 6c. CAERLA

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECLARED BY FBI IN U.S. ARMED FORCES? (YES/NO)
7. UNK 8a. Married 8b. Erlene Simpson 8c. No

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
10. 344-30-3880 11a. Clerk 11b. US Post. Ofc. 12. 2

RESIDE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY
13a. 435 GREENBRIAR 13b. CRETE 13c. YES 13d. COOK

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, HAWAIIAN) OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.)
13e. ILLINOIS 13f. 60417 14a. BLACK 14b. NO 14c. NO

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST
15. Frank Fisher 16. Helen Green

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
17a. Mrs. Erlene Fisher 17b. Wife 17c. 435 Greenbriar Ln, Crete, IL 60417

18. PART I Enter the direct or indirect causes, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Immediate Cause (Final disease or condition resulting in death) (a) CARBON MONOXIDE INTOXICATION

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (b) INHALATION OF SMOKE AND SOOT

STATING THE UNDERLYING CAUSE LAST (c) HOUSE FIRE

PART II Other significant conditions contributing to death, but not resulting in the underlying cause (in PART I) AUTOPSY (YES/NO) 18a. NO 18b. NO WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 18c. NO

NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY) DATE OF INJURY (MONTH, DAY, YEAR) HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18) 20a. SUICIDE 20b. 1/24/07 20c. HOUSE FIRE

INJURY AT WORK (YES/NO) PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE, BUILDING, ETC.) (SPECIFY) LOCATION (CITY, V.L. CITY OR TOWN OR TWP., OR RD. DIST. NO., COUNTY, STATE) IF FEMALE, WAS THERE A PROB- HANDBY IN PAST THREE MONTHS? 20e. NO 20f. HOME 20g. CRETE COOK CT, IL 20h. NO

I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED; AND THAT THE DECEASED WAS PRONOUNCED DEAD ON DATE AT
21a. 3 1 24 07 21b. COOK 21c. 8:05 PM

CORONERS - MEDICAL EXAMINER'S SIGNATURE DATE SIGNED (MONTH, DAY, YEAR)
22a. [Signature] 22b. 1 26 07

CORONER'S PHYSICIAN'S NAME (TYPE OR PRINT) DATE SIGNED (MONTH, DAY, YEAR)
23a. [Signature] 23b. 1 26 07

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
24a. Burial 24b. Cedar Park 24c. Calumet Park, Illinois 24d. Jan. 31, 2007

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
25a. Cage Memorial Chapel 7651 S. Jeffery Blvd. Chicago, Illinois 60649

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b. [Signature] 25c. 034-012209

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a. [Signature] 26b. January 29, 2007

VR2012 (Rev. 5/05) Illinois Department of Public Health - Division of Vital Records BASED ON 1985 U.S. STANDARD CERTIFICATE

THE WORDS IN CAPS APPEAR WHEN PHOTOCOPIED

NOT REPRODUCIBLE IN ANY MANNER WITHOUT PERMISSION

13d CORR
07-18c

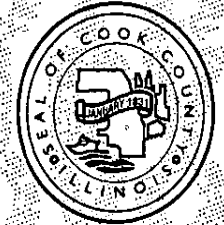
DISPOSITION

0922004

April 17, 2019

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.

[Signature]
Karen A. Yarbrough
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE