

# 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# 1912046231 Fee \$42.00  
RHSP FEE:\$9.00 RPRF FEE: \$1.00  
EDWARD M. MOODY  
COOK COUNTY RECORDER OF DEEDS  
DATE: 04/30/2019 02:03 PM PG: 1 OF 3

**PREPARED BY:**

Kathleem Moriarity

4936 W.105 th Pl.

Oak Lawn, Il. 60453

## SURVIVING TENANT AFFIDAVIT

I, Kathleen Moriarity the surviving tenant of the tenancy created by the deed with the document number: 18527899 do hereby declare under oath that the tenant Anthony J. Deacy died on 1/7/1987 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 119 (except the East 10 feet) all of lot 120 in Frank De Lugach's Beverly Highlands, being a subdivision of the North 1/2 of the South East 1/4 of the North East 1/4 of Section 16, Township 37 North Range 13, East of the Third Principal Meridian

**PROPERTY IDENTIFICATION NUMBER (PIN):**

2 4 - 1 6 - 2 0 9 - 0 5 3 0 0 0 0

**COMMONLY KNOWN ADDRESS:**

4936 W. 105 Pl.

Oak Lawn Il. 60453

**NOTARY & AFFIANT SIGNATURE SECTION BELOW**

**Subscribed & Sworn to me by:**

*Kathleen Moriarity*

**Affiant Signature:**

*Kathleen Moriarity*

**On the Following Date:**

4-26-19

AFFIX NOTARY STAMP IN THIS SECTION

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## JURAT WITH AFFIANT STATEMENT

State of Illinois }  
County of Cook } ss.

- See Attached Document (Notary to cross out lines 1-7 below)
- See Statement Below (Lines 1-7 to be completed only by document signer[s], not Notary)

1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 4 \_\_\_\_\_  
 5 \_\_\_\_\_  
 6 \_\_\_\_\_  
 7 \_\_\_\_\_

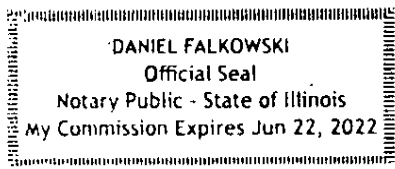
*[Handwritten Signature]*  
 \_\_\_\_\_  
 Signature of Document Signer No. 1

\_\_\_\_\_  
 Signature of Document Signer No. 2 (if any)

Subscribed and sworn to (or affirmed) before me  
 this 26<sup>th</sup> day of April, 2019, by  
Date Month Year

*[Handwritten Signature]*  
 \_\_\_\_\_  
 Name of Signer No. 1

\_\_\_\_\_  
 Name of Signer No. 2 (if any)  
*[Handwritten Signature]*  
 \_\_\_\_\_  
 Signature of Notary Public



Place Notary Seal/Stamp Above

\_\_\_\_\_  
 Any Other Required Information  
 (Residence, Expiration Date, etc.)

### OPTIONAL

This section is required for notarizations performed in Arizona but is optional in other states. Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

#### Description of Attached Document

Title or Type of Document: Surviving Tenant Affidavit

Document Date: 04/26/19 Number of Pages: 1

Signer(s) Other Than Named Above: \_\_\_\_\_

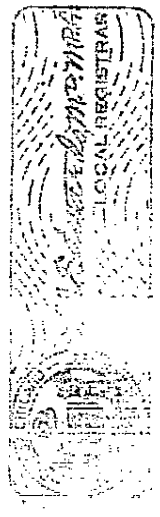
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STATE OF ILLINOIS  
MEDICAL CERTIFICATE OF DEATH  
STATE FILE NUMBER  
16.10  
C 600368

January 16, 1987.

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

I, LONNIE C. EDWARDS M.D. M.P.A., 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 OF 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 AS A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED

REGISTRATION DISTRICT NO. REGISTERED NUMBER 16.10	STATE OF ILLINOIS	DECEASED—NAME Anthony Deacy	MIDDLE Deacy	LAST Deacy	SEX 2 Male	DATE OF DEATH 3 January 7, 1987	MONTH, DAY, YEAR 7 1987
1. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (TYPE OR PRINT) White		2. MARRIAGE (MARRIED, NEVER MARRIED, WIDOWED, DIVORCED) (SPECIFY) 10 Married		3. DATE OF BIRTH (MO., DAY, YEAR) 5b 49		4. COUNTY OF DEATH Cook	
5a. City, town, village, or road district number Chicago		5b. Hospital or other institution where deceased died Northwestern Memorial Hospital		6. Date of death December 2, 1937		7a. County of birth Cook	
7. State of birth (if not in U.S.A.) Illinois		8. U.S.A. Social Security Number [REDACTED]		9. Usual occupation Electrician		10. Name of surviving spouse (maiden name, if wife) Janice Highland	
11. Residence 5 Oakley Ave.		12. City, town, village, or road district no. Streator		13. Kind of business or industry electric		14. War or dates of service none	
15. Father's name Anthony Deacy		16. Mother's name Margaret Deacy		17. Relationship Medical Records		18. State Illinois	
19. Informant name (type or print) Jackie Smith		20. Relationship Medical Records		21. Mailing address 303 E. Superior Chicago, IL 60611		22. Approximate interval between onset and death Immediate	
23. Death was caused by: Respiratory Failure		24. Immediate cause Respiratory Failure		25. Other significant conditions contributing to death but not related to cause Metastatic Adenocarcinoma of Right Lung		26. Date of operation, if any None	
27. Date of operation, if any None		28. Major findings of operation None		29. Autopsy (yes/no) No		30. If female, was there a pregnancy in past three months? No	
31. Date of operation, if any None		32. Major findings of operation None		33. Date of death January 7, 1987		34. Hour of death 11:50 A.M.	
35. Name and address of certifier Jamie Von Roenn, M.D. 222 E. Superior Chicago, IL 60611		36. Illinois license number 36-63985		37. Date signed (mo., day, yr.) January 7, 1987		38. Funeral home name Blake-Lamb Funeral Home, 3737 West 79th Street, Chicago, IL 60652	
39. Burial or cremation Hillcrest		40. Cemetery or crematory name Hillcrest		41. Location Streator, Illinois		42. Date of death January 10, 1987	
43. Local registrar's signature Lonnie C. Edwards		44. Local registrar's name Lonnie C. Edwards		45. Local registrar's address [REDACTED]		46. Date recorded by local registrar JAN 8 1987	

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.