

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# 1912813004 Fee \$42.00

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 05/08/2019 09:47 AM PG: 1 OF 3

PREPARED BY:

Cata Truss
1351 North Waller Ave
Chgo, IL 60651

SURVIVING TENANT AFFIDAVIT

I, Edna Styles the surviving tenant of the tenancy created by the deed with the document number: 75058244 do hereby declare under oath that the tenant Isaaguena Styles died on 6-8-2000 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

See Attached

PROPERTY IDENTIFICATION NUMBER (PIN)

14-11-307-008-0000

COMMONLY KNOWN ADDRESS:

3946 W. West End Avenue
Chicago, IL 60624-2357

NOTARY & AFFIANT SIGNATURE SECTION BELOW

Subscribed & Sworn to me by:

CATA TRUSS

Affiant Signature:

Cata Truss

On the Following Date:

1-5-2019

Anthony Keith Winston

OFFICIAL SEAL OF NOTARY PUBLIC

ANTHONY KEITH WINSTON
Notary Public - State of Illinois
My Commission Expires 08/21/2022

CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

DECEASED'S BIRTH NO.	REGISTRATION DISTRICT NO.	STATE OF ILLINOIS		STATE FILE NUMBER	
	1010	MEDICAL CERTIFICATE OF DEATH		610722	
Type of Place in which Death Occurred (See Funeral Directors, Hospitals, or Physicians Handbook for Instructions)	DECEASED-NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH MONTH DAY YEAR
	1. Issaquena Styles			2. Female	3. July 26, 2006
A	COUNTY OF DEATH	AGE - LAST BIRTHDAY (Month Day Year)	UNDER 1 YEAR AGE DATES	UNOFFICIAL DAY	DATE OF BIRTH MONTH DAY YEAR
	4. Cook	5a. 82	5b. 5c.	5d.	5e. August 3, 1923
B	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	HOSPITAL OR OTHER INSTITUTION - NAME IF NOT IN EITHER, ONE STREET AND NUMBER			F. HOSP OR INST. INDICATE ILL. CHAPTER, FOR INSTITUTION NUMBER
	6a. Chicago	6b. Home-3946 W. Westend			6c. Hospice
C	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED	NAME OF SURVIVING SPOUSE - (MAIDEN NAME, IF DIFF.)		HAD DECEASED (S) APPLICABLE? (YES) (NO)
	7. Woodville, Mo	8a. Widowed	8b. None		8c. No
D	SIGNATURE SECURITY NUMBER	LEGAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (TYPE OF SCHOOL, TRAINING, SERVICE, COMPLETION)	
	9. [Redacted]	11a. Cook	11b. General	12. 8th	-0-
E	RESIDENCE (STREET AND NUMBER)	CITY, TOWN, TWP. OR ROAD DISTRICT NO.	COUNTY	CITY	COUNTY
	13a. 3946 W. Westend	13b. Chicago	13c. Cook	13d. Yen	13e. Cook
F	STATE	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, OR ISLANDER)	OF HISPANIC ORIGIN (SPECIFY NO OR YES - YES, SPECIFY CUBAN, MEXICAN, PORTORICAN)	
	13a. Illinois	13b. 606	14a. Black	14b. [X] NO [] YES SPECIFY:	
G	FATHER-NAME FIRST MIDDLE LAST	MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST	INFORMANT'S NAME (TYPE OR PRINT)		
	15. Cline Butler	16. Virginia Williams	17a. Edna Styles		
H	RELATIONSHIP		MAILING ADDRESS (STREET AND NO OR P.O. CITY OR TOWN, STATE, ZIP)		
	17b. Drtr.		17c. 3946 W. Westend Chicago, Illinois		
I	PART I - Enter the character of all conditions that caused the death. Do not enter the mode of death, such as cardiac or respiratory arrest, shock, or fainting, unless they are the cause of death.				
	18. (a) Immediate Cause (Final Cause or condition resulting in death) (b) Conditions, if any, which gave rise to immediate cause (c) Stating the underlying cause last.				
J	PART II - Give history of medical intervention resulting in death but not resulting in the underlying cause (PART I).				
	19. [Redacted]				
K	DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION	AUTOPSY (YES) (NO)		
	20a.	20b.	19b. No 19c.		
L	WAS CORNER OR MEDICAL EXAMINER NOTIFIED (YES) (NO)		HOURS OF DEATH		
	21a. No		21b. 12:45p.		
M	TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED MONTH DAY, YEAR		
	22a. SIGNATURE [Signature]		22b. [Redacted]		
N	NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER		
	22c. Jamie Von Roann 251 E. Huron Chicago, Illinois 60611		22d. 36-63985		
O	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN HUNTER HAS NEVER YES OR NO (DEATH THE CORNER OR MEDICAL EXAMINER NOTIFIED)		
	23.		23.		
P	DURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY-NAME	LOCATION	CITY OR TOWN	STATE
	24a. Burial	24b. Oakridge Cemetery	24c. Hillside	24d. Illinois	24e. [Redacted]
Q	FUNERAL HOME	NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE
	25a. A.A. Rayner & Sons	5911 W. Madison Street	Chicago	Illinois	60644
R	FUNERAL DIRECTOR'S SIGNATURE	FUNERAL DIRECTOR'S LICENSE NUMBER	DATE FILED BY LOCAL HEALTH DEPARTMENT (MONTH DAY YEAR)		
	25b. [Signature]	25c. 037014671	25d. AUG 02 2006		

January 5, 2018

D00168054

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



UNOFFICIAL COPY

Karen A. Yarbrough Clerk of Cook County
COUNTY OF COOK MAP DEPARTMENT

Date: 03-22-2019

THIS CERTIFIES THAT THE PERMANENT REAL ESTATE INDEX NUMBER KNOWN AS:
16 - 11 - 307 - 008 - 0000 BEARS THE FOLLOWING LEGAL DESCRIPTION:

THE SOUTH 106 FEET OF LOT 30 OF PARMLY'S SUBDIVISION OF THAT PART OF LOT 3
OF COURT PARTITION OF THE EAST 30 ACRES OF THE WEST 40 ACRES OF THE
SOUTHWEST 1/4 LYING SOUTH OF LAKE STREET, OF SECTION 11 TOWNSHIP 39 NORTH,
RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.



Fee: \$10.00

A handwritten signature in black ink, appearing to be "E. H. ...", written over a horizontal line.

Supervisor of Maps and Plats

Property of Cook County Clerk's Office