

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# 1919806099 Fee \$88.00

PREPARED BY:

SOCORRO LOZANO  
4844 W DAKIN  
Chicago IL 60641

RHSP FEE:\$9.00 RPRF FEE: \$1.00  
EDWARD M. MOODY  
COOK COUNTY RECORDER OF DEEDS  
DATE: 07/17/2019 11:35 AM PG: 1 OF 2

SORVIVING TENANT AFFIDAVIT

I, SOCORRO LOZANO the surviving tenant of the tenancy created by the deed with the document number: 99652393 do hereby declare under oath that the tenant ISAAC LOZANO died on 01-29-19 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 One Hundred Seventy-nine (179) and the EAST FIFTEEN (15) feet of lot One Hundred Seventy Eight (178) in Genlands Park Addition to Chicago being a Subdivision of the North Half (1/2) of North East Quarter (1/4) of Section Twenty-one (21), Township 40 N., Range 3

PROPERTY IDENTIFICATION NUMBER (PIN)

EAST of 41st Principal Meridian in Cook County, ILLINOIS

13 - 21 - 203 - 0167 - 0000

COMMONLY KNOWN ADDRESS:

4844 W. DAKIN ST.  
Chicago ILLINOIS 60641

NOTARY & AFFIANT SIGNATURE SECTION BELOW

Subscribed & Sworn to me by:

SOCORRO LOZANO

Affiant Signature:

Socorro Lozano

On the Following Date:

07/17/19

[Signature]



S X  
P 2  
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SC  
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INT

"This is an original document"

Socorro Lozano

State of Illinois - County of Cook  
This instrument was acknowledged before me on 7/17/19 Declared by  
SOCORRO LOZANO

UNOFFICIAL COPY

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

STATE FILE NUMBER 2019 0007788

DATE ISSUED 2/1/2019

DECEDENT'S LEGAL NAME ISAAC LOZANO		SEX MALE	DATE OF DEATH JANUARY 29, 2019	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 66 YEARS	DATE OF BIRTH MAY 08, 1952		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME COMMUNITY FIRST MEDICAL CENTER		
PLACE OF DEATH INPATIENT				
BIRTHPLACE MEXICO	SOCIAL SECURITY NUMBER 2-14-60-17	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME SOCORRO PUENTE	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 4844 W DAKIN	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60641	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ANTONIO LOZANO	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ASUNCEON GUZMAN
INFORMANT'S NAME SOCORRO LOZANO		RELATIONSHIP WIFE	MAILING ADDRESS 4844 W DAKIN, CHICAGO, IL, 60641	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION MONTROSE CEMETERY CO.	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION FEBRUARY 05, 2019	
FUNERAL HOME ALVAREZ FUNERAL DIRECTORS P.C. 2501 N. CICERO AVE. CHICAGO, IL, 60639				
FUNERAL DIRECTOR'S NAME SUSAN ALVAREZ			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011737	
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH			DATE FILED WITH LOCAL REGISTRAR FEBRUARY 1, 2019	
<b>CAUSE OF DEATH - PART I</b>				
IMMEDIATE CAUSE (Final disease of condition resulting in death)				MINUTES
a. MYOCARDIAL INFARCTION				
b. Due to (or as a consequence of)				
c. 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				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
FEMALE PREGNANCY STATUS NOT APPLICABLE			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
			MANNER OF DEATH 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? YES	DATE LAST SEEN ALIVE JANUARY 28, 2019	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 11:41 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED JANUARY 31, 2019	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH YAKOV RYABOV, MD, 201 E STRONG AVE, WHEELING, ILLINOIS, 60090			PHYSICIAN'S LICENSE NUMBER 036-089785	

0858012



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.

Karen A. Yarbrough  
 Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THIS WORD VOID APPEARS WHEN PHOTOCOPIED

NOT REBOSSED IN ANY COUNTY SEALS AT BOTTOM