

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# 1922449168 Fee \$88.00

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 08/12/2019 10:13 AM PG: 1 OF 2

PREPARED BY:

Nina Taluc

511 S. Cumberland Ave
Park Ridge, IL 60068

SURVIVING TENANT AFFIDAVIT

I, Nina Taluc the surviving tenant of the tenancy created by the deed with the document number: 1910733136 do hereby declare under oath that the tenant David M. Estrada died on 01/26/2019 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 18 in block 4 in dale, gustun and wallace's addition to Park Ridge being a subdivision of the following described property: commencing

on the south line of the west 1/2 of the northeast 1/4 of section 35, township 41 north, range 12, east of the third principal meridian, 50 links west of the southeast

corner, thence west 19.50 chains;thence north 20.51 chains;thence east 19.50 chains; thence south 10.51 chains to the point of beginning, in cook county, IL

PROPERTY IDENTIFICATION NUMBER (PIN)

0 9 - 3 5 - 2 2 2 - 0 0 6 0 0 0 0

COMMONLY KNOWN ADDRESS:

511 S. Cumberland Ave.

Park Ridge, IL 60068

NOTARY & AFFIANT SIGNATURE SECTION BELOW

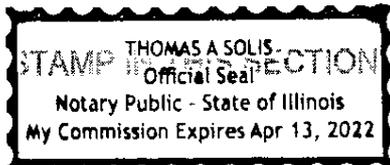
Subscribed & Sworn to me by:

Affiant Signature:

On the Following Date:

8/12/2019

AFFIX NOTARY



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

STATE FILE NUMBER 2019 0007326

DATE ISSUED 2/5/2019

DECEDENT'S LEGAL NAME DAVID M ESTRADA		SEX MALE	DATE OF DEATH JANUARY 26, 2019	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 55 YEARS	DATE OF BIRTH DECEMBER 27, 1963		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME MERCY HOSPITAL AND MEDICAL CENTER		
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED] 2759	STATUS AT TIME OF DEATH DIVORCED FROM MARRIAGE	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 1245 W 31ST STREET	APT. NO. 2ND FLOOR	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60608	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION GENARO ESTRADA	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARY FLORES
INFORMANT'S NAME EDWARD ESTRADA		RELATIONSHIP BROTHER	MAILING ADDRESS 2915 N MEADE, CHICAGO, IL 60634	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION MONARCH CREMATORIUM	LOCATION: CITY OR TOWN AND STATE FRANKLIN PARK, IL	DATE OF DISPOSITION FEBRUARY 01, 2019	
FUNERAL HOME CASEY LASKOWSKI & SONS FUNERAL HOME, 7540 WEST DIVERSEY, CHICAGO, IL 60639				
FUNERAL DIRECTOR'S NAME BETH A STOLTE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016387		
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH		DATE FILED WITH LOCAL REGISTRAR JANUARY 30, 2019		
CAUSE OF DEATH - PART I		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
a. PRIMARY CARDIAC SARCOMA Due to (or as a consequence of):				
b. MYOCARDIAL INFARCTIONS Due to (or as a consequence of):				
c. CARDIAC ARREST 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 NOT APPLICABLE		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 26, 2019	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 09:53 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED JANUARY 29, 2019	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH BRADLEY DAVIS, 2525 SOUTH MICHIGAN AVE, CHICAGO, ILLINOIS, 60616			PHYSICIAN'S LICENSE NUMBER 03614631 0857143	

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

Karen A. Yarbrough
 Cook County Clerk

