

# UNOFFICIAL COPY

2022



Doc# 2035728068 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 12/22/2020 11:03 AM PG: 1 OF 2

### 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.**

### PREPARED BY:

John Kumor - Kumor Law, LLC  
7642 West Belmont Avenue  
Chicago, Illinois 60634

## SURVIVING TENANT AFFIDAVIT

I, SEAN CORONA the surviving tenant of the tenancy created by the deed with the document number: 1020748001 do hereby declare under oath that the tenant MARCELLA CORONA died on February 27, 2013 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 211 (EXCEPT THE EAST 16 2/3 FEET) AND ALL OF LOT 212 IN DILLMAN'S PLACE, A SUBDIVISION OF THE NORTH 1/2 (EXCEPT THE SOUTH 10 ACRES THEREOF) OF THE SOUTH 1/2 OF THE SOUTHWEST 1/4 OF SECTION 20, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

### PROPERTY IDENTIFICATION NUMBER (PIN)

1 3 - 2 0 - 3 2 3 - 0 5 2 - 0 0 0 0

### COMMONLY KNOWN ADDRESS:

6049 West Henderson Street  
Chicago, Illinois 60634

### NOTARY & AFFIANT SIGNATURE SECTION BELOW

Subscribed & Sworn to me by:

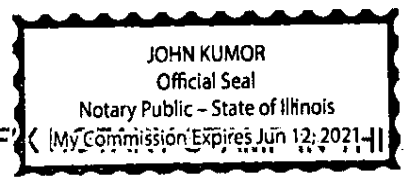
SEAN CORONA

Affiant Signature:

*[Handwritten Signature]*

On the Following Date:

11-19-2020



AFFIANT SECTION

*[Handwritten Signature]* 11-19-20  
NOTARY PUBLIC

MY COMMISSION EXPIRES June 12, 2021

**UNOFFICIAL COPY**

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

STATE FILE NUMBER 2013 0017394

DATE ISSUED 3/5/2013

DECEDENT'S LEGAL NAME MARCELLA S. CORONA		SEX FEMALE	DATE OF DEATH FEBRUARY 27, 2013	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 67 YEARS	DATE OF BIRTH JANUARY 13, 1946		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME 6049 WEST HENDERSON		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 336-36-1054	STATUS AT TIME OF DEATH DIVORCED FROM MARRIAGE	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 6049 WEST HENDERSON	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60634	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION WALTER KOZAK	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION SUSANNE KOPCZYNSKI
INFORMANT'S NAME SEAN CORONA		RELATIONSHIP SON	MAILING ADDRESS 6049 WEST HENDERSON, CHICAGO, IL, 60634	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION WOODLAWN CEMETERY	LOCATION - CITY OR TOWN AND STATE FOREST PARK, IL	DATE OF DISPOSITION MARCH 05, 2013
FUNERAL HOME MALEC & SONS FUNERAL HOME, 6000 N. MILWAUKEE AVE., CHICAGO, IL, 60646				
FUNERAL DIRECTOR'S NAME THOMAS ADALBERT TURKOWSKI			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012271	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR MARCH 1, 2013	
CAUSE OF DEATH	PART I	METASTATIC BREAST CANCER		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  6.5 YEARS
IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	a.	Due to (or as a consequence of)		
	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.			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR			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? NO	DATE LAST SEEN ALIVE JANUARY 30, 2013	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 05:15 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED FEBRUARY 28, 2013	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH LO, SHELLY S. MD, 2160 SOUTH 1ST AVENUE, MAYWOOD, ILLINOIS, 60153				PHYSICIAN'S LICENSE NUMBER 036111532

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.

*David Orr*  
David Orr  
Cook County Clerk



**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**