

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

MAIL TO:
Stacy T. Beutler
Beutler Law Center Ltd.
16335 Harlem Ave. 4th Floor
Tinley Park, Illinois 60477

NAME & ADDRESS OF TAXPAYER:

Kenneth O. Johnson
17219 Hillside Ave.
Hazel Crest, IL 60429



Doc# 2102013094 Fee \$93.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 01/20/2021 03:06 PM PG: 1 OF 3

(The above space for recorder's use only)

STATE OF ILLINOIS)
) ss.
COUNTY OF COOK)

Kenneth O. Johnson being duly sworn states:

That he resides at 17219 Hillside Ave., in the Village of Hazel Crest, Illinois;

That the affiant was married to **Cheryl L. Johnson, Deceased;**

That at the time of her death, **Cheryl L. Johnson** was a joint tenant with the affiant of land in Cook County, Illinois described as:

LOT 11 AND 12 (EXCEPT THAT PART THEREOF LYING NORTH AND NORTHERLY OF AND ADJOINING A LINE DESCRIBED AS FOLLOWS: BEGINNING AT A POINT IN THE WEST LINE OF SAID LOT 11, 10 FEET SOUTH OF THE NORTH WEST CORNER THEREOF, THENCE EAST ON A STRAIGHT LINE PARALLEL TO THE NORTH LINE OF SAID LOT 11 A DISTANCE OF 60 FEET; THENCE NORTH EASTERLY ON A STRAIGHT LINE TO A POINT ON THE EAST LINE OF SAID LOT 12, SAID POINT BEING 40 FEET SOUTH OF THE NORTH EAST CORNER OF SAID LOT 12) ALL IN BLOCK 2 IN E. C. MAHONEY'S TWIN CREEK VILLAGE, A SUBDIVISION OF THE WEST HALF OF THE SOUTH EAST QUARTER OF SECTION 25, TOWNSHIP 36 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index Number: 28-25-405-020-0000

Property Address: 17219 Hillside Ave., Hazel Crest, IL 60429

S Y
P 3
S X
M No
SC X
E Yes
INT Yes

UNOFFICIAL COPY

CERTIFICATION OF DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH


STATE FILE NUMBER 2018 0042092

DATE ISSUED 5/22/2018

DECEDENT'S LEGAL NAME CHERYL L HARRIS-JOHNSON			SEX FEMALE	DATE OF DEATH MAY 14, 2018	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 61 YEARS		DATE OF BIRTH [REDACTED]	
CITY OR TOWN OAK LAWN			HOSPITAL OR OTHER INSTITUTION NAME ADVOCATE CHRIST MEDICAL CENTER		
PLACE OF DEATH INPATIENT					
BIRTHPLACE CHICAGO, IL		SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME KENNETH JOHNSON	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 17219 HILLSIDE		APT. NO.	CITY OR TOWN HAZEL CREST		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60429	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ISAIAH R HARRIS		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION E JEANNE PICKETT
INFORMANT'S NAME KENNETH JOHNSON		RELATIONSHIP HUSBAND		MAILING ADDRESS 17219 HILLSIDE HAZEL CREST, IL, 60429	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION WASHINGTON MEMORY GARDENS		LOCATION - CITY OR TOWN AND STATE HOMEWOOD, IL	DATE OF DISPOSITION MAY 26, 2018
FUNERAL HOME LEAK AND SONS, 7838 SOUTH COTTAGE GROVE, CHICAGO, IL, 60619					
FUNERAL DIRECTOR'S NAME SPENCER LEAK SR.			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031007489		
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR MAY 21, 2018		
CAUSE OF DEATH PART I: ACUTE RESPIRATORY DISTRESS SYNDROME IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ Due to (or as a consequence of) b. ACUTE KIDNEY INJURY _____ 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? YES	DATE LAST SEEN ALIVE MAY 13, 2018	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED	TIME OF DEATH 08:18 AM
CERTIFIER PHYSICIAN				DATE CERTIFIED MAY 14, 2018	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DEBJIT SAHA MD, 4440 W 95TH ST, OAK LAWN, ILLINOIS, 60453				PHYSICIAN'S LICENSE NUMBER 036142653	

0323913

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
 Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM

UNOFFICIAL COPY

Property of Cook County Clerk's Office

TO TEST FOR AUTHENTICITY: The face of this document has a green background. Verification of some of the security features can be accomplished by:

- Identifying invisible UV fibers embedded in the paper.
- Applying fresh liquid bleach to activate color stain chemical protection reaction.
- Face of document has a green border with ornate lines including reverse microtext.
- This backer copy is constructed with a microtext border. Inspection under magnifier shows "ILLINOISDEATHCERTIFICATE" in microtext.
- Document is protected with embossed Cook County seals.
- Inspect background with a magnifier to verify the encrypted NaNQcopy™ algorithm in body of document.
- Photocopying this document produces the word "VOID" across the face.

U.S. Security Patents: 6,692,030, 7,196,822

www.isp-vft.com Ref: 112901