

# UNOFFICIAL COPY

### SPECIAL NOTICE:

This form is not required by law, nor is it a requirement of the Cook Cook County Recorder of Deeds Office. CCROD employees CANNOT assist with the completion of this LEGAL form, or provide advice regarding it.



Doc# 2102149010 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 01/21/2021 09:41 AM PG: 1 OF 2

## DECEASED JOINT TENANCY AFFIDAVIT

### INSTRUMENT PREPARED BY:

Veronica Randle (NAME)

5244 Yale Ln (ADDRESS)

Matteson, IL (CITY/STATE)

60443 (ZIP CODE)

I Daniel Randle the surviving tenant of the joint tenancy created by the deed with document number: \_\_\_\_\_ do hereby declare under oath that the joint tenant, Essie Lee Randle died on 05/05/20 as evidenced by the attached certified copy of his or her death certificate (see attached). I also declare that the aforementioned named joint tenant was an owner of the property with the legal description of:

Lot 13 in Block 39 in East Washington Heights a subdivision of South West 1/4 and West 1/2 of North West 1/4 of Section 9, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, IL

the Property Identification Number (PIN) of:

25-09-317-030-0000

& the Commonly Known Address of:

10130 S. Union Avenue  
Chicago, IL 60628

Furthermore, the deceased tenant died:

Leaving NO LAST WILL & TESTAMENT

Leaving a LAST WILL & TESTAMENT, which is attached, and the ORIGINAL of the UNPROVEN WILL BE filed with the Clerk of the Probate Division of the Circuit Court of \_\_\_\_\_ County, in \_\_\_\_\_

Leaving a LAST WILL & TESTAMENT, which is attached, and the ORIGINAL of the PROVEN HAS BEEN filed with the Clerk of the Probate Division of the Circuit Court of \_\_\_\_\_ County, in \_\_\_\_\_

### Notary & Affiant Signature Section

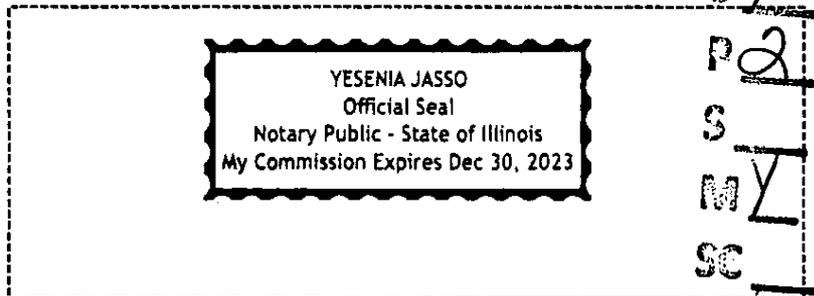
Subscribed and sworn to me by:

Daniel L. Randle (Printed Name of Affiant)

this: 17<sup>th</sup> day of September, 2020

[Signature]  
NOTARY PUBLIC SIGNATURE  
[Signature]  
AFFIANT/SURVIVING TENANT SIGNATURE

AFFIX NOTARY STAMP BELOW



SY  
P2  
S  
NY  
SC  
EN  
INT JH

**CERTIFICATION OF DEATH RECORD**  
UNOFFICIAL COPY

COOK COUNTY CLERK VITAL RECORDS  
 CHICAGO, ILLINOIS

**MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH**

STATE FILE NUMBER 2020 0042941      MEDICAL EXAMINER'S CASE NUMBER ME2020-04630      DATE ISSUED 5/12/2020

DECEDENT'S LEGAL NAME ESSIE LEE RANDLE		SEX FEMALE	DATE OF DEATH MAY 05, 2020	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 89 YEARS	DATE OF BIRTH DECEMBER 24, 1930		
CITY OR TOWN OAK LAWN		HOSPITAL OR OTHER INSTITUTION NAME ADVOCATE CHRIST MEDICAL CENTER		
PLACE OF DEATH INPATIENT				
BIRTHPLACE THORNTON, MS	SOCIAL SECURITY NUMBER 323-30-3052	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 10130 S UNION AVE	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60628	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION VENGUAN DULANEY SR	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ROSIE WATSON
INFORMANT'S NAME MARY ANN ROBERSON		RELATIONSHIP DAUGHTER	MAILING ADDRESS 10130 S UNION AVE, CHICAGO, IL, 60628	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION WASHINGTON MEMORY GARDENS	LOCATION - CITY OR TOWN AND STATE HOMEWOOD, IL	DATE OF DISPOSITION MAY 12, 2020	
FUNERAL HOME MCCULLOUGH FUNERAL AND CREMATION SERVICES, 851 EAST 75TH STREET, CHICAGO, IL, 60619				
FUNERAL DIRECTOR'S NAME ADRIENNE L MCCULLOUGH			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014366	
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH			DATE FILED WITH LOCAL REGISTRAR MAY 11, 2020	
<b>CAUSE OF DEATH</b> PART I: PNEUMONIA IMMEDIATE CAUSE (Final disease or condition resulting in death): a. _____ Due to (or as a consequence of): b. NOVEL CORONA (COVID-19) VIRUS INFECTION _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of): _____ 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. HYPERTENSION, HYPERLIPIDEMIA, RECENT CEREBROVASCULAR ACCIDENT			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?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED MAY 05, 2020	TIME OF DEATH 12:25 AM
CERTIFIER MEDICAL EXAMINER/CORONER			DATE CERTIFIED MAY 06, 2020	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PONNI ARUNKUMAR MD, 2121 W HARRISON ST, CHICAGO, IL, 60612			PHYSICIAN'S LICENSE NUMBER <b>1376215</b>	

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

