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2104122070

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KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 02/10/2021 01:49 PM PG: 1 OF 2

DECEASED JOINT TENANCY AFFIDAVIT

INSTRUMENT PREPARED BY:

ARLETTE G. PORTER, ESQ. (NAME)

P.O. BOX 288396 (ADDRESS)

CHICAGO, IL (CITY/STATE)

6 0 6 2 8 - (ZIP CODE)

I MITCHELL WASHINGTON the surviving tenant of the joint tenancy created by the deed with document number: 2285113

do hereby declare under oath that the joint tenant, CAROLYN WASHINGTON died on 3 6 2013 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 1 AND THE NORTH 3 FEET OF LOT 2 IN WITT'S RESUBDIVISION OF LOTS 1, 2, 3 AND 4 IN BLOCK 2 IN J.H. GILBERT'S SUBDIVISION OF THE WEST HALF OF THE NORTH EAST QUARTER OF THE SOUTH WEST QUARTER OF SECTION 32, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, COOK COUNTY, ILLINOIS

the Property Identification Number (PIN) of:

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

& the Commonly Known Address of:

8300 S. ADA AVENUE

CHICAGO, IL 60620

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:

MITCHELL WASHINGTON (Printed Name of Affiant)

this: 10 day of DECEMBER January, 202021

[Signature]
NOTARY PUBLIC SIGNATURE

Mitchell Washington
AFFIANT/SURVIVING TENANT SIGNATURE
(VIA POWER OF ATTORNEY AGENT)

AFFIX NOTARY STAMP BELOW

ARLETTE G PORTER
Official Seal
Notary Public - State of Illinois
My Commission Expires Mar 4, 2021

UNOFFICIAL COPY

CERTIFICATION OF DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2013 0021289

DATE ISSUED 3/18/2013

DECEDENT'S LEGAL NAME CAROLYN WASHINGTON		SEX FEMALE	DATE OF DEATH MARCH 06, 2013	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 74 YEARS	DATE OF BIRTH MARCH 16, 1938		
CITY OR TOWN OAK LAWN		HOSPITAL OR OTHER INSTITUTION NAME ADVOCATE CHRIST MEDICAL CENTER		
PLACE OF DEATH INPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 334-30-4777	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME MITCHELL WASHINGTON	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 8300 S ADA AVENUE		APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60620	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION WALTER BRADFORD	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION EVELYN WALLACE
INFORMANT'S NAME KIMBERLY PORTER		RELATIONSHIP DAUGHTER	MAILING ADDRESS 1066 HERBERT BRECLAW DRIVE, CALUMET CITY, IL 60409	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION MOUNT HOPE CEMETERY	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION MARCH 13, 2013	
FUNERAL HOME TAYLOR FUNERAL HOME LTD, 63 E 79TH STREET, CHICAGO, IL, 60619				
FUNERAL DIRECTOR'S NAME DAVID SIMMONS			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015744	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR MARCH 14, 2013	
CAUSE OF DEATH PART I SEPSIS IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ Due to (or as a consequence of) b. ACUTE ISCHEMIC BOWEL c. _____ Due to (or as a consequence of) _____ Due to (or as a consequence of)				
PART II: Enter other <i>significant conditions contributing to death</i> 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 MARCH 06, 2013	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 05:07 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED MARCH 10, 2013	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH WAQAR S MAIN, 2555 S KING DRIVE, CHICAGO, ILLINOIS, 60616			PHYSICIAN'S LICENSE NUMBER 036084085	

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

