

# UNOFFICIAL COPY

## DECEASED JOINT TENANCY AFFIDAVIT

Doc#: 2105501453 Fee: \$98.00  
Karen A. Yarbrough  
Cook County Clerk  
Date: 02/24/2021 02:26 PM Pg: 1 of 2

### Prepared by and Mail To:

Alfred S. Lee  
PLUYMERT, MACDONALD, HARGROVE & LEE, LTD.  
2300 Barrington Road, Ste 220  
Hoffman Estates, IL 60169

WASHINGTON  
STATE OF ILLINOIS  
COUNTY OF ISLAND ISLES

**Randal Wilcox**, being duly sworn states that he resides at 2490 Sunlight Beach Road, Clinton, WA 98236.

That he was acquainted with Sandra A. Wilcox, deceased, who at the time of her death was one of the owners of the lands in Cook County, Illinois described as:

PARCEL 1: UNIT 317 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN LOGAN VIEW CONDOMINIUM AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NO. 0608331075, IN THE NORTHWEST ¼ OF SECTION 36, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL 2: EXCLUSIVE USE FOR PARKING PURPOSES IN AND TO PARKING SPACE NO B-13, A LIMITED COMMON ELEMENT AS SET FORTH AND DEFINED IN SAID DECLARATION OF CONDOMINIUM AND SURVEY ATTACHED THERETO, IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Number(s): 13-36-100-024-1035

Address(es) of Real Estate: 3125 W. Fullerton Avenue, Unit 317, Chicago, I. 60647

That Sandra W. Wilcox died on March 9, 2020, as evidenced by a certified copy of death certificate attached hereto.

Subscribed and sworn to before me by the said Randal Wilcox this 4<sup>TH</sup> day of FEBRUARY, 2021.

*AC*

Notary Public

*[Signature]*

Randal Wilcox (Affiant's Signature)



UNOFFICIAL COPY

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

3202033003273

STATE FILE NUMBER: \_\_\_\_\_ DATE OF DEATH: \_\_\_\_\_ LOCAL REGISTRATION NUMBER: \_\_\_\_\_  
 USE BLACK INK ONLY. PRINT OR TYPE IN CAPITAL LETTERS.

1. NAME OF DECEDENT - FIRST (FIRST) SANDRA  
 2. LAST (LAST) WILCOX  
 3. MIDDLE (MIDDLE) ANN

4. A. ALSO KNOWN AS - Maiden Name (FIRST, MIDDLE, LAST) \_\_\_\_\_  
 B. DATE OF BIRTH (MONTH/DAY/YEAR) 06/12/1958  
 C. AGE (YEARS) 61  
 D. SEX (M/F) F

5. BIRTH STATE/FOREIGN COUNTRY OHIO  
 6. SOCIAL SECURITY NUMBER 298-64-2217  
 7. MARRIED (YES/NO) MARRIED  
 8. DATE OF DEATH (MONTH/DAY/YEAR) 03/09/2020  
 9. HOURS (00-24) 0510

10. EDUCATION - Highest Level (High School, College, etc.) BACHELOR  
 11. WAS DECEDENT MEDICALLY PROPOSED (YES/NO) NO  
 12. OCCIDENT'S RACE - Up to 3 races may be listed (see instructions on back) CAUCASIAN

13. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED  
 14. TYPE OF BUSINESS OR INDUSTRY (e.g., grocery store, retail construction, employment agency, etc.) OWN HOME  
 15. YEARS IN OCCUPATION 40

16. DECEDENT'S RESIDENCE (Street and number or location)  
 2490 SUNLIGHT BEACH ROAD  
 17. COUNTY (COUNTY) CLINTON  
 18. ZIP CODE 98236  
 19. YEARS IN COUNTY 6  
 20. STATE/FOREIGN COUNTRY WASHINGTON

21. NAME OF SURVIVOR (Name and relationship) RANDAL E. WILCOX, SPOUSE  
 22. NAME OF SURVIVOR (Name and relationship) RANDAL  
 23. NAME OF FATHER (Name and relationship) EDWARD  
 24. NAME OF MOTHER (Name and relationship) MARILYN  
 25. LAST (LAST) WILCOX  
 26. LAST (LAST) SEALS  
 27. LAST (LAST) GROTHAUS  
 28. BIRTH STATE KENTUCKY  
 29. BIRTH STATE OHIO

30. DEPOSITION DATE (MONTH/DAY/YEAR) 03/11/2020  
 31. PLACE OF DEPOSITION RESIDENCE OF RANDAL E. WILCOX  
 2490 SUNLIGHT BEACH ROAD, CLINTON, WA 98236  
 32. TYPE OF DEPOSITION (CR/IR/RES) CR/IR/RES  
 33. SIGNATURE OF EMBALMER NOT EMBALMED  
 34. NAME OF FUNERAL ESTABLISHMENT ROSE MORTUARY & CREMATORY  
 35. LICENSE NUMBER FD-2008  
 36. SIGNATURE OF LOCAL REGISTRAR CAMERON KAISER, MD  
 37. DATE (MONTH/DAY/YEAR) 03/11/2020

38. PLACE OF DEATH EISENHOWER MEDICAL CENTER  
 39. COUNTY RIVERSIDE  
 40. FACILITY ADDRESS OR LOCATION WHERE FOUND 39000 BOB HOPE DRIVE  
 41. CITY RANCHO MIRAGE  
 42. HOSPITAL (SPECIFY ONE)  YES  NO  
 43. OTHER THAN HOSPITAL (SPECIFY ONE)  HOME  CARE HOME  OTHER

44. CAUSE OF DEATH  
 45. SEPTIC SHOCK  
 46. HYPOVOLEMIC SHOCK  
 47. URINARY TRACT INFECTION  
 48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (SEE INSTRUCTIONS ON REVERSE) STATUS EPILEPTICUS, AUTOIMMUNE ENCEPHALITIS  
 49. WAS OPERATOR OF MOTOR VEHICLE AT TIME OF DEATH (YES/NO) NO  
 50. SINGLE FINGERPRINT (LAST YEAR)  YES  NO

51. REGISTER THAT TO THE BEST OF YOUR KNOWLEDGE DEATH OCCURRED AT THE HOUR DATE AND PLACE STATED (FROM THE CAUSE STATE)  
 52. SIGNATURE AND TITLE OF CERTIFIER HILA AZULAY M.D.  
 53. LICENSE NUMBER A159209  
 54. DATE (MONTH/DAY/YEAR) 03/07/2020  
 55. PLACE AND DATE (MONTH/DAY/YEAR) 39000 BOB HOPE DR WRIGHT BLDG SUITE 2, RANCHO MIRAGE, CA 92770

56. HOUR (FROM 00-24) 0307  
 57. MINUTE (FROM 00-59) 00  
 58. PLACE (FROM THE CAUSE STATE)  
 59. INQUIRED AT WORK (YES/NO) NO  
 60. INQUIRY DATE (MONTH/DAY/YEAR) \_\_\_\_\_  
 61. HOUR (FROM 00-24) \_\_\_\_\_

62. SIGNATURE OF CORNER/DEPUTY CORNER \_\_\_\_\_  
 63. DATE (MONTH/DAY/YEAR) \_\_\_\_\_  
 64. TYPE NAME, TITLE OF CORNER/DEPUTY CORNER \_\_\_\_\_

65. STATE REGISTRAR A B C D E  
 66. TAX AUTHORITY  
 67. CENSUS TRACT

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA }  
COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file by the Riverside University Health System, Department of Public Health.

DATE ISSUED: Mar 12, 2020

This copy is not valid unless prepared on an engraved border, displaying the date, seal, and signature of the Registrar.

C. Cameron Kaiser, M.D., County Health Officer  
RIVERSIDE COUNTY, CALIFORNIA



\* 001790299 \*



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE