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Doc# 2108557036 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 03/26/2021 01:42 PM PG: 1 OF 2

PREPARED BY:

Victor P. Armendariz
1704 S. 1st Avenue
Maywood, IL 60153

SURVIVING TENANT AFFIDAVIT

I, HERIBERTO CASTRO the surviving tenant of the tenancy created by the deed with the document number: 0020991351 do hereby declare under oath that the tenant FILOGONIA CASTRO died on 11/13/2020 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 37 IN BLOCK 2 IN MARCUS M. HUEBSCH'S SUBDIVISION OF BLOCK 7 (EXCEPT THE WEST HALF OF THE WEST HALF THEREOF) AND BLOCK 8, IN MAHN'S SUBDIVISION OF THE SOUTH HALF OF THE NORTHWEST QUARTER OF SECTION 13, TOWNSHIP 38 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PROPERTY IDENTIFICATION NUMBER (PIN)

1 9 - 1 3 - 1 3 0 - 0 0 3 - 0 0 0 0

COMMONLY KNOWN ADDRESS:

5811 S. FRANCISCO AVENUE
CHICAGO, IL 60629

NOTARY & AFFIANT SIGNATURE SECTION BELOW

Subscribed & Sworn to me by:

Heriberto Castro

Affiant Signature:

Heriberto Castro

On the Following Date:

03/06/2021



AFFIX HEREIN Notary Public, State of Illinois My Commission Expires 5/01/2022

Cynthia M. Stenner

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CERTIFICATION OF DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER 2020 0106778

MEDICAL EXAMINER'S CASE NUMBER ME2020-12751

DATE ISSUED 11/24/2020

DECEDENT'S LEGAL NAME FILOGONIA CASTRO			SEX FEMALE	DATE OF DEATH NOVEMBER 13, 2020	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 58 YEARS		DATE OF BIRTH DECEMBER 20, 1961	
CITY OR TOWN EVERGREEN PARK			HOSPITAL OR OTHER INSTITUTION NAME OSF LITTLE COMPANY OF MARY MEDICAL CENTER		
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT					
BIRTHPLACE MEXICO		SOCIAL SECURITY NUMBER 332-80-9859	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME HERIBERTO CASTRO	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 5811 S FRANCISCO			APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60629	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION AMADOR ANRADE		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MA GUADALUPE RODRIGUEZ
INFORMANT'S NAME HERIBERTO CASTRO		RELATIONSHIP HUSBAND		MAILING ADDRESS 5811 S FRANCISCO AVE, CHICAGO, IL, 60629	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION RESURRECTION CATHOLIC CEMETERY		LOCATION - CITY OR TOWN AND STATE JUSTICE, IL	DATE OF DISPOSITION NOVEMBER 20, 2020
FUNERAL HOME OCWIEJA-ROBLES FUNERAL HOME, 4256 S MOZART, CHICAGO, IL, 60632					
FUNERAL DIRECTOR'S NAME LEONARD P. HERNANDEZ				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014981	
LOCAL REGISTRAR'S NAME KELLY A. KUZLIK				DATE FILED WITH LOCAL REGISTRAR NOVEMBER 19, 2020	
CAUSE OF DEATH					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		PART I: ACUTE RESPIRATORY FAILURE			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		a. <small>Due to (or as a consequence of)</small>			UNKNOWN
		b. NOVEL CORONA (NOVEL CORONA COVID-19 VIRUS) VIRAL INFECTION			UNKNOWN
		c. <small>Due to (or as a consequence of)</small>			
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I:					
HYPERTENSION				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 NOVEMBER 13, 2020	TIME OF DEATH 10:38 AM
CERTIFIER MEDICAL EXAMINER/CORONER				DATE CERTIFIED NOVEMBER 18, 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 1582800

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE