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2114847021

Prepared By John Retuen To:
The Law Office of Aisha S. Cooks
5113 S. Harper Ave. Ste 2C
Chicago, IL 60615

Doc# 2114847021 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 05/28/2021 11:13 AM PG: 1 OF 3

Name & Address of Taxpayer and
Send subsequent tax bills to:

Kimberlyn Morgan
4053 West 18th Street
Chicago, IL 60623

SURVIVING TENANT AFFIDAVIT

I, **Kimberlyn Morgan**, the surviving tenant of the tenancy created by the deed with the document number: 0705240042 do hereby declare under oath that the tenant, **Virgil Jerome Morgan** died on August 7, 2020 as evidenced by the attached certified copy of his death certificate (see attached).

I also declare that the aforementioned tenant was an owner of property with the following details:

Legal Description:

LOTS 45, 46, AND 47 IN FEINBERG'S SUBDIVISION OF THE NORTH 1/2 OF LOT 7 IN THE SUBDIVISION OF AND BY THE EXECUTORS UNDER THE WILL OF WALTER BUTLER, DECEASED, OF LOT 3 IN THE ASSESSOR'S SUBDIVISION OF THE SOUTHEAST 1/4 OF SECTION 22, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

Permanent Identification Number (PIN): 16-22-412-043-0000 and 16-22-412-044-0000

Commonly Known Address: 4053-55 West 18th Street, Chicago, IL 60623

Dated this 20 day of April, 2021

KIMBERLYN MORGAN

STATE OF ILLINOIS)
)
COUNTY OF COOK) SS.

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, do hereby certify that **Kimberlyn Morgan** personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that they signed, sealed and delivered the said instrument as their free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and seal this 20TH of April, 2021.

CELESTE LIMON MARTINEZ
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
November 10, 2024

NOTARY PUBLIC

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COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER 2020 0076907 MEDICAL EXAMINER'S CASE NUMBER 2020-9599 DATE ISSUED 8/24/2020

DECEDENT'S LEGAL NAME VIRGIL J. MORGAN		SEX MALE	DATE OF DEATH AUGUST 07, 2020	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 62 YEARS	DATE OF BIRTH MAY 15, 1958		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME 4053 WEST 18TH HOUSE		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 325-52-8662	STATUS AT TIME OF DEATH DIVORCED FROM MARRIAGE	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 4053 WEST 18TH STREET		APT. NO. HOUSE	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60623	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION WILLIAM HENRY MORGAN	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LOUISE FORD
INFORMANT'S NAME MARCUS MORGAN		RELATIONSHIP SON	MAILING ADDRESS 7818 NURSERY DRIVE GURNEE, IL 60031	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION THE LAKES CREMATORY	LOCATION - CITY OR TOWN AND STATE LAKE VILLA, IL	DATE OF DISPOSITION AUGUST 21, 2020
FUNERAL HOME FOUNTAIN JORDAN SHEPARD, 418 S CICERO CHICAGO, IL 60644				
FUNERAL DIRECTOR'S NAME DORLA R HILL			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014361	
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH			DATE FILED WITH LOCAL REGISTRAR AUGUST 20, 2020	
CAUSE OF DEATH PART I. ORGANIC CARDIOVASCULAR DISEASE				
IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>		a. _____ Due to (or as a consequence of)		
		b. _____ Due to (or as a consequence of)		
		c. _____ Due to (or as a consequence of)		
<small>APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH</small>				
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. CHRONIC SUBSTANCE ABUSE			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 AUGUST 07, 2020	TIME OF DEATH 08:46 PM
CERTIFIER MEDICAL EXAMINER/CORONER			DATE CERTIFIED AUGUST 20, 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

1471355



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



THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOT REEMBOSSED STATE AND COUNTY SEALS AT BOTTOM

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- 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 NaNOcopy™ 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

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