

SATURN TITLE, LLC
1030 W. HIGGINS RD.
SUITE 365
PARK RIDGE, IL 60068

UNOFFICIAL COPY

SPECIAL NOTICE:

This form is **NOT** required by law, nor the Cook County Clerk's Office. Clerk's Office employees **CANNOT** assist with the preparation of this, or **ANY LEGAL FORM.**



Doc# 2118719001 Fee \$88.00

PREPARED BY:

Robert A. Cheely
6446 W. Cermak Rd.
Berwyn, Illinois 60402

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 07/06/2021 09:07 AM PG: 1 OF 3

SURVIVING TENANT AFFIDAVIT

I, Miguel Romero am surviving tenant of the tenancy created by the deed with the document number: 91032672 do hereby declare under oath that the tenant Alicia Romero died on 11/6/2015 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 33 IN BLOCK 3 IN S. E. GROSS SUBDIVISION OF THE SOUTH WEST 1/4 OF THE SOUTH WEST 1/4 OF SECTION 5, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

PROPERTY IDENTIFICATION NUMBER (PIN):

2 0 - 0 5 - 3 0 4 - 0 1 6 0 0 0 0

COMMONLY KNOWN ADDRESS:

4539 S. JUSTINE STREET
CHICAGO, ILLINOIS 60609

NOTARY & AFFIANT SIGNATURE SECTION BELOW

Subscribed & Sworn to me by:

Miguel Romero

Affiant Signature:

Miguel Romero

On the Following Date:

6/30/2021

STATE IL COUNTY COOK
A-FIX NO OFFICIAL SEAL AMP IN THIS SEC 280 DAY June 2021
JULISSA CHAVEZ
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 02/18/23
NOTARY PUBLIC [Signature]

CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2015 0088290

DATE ISSUED 11/17/2015

DECEDENT'S LEGAL NAME ALICE ROMERO			SEX FEMALE	DATE OF DEATH NOVEMBER 06, 2015	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 56 YEARS	DATE OF BIRTH SEPTEMBER 15, 1959		
CITY OR TOWN OAK LAWN		HOSPITAL OR OTHER INSTITUTION NAME ADVOCATE CHRIST MEDICAL CENTER			
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT					
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME MIGUEL ROMERO	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 9337 S PULASKI		APT. NO.	CITY OR TOWN CHICAGO		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60805	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ALBERTO ALVAREZ		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION OFELIA GUADERAMA
INFORMANT'S NAME MIGUEL ROMERO		RELATIONSHIP HUSBAND		MAILING ADDRESS 9337 S PULASKI, EVERGREEN PARK, IL, 60805	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION SAINT CASIMIR (LITHUANIAN) CATHOLIC CEMETERY		LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION NOVEMBER 13, 2015
FUNERAL HOME MARIN FUNERAL HOME & CREMATION SERVICES, 2744 W 51ST STREET, CHICAGO, IL, 60632					
FUNERAL DIRECTOR'S NAME ALDO MARIN			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015575		
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR NOVEMBER 12, 2015		
CAUSE OF DEATH PART I. RIGHT HEART FAILURE					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
a. [REDACTED] Due to (or as a consequence of):					
b. PULMONARY HYPERTENSION					
c. SHOCK					
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.				WAS AN AUTOPSY PERFORMED? NO	
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR				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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED	TIME OF DEATH 8:17 PM
CERTIFIER PHYSICIAN				DATE CERTIFIED NOVEMBER 09, 2015	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH MOHAMAD SAHLOUL, MD, 4440 WEST 95TH, OAK LAWN, ILLINOIS, 60453				PHYSICIAN'S LICENSE NUMBER 036085019	

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.

David Orr
David Orr
Cook County Clerk


ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

UNOFFICIAL COPY

4

American Land Title Association

File Number : 2128314
Commitment for Title Insurance
Adopted 8-17-06 Revised 08-01-2016

EXHIBIT A

Legal:

LOT 33 IN BLOCK 3 IN S. E. GROSS SUBDIVISION OF THE SOUTH WEST 1/4 OF THE SOUTH WEST 1/4 OF SECTION 5, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS

Address: 4539 S. Justine St., Chicago, IL 60609

PIN #: 20-05 304-016-0000

PIN #:

PIN #:

Township: Lake

This page is only a part of a 2016 ALTA® Commitment for Title Insurance (issued by Old Republic National Title Insurance Company). This Commitment is not valid without the Notice; the Commitment to Issue Policy; the Commitment Conditions; Schedule A; Schedule B, Part I-Requirements; (and) Schedule B, Part II-Exceptions; and a counter-signature by the Company or its issuing agent that may be in electronic form.

Copyright 2006-2016 American Land Title Association. All rights reserved.
The use of this Form (or any derivative thereof) is restricted to ALTA licensees and ALTA members in good standing as of the date of use. All other uses are prohibited.
Reprinted under license from the American Land Title Association.

