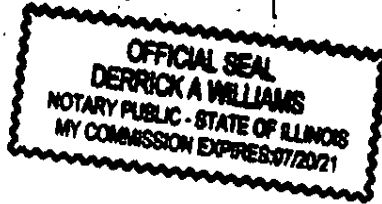


UNOFFICIAL COPY

Jhavana Lewis
Jhavana Lewis

Subscribed and Sworn to before
me this 18th day of
September A.D. 2020.



Derrick A. Williams
Notary Public

Affidavit prepared by and return to:
DANIEL CORNFIELD
6153 N. Milwaukee Ave.
Chicago, IL 60646

Property of Cook County Clerk's Office

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


STATE FILE NUMBER 2017 0005699

DATE ISSUED 1/25/2017

DECEDENT'S LEGAL NAME THELMA FUNCHES		SEX FEMALE	DATE OF DEATH JANUARY 10, 2017	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 79 YEARS	DATE OF BIRTH JULY 16, 1937		
CITY OR TOWN OAK PARK		HOSPITAL OR OTHER INSTITUTION NAME WEST SUBURBAN MEDICAL CENTER		
PLACE OF DEATH INPATIENT				
BIRTHPLACE CLARKSDALE, MS	SOCIAL SECURITY NUMBER 4-5825	STATUS AT TIME OF DEATH NEVER MARRIED/NEVER IN CIVIL UNION	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 4934 W IOWA	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60651	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JAMES FUNCHER	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LEORA HARDY
INFORMANT'S NAME BERNICE LEWIS		RELATIONSHIP DAUGHTER	MAILING ADDRESS 1635 N LOREL, CHICAGO, IL, 60639	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION FOREST HOME CEMETERY	LOCATION - CITY OR TOWN AND STATE FOREST PARK, IL	DATE OF DISPOSITION JANUARY 16, 2017	
FUNERAL HOME JENNINGS PEOPLE'S FUNERAL HOME, 5011 WEST CHICAGO AVE, CHICAGO, IL, 60651				
FUNERAL DIRECTOR'S NAME VIRGINIA JENNINGS			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031008888	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JANUARY 24, 2017	
CAUSE OF DEATH PART I: SEVERE AORTIC INSUFFICIENCY AND ENDOCARDITIS IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ Due to (or as a consequence of): b. SEPTIC AND CARIOGENIC SHOCK Due to (or as a consequence of): c. _____ 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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 09:54 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED JANUARY 10, 2017	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH MUBARAK, TARIQ, 1111 SUPERIOR ST, SUITE 104, MELROSE PARK, ILLINOIS, 60160			PHYSICIAN'S LICENSE NUMBER 036138060	



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
 Cook County Clerk



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TO TEST FOR AUTHENTICITY: The face of this document has a green background. Verification of some of the security features can be accomplished by:

- Identifying invisible UV fibers embedded in the paper.
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- Face of document has a green border with ornate lines including reverse microtext.
- This backer copy is constructed with a microtext border. Inspection under magnifier shows "ILLINOISDEATHCERTIFICATE" in microtext.
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- 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

www.isp-vft.com Ref: 112901

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AFFIDAVIT FOR RECORDER'S LABELING OF SIGNATURES AS COPIES

REQUEST TO RECORD PHOTOCOPIED DOCUMENTS PURSUANT TO §55 ILCS 5/3-5013

I JUAN PADILLA, being duly sworn, state that I have access to the copies of the attached
(print name above)

document(s), for which I am listing the type(s) of document(s) below:

DECEASED OWNER AFFIDAVIT

(print document types on the above line)

which were originally executed by the following parties whose names are listed below:

THELMA FUNCHES

(print name(s) of executor/grantor)

JUAVANDA LEWIS

(print name(s) of executor/grantee)

for which my relationship to the document(s) is/are as follows: (example - Title Company, Agent, Attorney, etc.)

AGENT

(print your relationship to the document(s) on the above line)

OATH REGARDING ORIGINAL

I state under oath that the original of this document is now LOST or NOT IN POSSESSION of the party seeking to now record the same. Furthermore, to the best of my knowledge, the original document was NOT INTENTIONALLY destroyed, or in any manner DISPOSED OF for the purpose of introducing this photo to be recorded in place of original version of this document. Finally, I, the Affiant, swear I have personal knowledge that the foregoing oath statement contained therein is both true and accurate.

Juan Padilla
Affiant's Signature Above

8/13/21

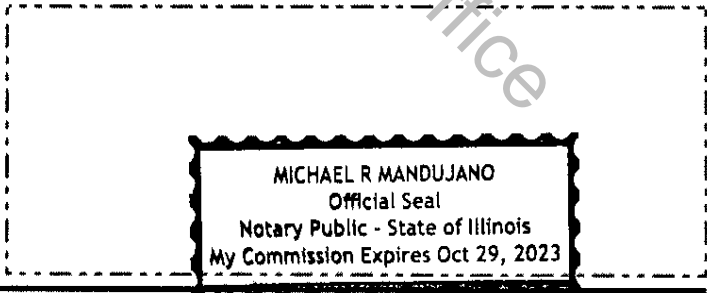
Date Affidavit Executed/Signed

THE BELOW SECTION IS TO BE COMPLETED BY THE NOTARY THIS AFFIDAVIT WAS SUBSCRIBED AND SWORN TO BEFORE

8/13/21

Date Document Subscribed & Sworn Before Me

[Signature]
Signature of Notary Public



SPECIAL NOTE: This is a courtesy form from the CCRD, and while a similar affidavit is necessary for photocopied documents, you may use your own document so long as it includes substantially the same information as included in the above document. Additionally, any customer seeking to record a facsimile or other photographic or photostatic copy of a signature of parties who had executed such a document has the option to include this Affidavit in the recording, at their own expense if such expense is incurred, as an "EXHIBIT" and NOT the coverage. However, this affidavit is NOT required to be recorded, only presented to the CCRD as the necessary proof required before the recorder may record such a document. Finally, the recorded document WILL be stamped/labeled as a copy by the CCRD prior to its recording.