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STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

DECEASED OWNER AFFIDAVIT

I, JUAVANDA LEWIS, Affiant herein of legal age and under no legal disability and residing at 4934 W lowa, Chicago, IL 60651, being duly sworn upon oath, deposes and cays as follows:



Doc# 2122815024 Fee \$88.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00 KAREN A. YARBROUGH COOK COUNTY CLERK

DATE: 08/16/2021 11:10 AM PG: 1 OF 5

(1) Affirm states that affiant's grandmother, THELMA FUNCHES, owned individually the following described real estate:

LOT 34 IN BLOCK 3 IN M.D. BRIDGE AND COMPANY'S SUBDIVISION OF THE NORTH 1/2 OF THE SOUTHEAST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 4, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNT Y. "LUNOIS

Permanent Real Estate Index Number: 20-04-421-028-0000 Address of real estate: 4934 W IOWA CHICAGO, IL 60651

- (2) Affiant states that THELMA FUNCHES, deceased on JANUARY 10, 2017, and a certified copy of her Death Certificate is hereto attached.
- (3) Affiant states that relative to the demise of THELMA FUNCHES she died intestate, leaving no will. There has been no Probate administration of her Estate and no State Estate Tax or Federal Estate Tax is due or payable arising out of her demise, and all her debts, including funeral expenses, have been fully discharged.
- (4) Affiant states that Thelma Funches was never married and never exceed into a civil union. She had two (2) children only outside of wedlock. Said two (2) children being:
- (A) Bernice Lewis, of legal age and under no legal disability, and who survived Thelma Funches. Juavanda Lewis, the affiant herein, is the daughter of Bernice Lewis.
- (B) Patrick Lewis, of legal age and under no legal disability, and who survived Thelma Funches
 - (5) THELMA FUNCHES adopted no children.

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Juanious Leurs

Subscribed and Sworn to before me this _____ / 24____ day of

Seprenter A.D. 2020.

Norsey Public

OFFICIAL SEAL
DERRICK A WELLIAMS
NOTARY PUBLIC - STATE OF ELINOIS
MY COMMISSION EXPERES/7/2021

Affidavit prepared by an 1 r.t. in to:
DANIEL CORNFIELD
6153 N. Milwaukee Ave.
Chicago, [L 60646

CERTIFICATION OF DEATHER SOCIO

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 DATE OF DEATH FEMALE JANUARY 10, 2017
COUNTY OF DEATH AGE AT LAST BIRTI COOK 79 YEARS	en de tien de la fait de la la comprese de la fait de l
CITY OR TOWN.	HOSPITAL OR OTHER INSTITUTION NAME WEST-SUBURBAN MEDICAL CENTER
PLACE OF DEATH INPATIENT	
BIRTHPLACE SOCIAL SECURITY NUMBER STATUS CLARKSDALE MS 4-5825 NEVER NUMBER	R MARRIED/NEVER IN CIVIL FORCES? NO
RESIDENCE 4934 W IOWA	APT NO. CITY OR TOWN INSIDE CITY LIMITS?. CHICAGO YES
COUNTY STATE ZIP CODE FATHERICO-PARENTS COOK 1 6 651 JAMES FUNC	TS NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LEORA HARDY
INFORMANT'S NAME BERNICE LEWIS DAUGHT	· 医三角性 医乳腺 化磺胺 化磺胺二丁 化氯基 人名英格兰 化二苯基基 化二苯基基 化二苯基基苯基 化二苯基苯二甲基基酚基甲基基基基基基基基基基基基基基基基基
METHOD OF DISPOSITION PLACE OF DISPOSITION FUR ST HOME CE	er frinde brightstift Lande endersider fried einem Endelle beild beild ander anderside in Santan
FUNERAL HOME JENNINGS PEOPLE'S FUNERAL HOME, 501, W F CH	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 SEVERE AORTIC INSUFFICIENCY	NCY AND ELIDOCARDITIS
(Final disease or condition resulting in death). b. SEPTIC AND CARDIOGENIC SHO	Due to (or as a cor. deliance of): HOCK: Due to (or as a cor. deliance of):
	Due to (or as a consequence of):
C.	
PART.II. Enter other significant conditions contributing to death but not resu	
	WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A
FEMALE PREGNANCY STATUS NOT APPLICABLE	MANUER OF DEATH: NATURAL
DATE OF INJURY	PLACE OF INJURY AT WORK?
LOCATION OF INJURY	
DESCRIBE HOW INJURY OCCURRED:	IF TRANSPOLITATION INJURY, SPECIFY:
$oldsymbol{1} oldsymbol{1}$. The proof of the proof of $oldsymbol{1}$, which is $oldsymbol{1}$. The proof of $oldsymbol{1}$, which is $oldsymbol{1}$.	MEDICAL EXAMINER OR DATE PRONOUNCED TIME OF DEATH ONER CONTACTED? YES 09:54 AM
CERTIFIER PHYSICIAN	DATE CERTIFIED JANUARY 10, 2017
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEA MUBARAK, TARIO, 1111 SUPERIOR ST, SUITE 104, ME	dat station i the tip to the control of the state of a later to the term and the control of the control of the



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.





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Property of Cook County Clerk's Office

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.
- Applying fresh liquid bleach to activate color stain chemical protection reaction.
- · 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.
- Document is protected with embossed Cook County seals.
- Inspect background with a magnifier to verify the encrypted NaMQcopy™ 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

JUAN PADILLA	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 lis	sting the type(s) of docume	ent(s) below:	
	DECEASED OWNER	AFFIDAVIT	
	(print document type	es on the above line)	
which worn ariginally avacutor	d by the following parties y	vhose names are listed below:	
which were originary executed	J by the following parties w	VIOSE HAITES ATE IISTED DEIOW.	
THELMA FUNCHES		JUAVANDA LEWIS	
(print nam 42) A cosc	umongrernor)	(print name(e) of executor/grantee)	
for which my relationship to the	e document(s) is/are as fo	ollows: (example - Title Company, Agent, Attorney, etc.)	
	0		
	AGENT		
	(print you retailonship to the	document(s) on the above line)	
	OATH REGAPDING	G ORIGINAL	
		 	
		OST or NOT IN POSSESSION of the party seeking to	
	•	visitige, the original document was NOT INTENTIONALLY	
•		se of introducing this photo to be recorded in place of	
_	-	ear Thave personal knowledge that the foregoing oath	
statement contained therein is bo	oth true and accurate.	4	
		()	
۸ ۸		8,43/2%	
Afflent's Signature	Above	Date Afficient Executed/Signed	
THE DELAW OF ATION IN TA DE AC	MINITED BY THE MATARY!		
THE BELOW SECTION IS TO BE OF	AMPLETED BY IME NOTARY	THIS AFFIDAVIT WAS SUBSCRIBED AT D SWORN TO BEFORE	
	/ ·		
8/13/21		.0	
Date Document Subscribed & Sworn	Before Me	C	
	İ	MICHAEL D. MANDILIANO	
MI	; ; ;	MICHAEL R MANDUJANO Official Seal	
Signature of Motory Probito		Notary Public - State of Illinois	
		My Commission Expires Oct 29, 2023	
SPECIAL NOTE: This is a cour	rtesy form from the CCRD.	and while a similar affidavit is necessary for photocopied	

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 faceimile 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 coverpage. 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.