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SPECIAL NOTICE:

This form is **NOT** required by law, nor the Cook County Recorder of Deeds (CCRD). CCRD employees **CANNOT** assist with the preparation of this, or **ANY LEGAL FORM.**



Doc# 2124619019 Fee \$88.00

PREPARED BY:

Attorney Lynette Lewis
2149 W. 95th Street
Chicago, IL 60643

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 09/03/2021 10:58 AM PG: 1 OF 3

SURVIVING TENANT AFFIDAVIT

I, Virginia M. Gray the surviving tenant of the tenancy created by the deed with the document number: 99532077 do hereby declare under oath that the tenant Linda J. Gray died on November 15, 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

SEE ATTACHED LEGAL DESCRIPTION

PROPERTY IDENTIFICATION NUMBER (PIN)

1 9 - 3 6 - 1 2 7 - 0 5 5 - 5 0 0 0 0

COMMONLY KNOWN ADDRESS:

8255 S. Whipple Street

Chicago, IL 60652

NOTARY & AFFIANT SIGNATURE SECTION BELOW

Subscribed & Sworn to me by:

X Virginia M. Gray

Affiant Signature:

Lynette Lewis

On the Following Date:

July 16, 2021

LYNETTE LEWIS
AFFIX NOTARY SEAL IN THIS SECTION
Notary Public - State of Illinois
My Commission Expires Jul 20, 2022

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LEGAL DESCRIPTION

Permanent Index Number: 19-36-127-055-0000

Property Address: 8255 S. Whipple Street, Chicago, IL 60652

THE NORTH 20 FEET OF LOT 22 AND LOT 23 (EXCEPT THE NORTH 15 FEET) IN BLOCK 8 IN ALBERTA PARK ADDITION BEING A SUBDIVISION OF THE SOUTHWEST $\frac{1}{4}$ OF THE NORTHWEST $\frac{1}{4}$ OF SECTION 36, TOWNSHIP 38 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

Office of Cook County Clerk's Office

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CERTIFICATION OF DEATH RECORD

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

STATE FILE NUMBER 2020 0107751

DATE ISSUED 2/4/2021

DECEDENT'S LEGAL NAME LINDA JEAN GRAY		SEX FEMALE	DATE OF DEATH NOVEMBER 15, 2020	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 59 YEARS	DATE OF BIRTH SEPTEMBER 04, 1961		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME 11039 S CALIFORNIA AVE		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 319-54-7233	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 11039 S CALIFORNIA AVE		APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60655	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ARRIEL GRAY SR	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION VIRGINIA M MADDOX
INFORMANT'S NAME ARIANE ARLIE		RELATIONSHIP DAUGHTER	MAILING ADDRESS 8451 S MICHIGAN AVE, CHICAGO, IL, 60619	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION OAK WOODS CEMETERY	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION NOVEMBER 28, 2020	
FUNERAL HOME LEAK AND SONS, 7838 SOUTH COTTAGE GROVE, CHICAGO, IL, 60619				
FUNERAL DIRECTOR'S NAME SPENCER LEAK SR			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031007489	
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH			DATE FILED WITH LOCAL REGISTRAR NOVEMBER 20, 2020	
CAUSE OF DEATH - PART I		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (Final disease or condition resulting in death):				
a. BREAST CANCER Due to (or as a consequence of)				
b. Due to (or as a consequence of)				
c. 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? YES	DATE PRONOUNCED	TIME OF DEATH 05:45 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED NOVEMBER 17, 2020	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PAOLA SMITH MD, 1340 S DAMEN AVE, CHICAGO, ILLINOIS, 60612			PHYSICIAN'S LICENSE NUMBER 036076179N	

1662336



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

