

# UNOFFICIAL COPY

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Doc# 2127057001 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 09/27/2021 09:38 AM PG: 1 OF 2

**PREPARED BY:**

MONA L. DRAUGHN

3025 W. Ainslie St.

Chicago, IL 60625

## SURVIVING TENANT AFFIDAVIT

I, MONA L. DRAUGHN the surviving tenant of the tenancy created by the deed with the document number: 90194957 do hereby declare under oath that the tenant JULIUS DRAUGHN died on 8/16/2016 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 32 IN BLOCK 2 IN W.F. KAISER AND COMPANY'S SECOND ALBANY PARK SUBDIVISION OF THE WEST HALF OF BLOCK 19 AND THE NORTH HALF OF BLOCK 30 IN JACKSON'S SUBDIVISION OF THE SOUTHEAST QUARTER OF SECTION 11, AND OF THE SOUTHWEST QUARTER OF SECTION 12, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN (EXCEPT THAT PART THEREOF OWNED BY THE SANITARY DISTRICT OF CHICAGO) IN COOK COUNTY, ILLINOIS.

**PROPERTY IDENTIFICATION NUMBER (PIN)**

1 3 - 1 2 - 3 1 4 - 0 0 9 - 0 0 0

**COMMONLY KNOWN ADDRESS:**

3025 W. Ainslie Street

Chicago, Illinois 60625

**NOTARY & AFFIANT SIGNATURE SECTION BELOW**

Subscribed & Sworn to me by:

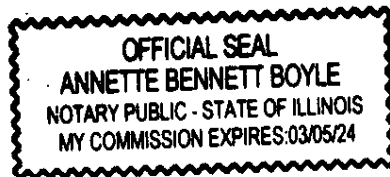
Annette Bennett Boyle

Affiant Signature:

Mona L. Draughn

On the Following Date:

September 23, 2021



# UNOFFICIAL COPY

## CERTIFICATION OF DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER 2016 0063975


MEDICAL EXAMINER'S CASE NUMBER ME 2016-03980

DATE ISSUED 8/19/2016

DECEDENT'S LEGAL NAME JULIUS DRAUGHN		SEX MALE	DATE OF DEATH AUGUST 15, 2016	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 71 YEARS	DATE OF BIRTH JUNE 29, 1945		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME 3025 WEST AINSLIE STREET		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE CONWAY, NC	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME MONA ADKINS	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 3025 WEST AINSLIE STREET		APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60625	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION RUSSELL DRAUGHN	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ESTHER SHERROD
INFORMANT'S NAME MONA DRAUGHN		RELATIONSHIP WIFE	MAILING ADDRESS 3025 WEST AINSLIE STREET, CHICAGO, IL 60625	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION NEB BAPTIST CHURCH CEMETERY	LOCATION - CITY OR TOWN AND STATE MURFREESBORO, NC	DATE OF DISPOSITION AUGUST 20, 2016	
FUNERAL HOME SCHAFER FUNERAL SERVICE, 16774 DIXIE HIGHWAY, HAZEL CREST, IL, 60429				
FUNERAL DIRECTOR'S NAME LOLITA PIANFIELD SCHAFER			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014794	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR AUGUST 18, 2016	
CAUSE OF DEATH PART I. HYPERTENSIVE CARDIOVASCULAR DISEASE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Due to (or as a consequence of):		UNKNOWN
		Due to (or as a consequence of):		
		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. DIABETES MELLITUS			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 15, 2016	TIME OF DEATH 08:16 AM
CERTIFIER MEDICAL EXAMINER/CORONER			DATE CERTIFIED AUGUST 17, 2016	
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	



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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTO COPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM