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PREPARED BY:
Paul F. O'Keefe
77 W. Wacker Drive, Suite 4500
Chicago, IL 62301

*2128157035 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 10/08/2021 02:53 PM PG: 1 OF 2

VING TENANT AFFIDAV Louise Winkels-Catanzaro the surviving tenant of the tenancy created by the deed with the document 0629210092 do hereby declare under oath that the tenant Joseph S. Catanzaro number: died on April 03, 2021 as evidenced by the alreached 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 29 (EXCEPT THE SOUTH 20 FEET THEREOF) AND ALL OF LOT 30 IN BLOCK 2 IN UTITZ AND HEIMANN'S IRVING PARK BOULEVARD ADDITION, BEING A SUBDIVISION OF THE NORTH 1/2 OF THE NORTHWEST 1/4 OF SECTION 19, TOWNSHIP 40 NORTH, RANGE 13 (EXCEPT THE EAST 40 ACRES) AND THAT PART OF WEST 1674.1 FEET LYING SOUTH OF ROAD OF THE SOUTHWEST 1/4 OF SECTION 18, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. PROPERTY IDENTIFICATION NUMBER (RIN) COMMONLY KNOWN ADDRES 3813 N. Nora Ave., Chicago, IL 60634 **NOTARY & AFFIANT SIGNATURE SECTION BELOW** Subscribed & Sworn to me by: OFFICIAL SEAL, BEVERLY K HALLORAN IN HIS SECTION NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:05/15/22

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2021 00	32586					DATE ISSUED	4/12/2021
DECEDENT'S LEGAL NAME JOSEPH'S CATANZARO						ATE OF DEATH APRIL 03, 2021	
COOK		AGE AT LAST BIRTHD	AYE SEE	DATE OF B	RTH BER 17, 1939		
CHICAGO .				THER INSTITUTION	NAME ON MEDICAL CE	NTER	
PLACE OF DEATH							
BIRTHPLACE CHICAGO IL	SOCIAL SECURIT	YNUMBER STATUS AT MARRIE	Autoria (1921). Series	LOUISE W	E/CIVIL UNION PARTNERS INKELS	MAIDEN NAME EVEN III U FORCES?	NO NO
RESIDENCE 3813 NORTH NORA AVE	,NUE:	A	PT NO.	CHICAGO		INSIDE CITY I	IMITS?
COUNTY STATE	JP CODE	FATHERICO PARENTS NAM JOSEPH CATAN		RIAGE/CA/L UNION	MOTHERICO PARENTS N BERNICE, UNAV	AME PRIOR TO FIRST MARRIAGE /AILABLE	/CIVIL UNION
INFORMANT'S NAME LOUISE WINKELS CATA	NZARO	RELATIONSHIP WIFE		MAILING ADDRE 3813 NORTH	SS NORA AVENUE, CI	HICAGO, IL. 60634	
METHOD OF DISPOSITION BURIAL		E OF DISPOSITION FROMFACE CATHOLIC	CEMETERY	LOCATION - CIT	Y OR TOWN AND STAT	E DATE OF DISPOSITION APRIL 09, 2021	
FUNERAL HOME BELMONT FUNERAL HO	ME, 7120 WES	T BELIVONT AVEN	IUE, CHICAGO, II	60634			
FUNERAL DIRECTOR'S NAME SCOTT A JOHNSON					034015925	'S ILLINOIS LICENSE NUMBI	R
KAREN A YARBROUGH				養製	DATE FILED WITH LO APRIL 12, 202		
CAUSE OF DEATH FARTH	T SEPSIG WITH	ASYSTOLE .				, ii. j	
(Final disease or condition resulting in death)	b. URINARY TRA		d (or as a consequence of)			AL BETA	
		Due	to (or as a consequence of)			APPROX INTERVAL E ONSET AND	
	में विश्व स्था		to (or as a consequence of)				vita, "siki
PART II. Enter other significant con	ditions contributing	to death but not resulting	g in the underlying caus	se given in PARTIL	WERE AL	AUTOPSY PERFORMED? N JTOPSY FINDINGS USED TO TE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE						OF DEATH	
DATE OF INJURY		TIME OF INJURY	PLACE OF INJUR	M		INJURY A	T WORK?
LOCATION OF INJURY						G,	
DESCRIBE HOW INJURY OCCURRE	ED					F.TRANSPON, ATION INJUR	Y SPECIFY
ATTEND THE DECEASED?	DATE LAST SEEN AL	JVE WAS MEDIC	CAL EXAMINER OR	DATE PE	RONOUNCED	TIME OF DE	ATH
YES	APRIL 03, 202	and the second of the second o	CONTACTED? NO			05:00 P	
CERTIFIER PHYSICIAN						DATE CERTIFIED APRIL 09, 2021	
NAME ADDRESS AND ZIP CODE O	F PERSON COMPLE	TING CAUSE OF DEATH	(P) 1980			PHYSICIAN'S LICENSE N	UMBER 🖖 📗



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.

DOCTOR JOSEPH SADOWSKI, 6109 NORTH NORTHWEST HIGHWAY, CHICAGO, ILLINOIS, 60631



