

# UNOFFICIAL COPY

Doc#: 2129449284 Fee: \$98.00  
Karen A. Yarbrough  
Cook County Clerk  
Date: 10/21/2021 03:36 PM Pg: 1 of 4

**RECORDING REQUESTED BY:**

Solidifi  
88 Silva Ln  
Middletown RI 02842

**WHEN RECORDED MAIL TO:**

Calvin F. Chambers and Sandra Chambers  
21200 Sophia Drive  
Matteson, IL 60443

Assessor's Parcel Number: 31-20-310-018-0000

SPACE ABOVE THIS LINE IS FOR RECORDER'S USE

## AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF ILLINOIS

COUNTY OF COOK

**CALVIN F. CHAMBERS AND SANDRA CHAMBERS**, of legal age, being first duly sworn, depose and say:

That, **SAVANNAH LASH**, the decedent mentioned in Certificate of Death filed in Cook County, Illinois is the same person as **SAVANNAH LASH**, named as one of the parties in that certain Deed DATED JULY 26, 2014, RECORDED, SEPTEMBER 8, 2014, IN INSTRUMENT NO.: 1425118044, IN THE OFFICIAL RECORDS OF COOK COUNTY, ILLINOIS to wit:

LOT 75 IN RIDGELAND MANOR SUBDIVISION PHASE 7, BEING A SUBDIVISION OF PART OF THE SOUTHWEST 1/4 OF SECTION 20, TOWNSHIP 35 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

PARCEL ID: 31-20-310-018-0000

Commonly known as: 21200 Sophia Drive, Matteson, IL 60443

That the value of the decedent's estate was insufficient to necessitate the filing of an estate tax return and that there are no state or federal estate or inheritance tax due as a result of his/her death.

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Dated 10/8/21

[Signature]  
CALVIN F. CHAMBERS

[Signature]  
SANDRA CHAMBERS

STATE OF ILLINOIS  
COUNTY OF COCK

I, the undersigned, a Notary Public of the County and State aforesaid, CERTIFY that Calvin F Chambers + Sandra Chambers, personally known to me to be the same person (s) whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that he/she/they signed and delivered the instrument as their free and voluntary act for the uses and purposes therein set forth.

Given under my hand and seal this 8th day of October, 2021.

[Signature]  
SIGNATURE OF NOTARY  
MY COMMISSION EXPIRES ON: 06/27/22  
MY COMMISSION NUMBER: 87365



# CERTIFICATION OF DEATH RECORD

## UNOFFICIAL COPY

### COOK COUNTY CLERK VITAL RECORDS

### CHICAGO, ILLINOIS

### MEDICAL CERTIFICATE OF DEATH

**EXHIBIT A**
**STATE FILE NUMBER** 2019 0059790

**DATE ISSUED** 8/5/2019


<b>DECEDENT'S LEGAL NAME</b> SAVANNAH LASH		<b>SEX</b> FEMALE	<b>DATE OF DEATH</b> JULY 20, 2019	
<b>COUNTY OF DEATH</b> COOK	<b>AGE AT LAST BIRTHDAY</b> 68 YEARS	<b>DATE OF BIRTH</b> NOVEMBER 04, 1950		
<b>CITY OR TOWN</b> CHICAGO		<b>HOSPITAL OR OTHER INSTITUTION NAME</b> VITAS HOSPICE AT MERCY HOSPITAL		
<b>PLACE OF DEATH</b> HOSPICE FACILITY				
<b>BIRTHPLACE</b> COLUMBUS, MS	<b>SOCIAL SECURITY NUMBER</b>	<b>STATUS AT TIME OF DEATH</b> MARRIED	<b>SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME</b> ANDREW MAYFIELD	<b>EVER IN U.S. ARMED FORCES?</b> NO
<b>RESIDENCE</b> 6347 S TALMAN		<b>APT. NO.</b>	<b>CITY OR TOWN</b> CHICAGO	<b>INSIDE CITY LIMITS?</b> YES
<b>COUNTY</b> COOK	<b>STATE</b> IL	<b>ZIP CODE</b> 60629	<b>FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION</b> WILLIAM LASH	<b>MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION</b> MAGGIE LOVE
<b>INFORMANT'S NAME</b> ANDREW MAYFIELD		<b>RELATIONSHIP</b> HUSBAND	<b>MAILING ADDRESS</b> 6347 S TALMAN, CHICAGO, IL, 60629	
<b>METHOD OF DISPOSITION</b> BURIAL	<b>PLACE OF DISPOSITION</b> MOUNT HOPE CEMETERY		<b>LOCATION - CITY OR TOWN AND STATE</b> CHICAGO, IL	<b>DATE OF DISPOSITION</b> JULY 27, 2019
<b>FUNERAL HOME</b> LEAK AND SONS, 7838 SOUTH COTTAGE GROVE CHICAGO, IL, 60619				
<b>FUNERAL DIRECTOR'S NAME</b> SPENCER LEAK SR			<b>FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER</b> 031007489	
<b>LOCAL REGISTRAR'S NAME</b> KAREN A YARBROUGH			<b>DATE FILED WITH LOCAL REGISTRAR</b> JULY 30, 2019	
<b>CAUSE OF DEATH - PART I</b>				
<b>IMMEDIATE CAUSE</b> <small>(Final disease or condition resulting in death)</small>				
a. <b>SARCOIDOSIS</b>				
<small>Due to (or as a consequence of)</small>				
b. <b>CONGESTIVE HEART FAILURE</b>				
<small>Due to (or as a consequence of)</small>				
<small>Due to (or as a consequence of)</small>				
<b>PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.</b>				
			<b>WAS AN AUTOPSY PERFORMED?</b> NO	
			<b>WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH?</b> N/A	
<b>FEMALE PREGNANCY STATUS</b> NOT PREGNANT WITHIN LAST YEAR			<b>MANNER OF DEATH</b> NATURAL	
<b>DATE OF INJURY</b>	<b>TIME OF INJURY</b>	<b>PLACE OF INJURY</b>		<b>INJURY AT WORK?</b>
<b>LOCATION OF INJURY</b>				
<b>DESCRIBE HOW INJURY OCCURRED</b>				<b>IF TRANSPORTATION INJURY, SPECIFY</b>
<b>ATTEND THE DECEASED?</b> YES	<b>DATE LAST SEEN ALIVE</b> JULY 20, 2019	<b>WAS MEDICAL EXAMINER OR CORONER CONTACTED?</b> NO	<b>DATE PRONOUNCED</b>	<b>TIME OF DEATH</b> 06:38 PM
<b>CERTIFIER</b> PHYSICIAN			<b>DATE CERTIFIED</b> JULY 21, 2019	
<b>NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH</b> LESZEK BALLARIN MD, 2525 S MICHIGAN, CHICAGO, ILLINOIS, 60616			<b>PHYSICIAN'S LICENSE NUMBER</b> 036103966	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



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



1052850

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