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SPECIAL NOTICE:

This form is **NOT** required by law, nor the Cook County Clerk's Office. Clerk's Office employees **CANNOT** assist with the preparation of this, or **ANY LEGAL FORM.**



Doc# 2133519096 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 12/01/2021 03:30 PM PG: 1 OF 2

PREPARED BY:

Yearwood and Assoc., Ltd

636 S. River Road, Suite 104

Des Plaines, IL 60016-4624

SURVIVING TENANT AFFIDAVIT

I, Lorraine Morgan the surviving tenant of the tenancy created by the deed with the document number: 87356178 do hereby declare under oath that the tenant Larry A. Morgan died on 2-6-1995 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

The South 1/2 Lots 19 and 20 (except the West 125 feet of said Lot 19) in Greenwood Hts., a Subdivision in the West 1/2 of the West 1/2 of Section 14, Township 41 North, Range 12, East of the Third Principal Meridian, according to the Plat thereof recorded June 24, 1937, as Document 12017388 in Maine Township, in Cook County, Illinois.

PROPERTY IDENTIFICATION NUMBER (PIN)

0 9 - 1 4 - 3 0 3 - 0 0 2 - 50 0 0 0

COMMONLY KNOWN ADDRESS:

9138 Greenwood

Des Plaines, IL 60016

also
09-14-303-107-0000

NOTARY & AFFIANT SIGNATURE SECTION BELOW

Subscribed & Sworn to me by:

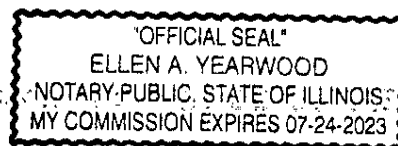
Lorraine Morgan

Affiant Signature:

L Morgan

On the Following Date:

10-27-2021



CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

REGISTRATION DISTRICT NO. 16.0B	STATE OF ILLINOIS	STATE FILE NUMBER
REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH	95 012556

DECEASED-NAME FIRST LARRY MIDDLE A LAST MORGAN	SEX MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3 FEBRUARY 6 1995
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COUNTY OF DEATH 4 COOK	AGE-LAST BIRTHDAY (YRS) 5a: 61	UNDER 1 YEAR MOS. 5b:	UNDER 1 DAY HOURS 5c: MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d: OCTOBER 20 1933
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CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a: PARK RIDGE	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b: LUTHERAN GENERAL HOSPITAL	IF HOSP. OR INST. INDICATE D.O.A. OR PERMANENT ADMITTENT (SPECIFY) 6c: INPATIENT
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BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7: ILLINOIS	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a: MARRIED	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b: Lorraine Holberg	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9: No
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SOCIAL SECURITY NUMBER 10: 350 24 2409	USUAL OCCUPATION 11a: Self Employed	KIND OF BUSINESS OR INDUSTRY 11b: Elec/Heating	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12: 12
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RESIDENCE: (STREET AND NUMBER) 13a: 9138 NORTH GREENWOOD	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b: DES PLAINES	INSIDE CITY (YES/NO) 13c: Yes	COUNTY 13d: COOK
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STATE 13e: ILLINOIS	ZIP CODE 13f: 60016	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a: White	OF HISPANIC ORIGIN? (SPECIFY NO OR YES. IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b: NO
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FATHER-NAME FIRST 15: Eli MIDDLE Walter LAST Morgan	MOTHER-NAME FIRST 16: Sadelle MIDDLE Elizabeth LAST Kliot
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INFORMANT'S NAME (TYPE OR PRINT) 17a: EDITH PETER / REGISTRAR	RELATIONSHIP 17b: HOSP REC	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c: 1775 DEMPSTER ST. PARK RIDGE IL 60068
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18: PART I	Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:
Immediate Cause (Final disease or condition resulting in death) (a) Gram negative Septic Shock		1 day
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST (b) Metastatic Pancreatic Carcinoma		5 mos
	(c)	

PART II Other significant conditions contributing to death but not resulting in the underlying cause given in PART I	AUTOPSY (YES/NO) 19a: NO	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b:
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DATE OF OPERATION, IF ANY 20a:	MAJOR FINDINGS OF OPERATION 20b:	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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IF (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON 21a: 2-5-95	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b: No	HOUR OF DEATH 21c: 1:30 A. M.
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TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.	DATE SIGNED (MONTH, DAY, YEAR) 22b: 2-6-95
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22a: SIGNATURE <i>Bruce R. Kaden</i> BRUCE KADEN, M.D.	ILLINOIS LICENSE NUMBER 22d: 636-056692
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NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c: Bruce R. Kaden MD 1875 Dempster Park Ridge, IL	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
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23: NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)	
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BURIAL, CREMATION, REMOVAL (SPECIFY) 24a: Entombment	CEMETERY OR CREMATORY-NAME 24b: Shalom Memorial Park	LOCATION CITY OR TOWN STATE 24c: Palatine, Illinois	DATE (MONTH, DAY, YEAR) 24d: Feb. 8, 1995
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FUNERAL HOME NAME 25a: Piser Weinstein Menorah Chapels	STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 9200 N. Skokie Blvd. Skokie, Illinois 60077
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FUNERAL DIRECTOR'S SIGNATURE 25b: <i>David I. Jacobson</i>	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c: 034-012372
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LOCAL REGISTRAR'S SIGNATURE 26a: <i>Robert Scott, M.D.</i>	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b: Feb 7, 1995
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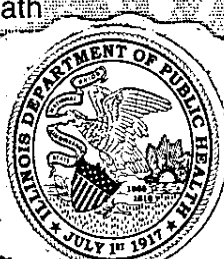
094004

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.

NOV 04 2021

Ngozi O. Ezike, M.D.
State Registrar

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



THE WORD VOID APPEARS WHEN PHOTOCOPIED

HOLD UP TO LIGHT TO VERIFY TRUE WATERMARK