

UNOFFICIAL COPY

SURVIVING TENANT AFFIDAVIT

State of Illinois)
) SS
County of Cook)

I, **LESIA M. MADDEN**, the surviving tenant of the tenancy created by the deed dated August 25, 2000 recorded September 25, 2000, with the

Above Space For Recorder's Use Only

document No. 00746339 do hereby declare under oath that the tenant **TERRENCE J. MADDEN** died on June 28, 2016 as evidenced by the attached certified copy of his death certificate. I also declare that the aforementioned tenant was an owner of property with the following details:

LOT 1 IN ROMAN SUBDIVISION IN THE NORTHEAST 1/4 OF THE NORTHWEST 1/4 OF SECTION 27, TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS: THE EAST 1/2 OF THE SOUTH 1 ACRE OF THE NORTH 2 ACRES OF THE SOUTH 8 ACRES OF THE FOLLOWING DESCRIBED TRACT: THE EAST 9.971 CHAINS OF THE NORTH 1.26 CHAINS OF THE SOUTHEAST 1/4 OF THE NORTHWEST 1/4 AND THE EAST 1/2 OF THE NORTHEAST 1/4 OF THE NORTHWEST 1/4 OF SECTION 27, TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

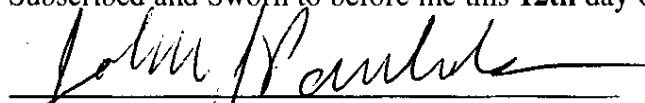
Common Address: 831 N. Parkwood Avenue, Park Ridge, Illinois 60068

PIN: 09-27-115-054-0000

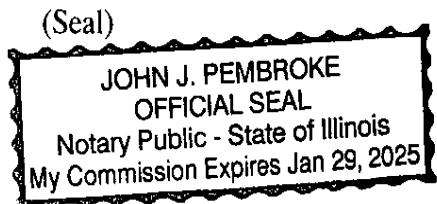


Lesia M. Madden

Subscribed and Sworn to before me this **12th** day of **November, 2021**.



Notary Public



Prepared by:
John J. Pembroke & Associates LLC
422 N. Northwest Highway, Suite 150
Park Ridge, Illinois 60068
847-696-0060



Doc# 2134912084 Fee \$88.00
RHSP FEE:\$9.00 RPRF FEE: \$1.00
KAREN A. YARBROUGH
COOK COUNTY CLERK
DATE: 12/15/2021 02:06 PM PG: 1 OF 2

CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

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

STATE FILE NUMBER 2016 0050932

DATE ISSUED 12/6/2021

DECEDENT'S LEGAL NAME TERRENCE J. MADDEN		SEX MALE	DATE OF DEATH JUNE 28, 2016	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 68 YEARS	DATE OF BIRTH JANUARY 26, 1948		
CITY OR TOWN PARK RIDGE		HOSPITAL OR OTHER INSTITUTION NAME AVANTARA PARK RIDGE		
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 320-42-3998	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME LESIA DIAKIW	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 831 PARKWOOD AVE		APT. NO.	CITY OR TOWN PARK RIDGE	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60068	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION NORMAN MADDEN	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LENORE GARVIN
INFORMANT'S NAME LESIA MADDEN		RELATIONSHIP WIFE	MAILING ADDRESS 831 PARKWOOD AVE, PARK RIDGE, IL, 60068	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION ACACIA PARK CEMETERY	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION JULY 01, 2016
FUNERAL HOME NELSON FUNERAL HOME, 820 TALCOTT ROAD, PARK RIDGE, IL, 60068				
FUNERAL DIRECTOR'S NAME STEPHANIE M. BROWN			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015686	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JUNE 30, 2016	
CAUSE OF DEATH PART I. LUNG CANCER				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		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 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? YES	DATE LAST SEEN ALIVE JUNE 23, 2016	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 11:15 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED JUNE 29, 2016	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH BRIAN RUBENSTEIN MD, 1775 BALLARD ROAD, PARK RIDGE, ILLINOIS, 60068				PHYSICIAN'S LICENSE NUMBER 036-09993099

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE