

**DECEASED JOINT  
TENANCY AFFIDAVIT**

**UNOFFICIAL COPY**



Doc# 2201019056 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 01/10/2022 03:08 PM PG: 1 OF 4

Property Address:  
3542 W. Arthington St.  
Chicago, IL ~~60642~~ *60624 TMM*

PIN:  
16-14-412-066-0000

STATE OF ILLINOIS )  
) SS  
COUNTY OF COOK )

Above Space for Recorder's Use Only

**TENISHA E. JACKSON-MATTHEWS**, hereinafter called Affiant, being duly sworn, states that she resides at **3542 W. Arthington St., Chicago, IL ~~60642~~** *60624 TMM*

That Affiant was married to **ERROL A. MATTHEWS**, hereinafter referred to as "Decedent", and that at the time of the Decedent's death, was one of the owners of the property commonly known as **3542 W. Arthington St., Chicago, IL ~~60642~~**, legally described as: **See Attached Exhibit A.** *TMM 60624*

That the Decedent died on *July 27, 2020* as evidenced by a copy of the Decedent's death certificate attached hereto as **Exhibit B.**

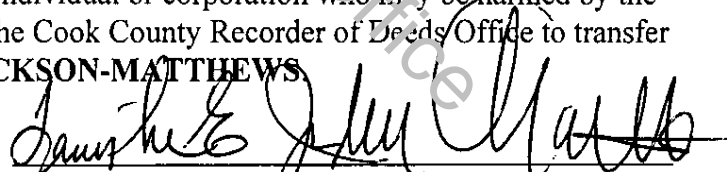
That the Decedent, at the time of his death, held his share of the above-mentioned property as **TENANTS BY THE ENTIRETY**, said tenancy created by the Warranty Deed dated March 24, 1999 and recorded on March 25, 1999 as document number **99286449**.

That the Decedent died without Leaving a Last Will & Testament.

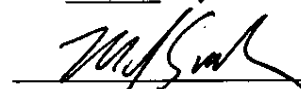
That the total value of the estate of the Decedent, for estate tax purposes, including both real and personal property owned by the Decedent, either individually or in joint tenancy at the time of the death of the Decedent, does not exceed the sum of \$4,000,000.

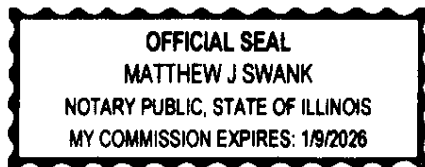
Affiant makes this affidavit for the purpose of any individual or corporation who may be harmed by the Affiant's lack of veracity and for the purpose of inducing the Cook County Recorder of Deeds Office to transfer title to the above referenced property to **TENISHA E. JACKSON-MATTHEWS**.

**When Recorded Mail To:**  
Peter J. Latz & Associates LLC  
104 N. Oak Park Ave., Suite 200  
Oak Park, IL 60301

  
**TENISHA E. JACKSON-MATTHEWS**, Affiant

Subscribed and sworn before me  
this *7* day of January, 2022.

  
Notary Public



This instrument was prepared without title examination or opinion at the direction of the Affiant by:  
Matthew J. Swank / Peter J. Latz & Associates LLC  
104 North Oak Park Avenue, Suite 200, Oak Park, Illinois 60301

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## EXHIBIT -A-

Permanent Real Estate Index Number: 16-14-412-066-0000

Address of Real Estate: 3542 W. Arthington St., Chicago, IL ~~60642~~

60624 TMM

Legally Described as Follows:

### PARCEL 1:

LOT 6 IN HOMAN SQUARE PHASE THREE, SECTION ONE A RESUBDIVISION OF LOTS 26 THROUGH 32 AND LOTS 43 THROUGH 49 IN HOMAN SQUARE PHASE THREE RESUBDIVISION, BEING A RESUBDIVISION OF LOTS 1 THROUGH 48, INCLUSIVE, AND THE VACATED 16 FEET EAST/WEST ALLEY IN BLOCK 9 IN E.A. CUMMINGS AND CO.'S CENTRAL PARK AVENUE ADDITION, A SUBDIVISION OF PART OF THE SOUTHEAST 1/4 OF SECTION 14, TOWNSHIP 39 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, RECORDED SEPTEMBER 24, 1997 AS DOCUMENT NUMBER 97706908, IN COOK COUNTY, ILLINOIS.

### PARCEL 2:

PERPETUAL NON-EXCLUSIVE EASEMENT TO AND FOR THE BENEFIT OF PARCEL 1 FOR INGRESS AND EGRESS IN, OVER AND ACROSS LOT 57 AS CREATED AND SET OUT IN THE PLAT OF SUBDIVISION RECORDED JULY 12, 1996 AS DOCUMENT NUMBER 96534799 AND THE DECLARATION OF COVENANTS, CONDITIONS, RESTRICTIONS AND EASEMENTS FOR HOMAN SQUARE HOMEOWNERS' ASSOCIATION RECORDED JUNE 27, 1994 AS DOCUMENT NUMBER 94558398 AND AMENDED AS DOCUMENT NUMBERS 94930840, 95190932, 95552590, 96476893, 96605103 AND 96971447.

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## CERTIFICATION OF DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2020 0071339

DATE ISSUED 8/7/2020

DECEDENT'S LEGAL NAME ERROL AUGUSTUS MATTHEWS			SEX MALE	DATE OF DEATH JULY 27, 2020
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 73 YEARS	DATE OF BIRTH DECEMBER 24, 1946		
CITY OR TOWN CHICAGO	HOSPITAL OR OTHER INSTITUTION NAME UNIVERSITY OF ILLINOIS HOSPITAL			
PLACE OF DEATH INPATIENT				
BIRTHPLACE CHICAGO, IL	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME TENISHA JACKSON	EVER IN U.S. ARMED FORCES? YES	
RESIDENCE 3542 WEST ARTHINGTON STREET	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60624	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOSEPH GLENNON MATTHEWS	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ALMA ATHERLEY
INFORMANT'S NAME ERROL DION MATTHEWS	RELATIONSHIP POWER OF ATTORNEY	MAILING ADDRESS 1125 NORTH HARLEM APT D, OAK PARK, IL 60302		
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION ACACIA PARK CEMETERY	LOCATION: CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION AUGUST 03, 2020	
FUNERAL HOME JOHNSON FUNERAL HOME, 5838 W. DIVISION, CHICAGO, IL 60651				
FUNERAL DIRECTOR'S NAME CATHLENE JOHNSON			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016902	
LOCAL REGISTRAR'S NAME KAREN A. YARBROUGH			DATE FILED WITH LOCAL REGISTRAR AUGUST 3, 2020	
CAUSE OF DEATH	PART I	MULTI-ORGAN FAILURE		
IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	a.	_____		
	b.	SEPSIS FROM LINE INFECTION		
	c.	MYELOFIBROSIS		
<small>Due to (or as a consequence of):</small>				
<small>Due to (or as a consequence of):</small>				
<small>Due to (or as a consequence of):</small>				
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 JULY 27, 2020	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 03:23 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED JULY 27, 2020	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR MIGUEL SANTIAGO, UNIVERSITY OF ILLINOIS HOSPITAL, 1740 WEST TAYLOR STREET, CHICAGO, ILLINOIS, 60612				PHYSICIAN'S LICENSE NUMBER 125077043

1460727



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

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM

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- This backer copy is constructed with a microtext border. Inspection under magnifier shows "ILLINOISDEATHCERTIFICATE" in microtext.
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- Inspect background with a magnifier to verify the encrypted NaNOcopy™ algorithm in body of document.
- Photocopying this document produces the word "VOID" across the face.

U.S. Security Patents: 6,692,030, 7,196,822

[www.verifyfirst.com](http://www.verifyfirst.com) Ref: 224027