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Doc# 2201346022 Fee \$93.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 01/13/2022 10:49 AM PG: 1 OF 2

PREPARED BY:
Parul A. Shah
161 Fieldcrest Dr
Bartlett, IL 60103

SURVIVING TENANT AFFIDAVIT

I, PARUL A. SHAH the surviving tenant of the tenancy created by the deed with the document number: 0615954125 do hereby declare under oath that the tenant JAYANTILAL K. SHAH died on Nov 30, 2020 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

LOT 5 IN BLOCK 307 IN THE OAKS UNIT 2, A SUBDIVISION OF THE PART OF THE SOUTHWEST 1/4 OF THE SOUTHWEST 1/4 OF THE SECTION 26, TOWNSHIP 41 NORTH, RANGE 9, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS

PROPERTY IDENTIFICATION NUMBER (PIN)

0 6 - 2 6 - 3 1 - 1 - 0 - 0 - 5 - 0 0 0 0

COMMONLY KNOWN ADDRESS:

3075 Kingston Ct,
Streamwood, IL 60107

NOTARY & AFFIANT SIGNATURE SECTION BELOW

Subscribed & Sworn to me by:

Oath

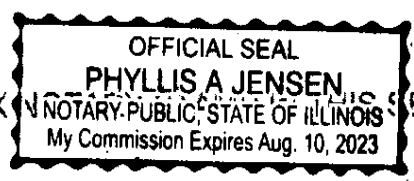
Phyllis A Jensen

Affiant Signature:

Parul Shah

On the Following Date:

12/7/2021



AFFIX IN NOTARY PUBLIC SECTION

S Y
P 3
S Y-L
SC
INTEK

CERTIFICATION OF DEATH RECORD
UNOFFICIAL COPY

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2020 0112380

DATE ISSUED 12/8/2020

DECEDENT'S LEGAL NAME JAYANTILAL K SHAH		SEX MALE	DATE OF DEATH NOVEMBER 30, 2020	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 81 YEARS	DATE OF BIRTH JULY 31, 1939		
CITY OR TOWN HOFFMAN ESTATES		HOSPITAL OR OTHER INSTITUTION NAME SAINT ALEXIUS MEDICAL CENTER		
PLACE OF DEATH INPATIENT				
BIRTHPLACE INDIA	SOCIAL SECURITY NUMBER 359-78-7150	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 973 TALLGRASS DRIVE	APT. NO.	CITY OR TOWN BARTLETT	INSIDE CITY LIMITS? YES	
COUNTY DU PAGE	STATE IL	ZIP CODE 60103	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION KHMICHAND SHAH	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION RUXMANIBEN SHAH
INFORMANT'S NAME KALPESH J SHAH		RELATIONSHIP SON	MAILING ADDRESS 973 TALLGRASS DRIVE, BARTLETT, IL, 60103	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION COUNTRYSIDE CREMATORY	LOCATION - CITY OR TOWN AND STATE BARTLETT, IL	DATE OF DISPOSITION DECEMBER 04, 2020	
FUNERAL HOME COUNTRYSIDE FUNERAL HOME - BART, 550 SOUTH BARTLETT ROAD, BARTLETT, IL, 60103				
FUNERAL DIRECTOR'S NAME TAMI ROY			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016591	
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH			DATE FILED WITH LOCAL REGISTRAR DECEMBER 2, 2020	
CAUSE OF DEATH PART I: ANOXIC BRAIN INJURY SECONDARY TO CARDIOPULMONARY ARREST				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	Due to (or as a consequence of)	
		b.	HEART ATTACK	
		c.	Due to (or as a consequence of)	
			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 NOVEMBER 30, 2020	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 5:57 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED DECEMBER 01, 2020	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ALEKSANDRA POPOVIC, 1333 BUTTERFIELD RD STE 130, DOWNERS GROVE, ILLINOIS, 60515			PHYSICIAN'S LICENSE NUMBER 036-118559	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM

1530373



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
 Karen A. Yarbrough
 Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE