

# UNOFFICIAL COPY

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Doc# 2204519083 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 02/14/2022 04:15 PM PG: 1 OF 2

**PREPARED BY:**

**BLAS O. VERA**

5825 N WASHTENAW

CHICAGO, IL-60659

## SURVIVING TENANT AFFIDAVIT

I, MARIA DEL P. FAVELA the surviving tenant of the tenancy created by the deed with the document number: 0010747820 do hereby declare under oath that the tenant EDGAR SOLORZANO died on 12-28-2021 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 22.00 FEET OF THE SOUTH 75.00 FEET OF LOTS 30 AND 31 IN BLOCK 12 IN COCHRAN'S 2ND ADDITION TO EDGEWATER IN THE EAST FRACTIONAL 1/2 OF SECTION 5, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

**PROPERTY IDENTIFICATION NUMBER (PIN):**

1 4 - 0 5 - 2 0 8 - 0 3 8 - 0 0 0 0

**COMMONLY KNOWN ADDRESS:**

6161 N BROADWAY ST  
CHICAGO, IL-60660-2501

**NOTARY & AFFIANT SIGNATURE SECTION BELOW**

**Subscribed & Sworn to me by:**

Maria del P. Favela

**Affiant Signature:**

2-9-2022

**On the Following Date:**

State of Illinois  
 County of Cook  
 Signed or attested before me on 2/9/2022 (date)  
 by Maria del P. Favela (name/s of person/s)  
 (Seal) **OFFICIAL SEAL STAMP (IN THIS SECTION)**  
**CARMEN VERA**  
 Notary Public - State of Illinois  
 My Commission Expires 4/07/2022  
 (Signature of Notary Public)

# UNOFFICIAL COPY

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

STATE FILE NUMBER 2021 0120771

DATE ISSUED 1/24/2022

DECEDENT'S LEGAL NAME EDGAR SOLORZANO		SEX MALE	DATE OF DEATH DECEMBER 28, 2021											
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 53 YEARS	DATE OF BIRTH SEPTEMBER 18, 1968												
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME 6161 N BROADWAY												
PLACE OF DEATH DECEDENT'S HOME														
BIRTHPLACE MEXICO	SOCIAL SECURITY NUMBER 840-65-9684	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME MARIA DEL P FAVELA	EVER IN U.S. ARMED FORCES? NO										
RESIDENCE 6161 N BROADWAY	APT. NO.	CITY OR TOWN CHICAGO		INSIDE CITY LIMITS? YES										
COUNTY COOK	STATE IL	ZIP CODE 60660	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ANTONIO SOLORZANO	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MAGDALENA RUIZ PATINO										
INFORMANT'S NAME MARIA DEL P FAVELA SOLORZANO		RELATIONSHIP WIFE	MAILING ADDRESS 6161 N BROADWAY CHICAGO, IL, 60660											
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION MARYHILL CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE NILES, IL	DATE OF DISPOSITION JANUARY 04, 2022											
FUNERAL HOME SMITH-CORCORAN FUNERAL HOME - CHICAGO, 6150 N CICERO AVE, CHICAGO, IL 60646														
FUNERAL DIRECTOR'S NAME ROBERT JAY SMITH III			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016580											
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH			DATE FILED WITH LOCAL REGISTRAR JANUARY 21, 2022											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="width: 15%; vertical-align: top;"> <b>CAUSE OF DEATH</b> IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small> </td> <td style="width: 10%;">PART I</td> <td style="width: 75%;">EPILEPSY</td> <td rowspan="4" style="width: 10%; text-align: center; vertical-align: middle;">                 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH             </td> </tr> <tr> <td>a.</td> <td>Due to (or as a consequence of)</td> </tr> <tr> <td>b.</td> <td>Due to (or as a consequence of)</td> </tr> <tr> <td>c.</td> <td>Due to (or as a consequence of)</td> </tr> </table>					<b>CAUSE OF DEATH</b> IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	PART I	EPILEPSY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	a.	Due to (or as a consequence of)	b.	Due to (or as a consequence of)	c.	Due to (or as a consequence of)
<b>CAUSE OF DEATH</b> IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	PART I	EPILEPSY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH											
	a.	Due to (or as a consequence of)												
	b.	Due to (or as a consequence of)												
	c.	Due to (or as a consequence of)												
PART II: Enter other <b>significant conditions contributing to death</b> but not resulting in the underlying cause given in PART I.			WAS AN AUTOPSY PERFORMED? NO											
FEMALE PREGNANCY STATUS NOT APPLICABLE			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A											
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 MAY 20, 2019	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 10:00 AM										
CERTIFIER PHYSICIAN			DATE CERTIFIED JANUARY 21, 2022											
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH MARY CAITLIN GONDEK, 4501 N SHERIDAN ROAD, CHICAGO, ILLINOIS, 60640			PHYSICIAN'S LICENSE NUMBER 209010515											

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM

2023138



**DECEDENT ALIAS**  
EDGAR SOLORZANO  
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

