

# UNOFFICIAL COPY

**SPECIAL NOTICE:**

This form is **NOT** required by law, nor the Cook County Recorder of Deeds (CCRD). CCRD employees **CANNOT** assist with the preparation of this, or **ANY LEGAL FORM.**



Doc# 2207057000 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 03/11/2022 09:31 AM PG: 1 OF 2

**PREPARED BY:**

Kenneth C Swanson Jr

2314 W. North Ave Unit C1-W

Chicago IL 60647

## SURVIVING TENANT AFFIDAVIT

I, Ramon Zuniga the surviving tenant of the tenancy created by the deed with the document number: 0020182804 do hereby declare under oath that the tenant Socorro Zuniga died on 09/29/2015 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 32 IN BLOXK 13 IN HOLSTEIN, BEING A SUBDIVISION OF THE WEST 1/2 OF THE NORTHWEST 1/4 OF SECTION 31, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

**PROPERTY IDENTIFICATION NUMBER (PIN):**

1 4 - 3 1 - 1 2 4 - 0 4 2 0 0 0 0

**COMMONLY KNOWN ADDRESS:**

2102 North Oakley Avenue Chicago IL 60647

14-31-124-042-0000

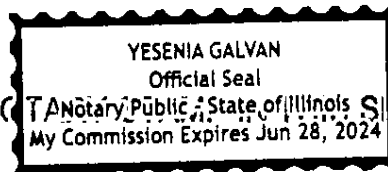
**NOTARY & AFFIANT SIGNATURE SECTION BELOW**

Subscribed & Sworn to me by:

*Yesenia Galvan*  
Affiant Signature:

X: *Ramon Zuniga*  
On the Following Date:

NOV. 20, 2020



AFFIX NOTARY PUBLIC STATE OF ILLINOIS SECTION

My Commission Expires Jun 28, 2024

# UNOFFICIAL COPY

## CERTIFICATION OF DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2015 0076872

DATE ISSUED 10/5/2015

DECEDENT'S LEGAL NAME <b>SOCORRO ZUNIGA</b>				SEX <b>FEMALE</b>	DATE OF DEATH <b>SEPTEMBER 29, 2015</b>
COUNTY OF DEATH <b>COOK</b>		AGE AT LAST BIRTHDAY <b>80 YEARS</b>	DATE OF BIRTH <b>FEBRUARY 20, 1935</b>		
CITY OR TOWN <b>CHICAGO</b>			HOSPITAL OR OTHER INSTITUTION NAME <b>2102 NORTH OAKLEY</b>		
PLACE OF DEATH <b>DECEDENT'S HOME</b>					
BIRTHPLACE <b>MEXICO</b>	SOCIAL SECURITY NUMBER <b>349-80-8187</b>	STATUS AT TIME OF DEATH <b>MARRIED</b>	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME <b>RAMON ZUNIGA</b>	EVER IN U.S. ARMED FORCES? <b>NO</b>	
RESIDENCE <b>2102 N OAKLEY</b>		APT. NO.	CITY OR TOWN <b>CHICAGO</b>	INSIDE CITY LIMITS? <b>YES</b>	
COUNTY <b>COOK</b>	STATE <b>IL</b>	ZIP CODE <b>60647</b>	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION <b>AMBROSIO PEREZ RAMIREZ</b>	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION <b>SOLEDAD RIOS LAZARO</b>	
INFORMANT'S NAME <b>HECTOR H ZUNIGA</b>		RELATIONSHIP <b>SON</b>	MAILING ADDRESS <b>2857 W NELSON, CHICAGO, IL, 60618</b>		
METHOD OF DISPOSITION <b>BURIAL</b>		PLACE OF DISPOSITION <b>FAIRVIEW MEMORIAL PARK</b>	LOCATION - CITY OR TOWN AND STATE <b>NORTHLAKE, IL</b>	DATE OF DISPOSITION <b>OCTOBER 02, 2015</b>	
FUNERAL HOME <b>CASEY LASKOWSKI &amp; SONS FUNERAL HOME 4540 WEST DIVERSEY, CHICAGO, IL, 60639</b>					
FUNERAL DIRECTOR'S NAME <b>BRIAN J KOSKIEWICZ</b>				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034015255</b>	
LOCAL REGISTRAR'S NAME <b>DAVID ORR</b>				DATE FILED WITH LOCAL REGISTRAR <b>OCTOBER 1, 2015</b>	
CAUSE OF DEATH					
PART I. INTRAVENTRICULAR HEMORRHAGE					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
Due to (or as a consequence of):					
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? <b>NO</b>				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <b>N/A</b>	
FEMALE PREGNANCY STATUS <b>NOT APPLICABLE</b>				MANNER OF DEATH <b>NATURAL</b>	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?	
LOCATION OF INJURY				IF TRANSPORTATION INJURY, SPECIFY:	
DESCRIBE HOW INJURY OCCURRED:					
ATTEND THE DECEASED? <b>NO</b>	DATE LAST SEEN ALIVE <b>UNKNOWN</b>	WAS MEDICAL EXAMINER OR CORONER CONTACTED? <b>NO</b>	DATE PRONOUNCED	TIME OF DEATH <b>05:51 PM</b>	
CERTIFIER <b>PHYSICIAN</b>				DATE CERTIFIED <b>OCTOBER 01, 2015</b>	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH <b>SUSAN SARRAN, 1441 BRANDING LANE, DOWNERS GROVE, ILLINOIS, 60515</b>				PHYSICIAN'S LICENSE NUMBER <b>036068252</b>	

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.

David Orr  
 Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE