



\*2212357027\*

**SPECIAL NOTICE:**  
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Doc# 2212357027 Fee \$88.00

CHSP FEE: \$9.00 RPRF FEE: \$1.00

CAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 05/03/2022 12:20 PM PG: 1 OF 2

**PREPARED BY:**  
Kecia D-H Porter  
6604 S. Oakley Ave  
Chicago, IL 60636  
773-874-7499

**SURVIVING TENANT AFFIDAVIT**

I, Velva ANN COX the surviving tenant of the tenancy created by the deed with the document number: 0714540006 do hereby declare under oath that the tenant Ernest Jamison Sr. died on 1/4/2022 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 forty one in Block five in B. Jacobs Subdivision of East half of West half of North East quarter of Section thirty Township 38 north, Range 14, East of 3<sup>rd</sup> Principle Meridian (except South 627 feet thereof) in Cook County, ILLINOIS.

**PROPERTY IDENTIFICATION NUMBER (PIN):**

20-30-219-007-0000

**COMMONLY KNOWN ADDRESS:**

7319 South Honore Street,  
Chicago, IL, 60636

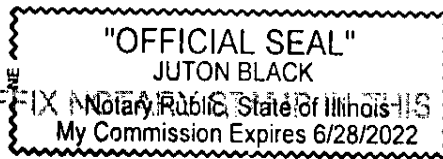
**NOTARY & AFFIANT SIGNATURE SECTION BELOW**

Subscribed & Sworn to me by:

Juton Black  
**Affiant Signature:**  
Velva A. Cox

On the Following Date:

04-28-2022



NOTARY PUBLIC, State of Illinois SECTION  
My Commission Expires 6/28/2022

# UNOFFICIAL COPY

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

STATE FILE NUMBER 2022 0008667      MEDICAL EXAMINER'S CASE NUMBER ME2022-00304      DATE ISSUED 4/21/2022

DECEDENT'S LEGAL NAME ERNEST JAMISON SR			SEX MALE	DATE OF DEATH JANUARY 04, 2022
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 85 YEARS	DATE OF BIRTH JUNE 14, 1936		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME SYMPHONY AT 87TH STREET		
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY				
BIRTHPLACE MEMPHIS, TN	SOCIAL SECURITY NUMBER 357-26-9472	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 2940 W 87TH ST	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60652	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION OCIE JAMISON	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION FLORENCE POWELL
INFORMANT'S NAME ERNEST JAMISON JR		RELATIONSHIP SON	MAILING ADDRESS 5020 190TH ST. COUNTRY CLUB HILLS, IL, 60478	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION OAK RIDGE CEMETERY	LOCATION - CITY OR TOWN AND STATE HILLSIDE, IL	DATE OF DISPOSITION JANUARY 12, 2022	
FUNERAL HOME LEAK AND SONS, 7838 SOUTH COTTAGE GROVE, CHICAGO, IL, 60619				
FUNERAL DIRECTOR'S NAME SPENCER LEAK SR			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031007489	
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH			DATE FILED WITH LOCAL REGISTRAR JANUARY 26, 2022	
CAUSE OF DEATH      PART I: NOVEL CORONA (NOVEL CORONA COVID-19 VIRUS INFECTION) VIRAL INFECTION				
IMMEDIATE CAUSE (Final disease or condition resulting in death)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	UNKNOWN
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 significant conditions contributing to death, but not resulting in the underlying cause given in PART I. ATRIAL FIBRILLATION; DIABETES MELLITUS; HYPERTENSION; CORONARY ARTERY DISEASE; SLEEP APNEA			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?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED JANUARY 04, 2022	TIME OF DEATH 05:47 PM
CERTIFIER MEDICAL EXAMINER/CORONER			DATE CERTIFIED JANUARY 25, 2022	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PONNI ARUNKUMAR MD, 2121 W HARRISON ST, CHICAGO, IL, 60612			PHYSICIAN'S LICENSE NUMBER 2136237	

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

