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John Kumor - KUMOR LAW, LLC

7642 West Belmont Avenue

Chicago, Ulinois 60634

Motary Public Signature



Doc# 2219422003 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

My commission expires: 6-12-2025

DATE: 07/13/2022 09:19 AM PG: 1 OF 2

SURWIVII	NG TENANT AFFIDAVIT						
Roy J. Micheli	surviving tenant of the tenancy created by the deed with the document						
00502255	e by declare under oath that the tenantCAROL MICHELI						
died on October 6, 2021 as evidenced by	the attached certified copy of her/his death certificate (see attached).***See Exhibit '						
I also declare that the aforementioned tenant was an owner of property with the following details: LEGAL DESCRIPTION here							
LOT 89 IN SCHORSCH VILLA 2ND ADDI	TION, A RESUBDIV'SION IN THE SOUTH EAST QUARTER OF SECTION						
19, TOWNSHIP 40 NORTH, RANGE 13, E.	AST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT						
THEREOF RECORDED SEPTEMBER 2, 1938	AS DOCUMENT 12206063, IN CO)K COUNTY, IN COOK COUNTY, ILLINOIS.						
1 3 - 1 9 - 4 co	TY IDENTIFICATION NUMBER (PM) 1 7 - 0 2 0 - 0 0 0 0 DMMONLY KNOWN ADDRESS: 3350 N. Normandy Chicago, Illinois 60634						
NOTARY & A	AFFIANT SIGNATURE SECTION BELOW						
Subscribed & Sworn to me by: ROY J. MICHELI Affiant Signature: On the Following Date: 6-21-2032	JOHN KUMOR THIS SI CTION Notary Public - State of Illinois My Commission Expires Jun 12, 2025						

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



STATE FILE NUMBER 2021 008	8768					DATI	E ISSUED	10/12/2021
DECEDENT'S LEGAL NAME CAROL A MICHELI					SEX FEMALE	DATE OF DEAT OCTOBER		
COUNTY OF DEATH		AGE AT LAST BIRT 61 YEARS		DE	OF BIRTH CEMBER 12, 195	9		
CHICAGO			(1 (1 (1 ())) (1 () () () () (OR OTHER INSTITU JNITY FIRST M	TION NAME EDICAL CENTER			
PLACE OF DEATH							# #### # #####	
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY	NUMBER STATUS MARI	AT TIME OF DEATH	ROY M	SPOUSE/CIVIL UNION PART IICHELI	NER'S MAIDEN NAME	FORCES?	7.7
RESIDENCE 3350 NORTH NORMAND /			APT. NO	CITY OR TOWN			NSIDE CITY LIN	AITS?
COOK IL	ZIP CODE I 30634	ANTHONY KA	NAME PRIOR TO FIRST ARPUS	MARRIAGE/CIVIL UNIO	MOTHER/CO PARE/ LAVERGNE	NI S NAME PRIOR TO P PUHR	RST MARRIAGE/C	MOINT TIME
ROY MICHELI		RELATIONSH HUSBAI			ORTH NORMAND			
METHOD OF DISPOSITION CREMATION		OF DISPOSITION RCAN CREMAT	ION SERVICES		CITY OR TOWN AND		DISPOSITION BER 11, 202	11-11-12-13-13-13-13-13-13-13-13-13-13-13-13-13-
FUNERAL HOME BELMONT FUNERAL HON	/E, 7120 WES	T BELLACNT AV	ENUE, CHICAG	O, IL, 60634				
FUNERAL DIRECTOR'S NAME JOHN BASSI					034014204			
LOCAL REGISTRATS NAME KAREN A YARBROUGH					DATE FILED WIT OCTOBER	TH LOCAL REGISTR 8, 2021	AR	
CAUSE OF DEATH PART I	CIRRHOSIS OF	LIVER				TE VEEN ATT-	FEW M	ONTHS
(Final disease or condition resulting in death).			Due to (or as a c. reseque	re of)	2	ROXIMA AL BETA AND DE		
			Due to (or as a consequer	ce of)		APPI INTERV ONSET		
с.								
PART II. Enter other significant cond.	itions contributing		Due to (or as a consequent		DE WA	S AN AUTOPSY PER		Vis
						RE AUTOPSY FINDIR WPLETE CAUSE OF		
FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN	LAST YEAR				*** *** W	NER OF DEATH		
DATE OF INJURY		IME OF INJURY	; PLACE OF I	NJURY			INJURY AT V	WORK?
LOCATION OF INJURY								
DESCRIBE HOW INJURY OCCURRED	D.					IF TRANSPORT	TION INJURY	SPECIFY
大百万 化二氯化二甲磺胺苯酚 化二氯化二氯化二二甲甲基酚二	ATE LAST SEEN AL	[18] G.	DICAL EXAMINER O	R DA	TE PRONOUNCED		TIME OF DEA	DH .
YES CERTIFIER	OCTOBER 05	2021 CORON	ER CONTACTED?	YES		DATE CERTIFI	07:29 AM	
PHYSICIAN NAME, ADDRESS AND ZIP CODE OF	PERSON COMPLE	TING CAUSE OF DE	ATH .			ОСТОВЕ	R 07, 2021. S LICENSE NUI	MBER ()
The state of the s	er geregeren i in der bild	The Control of the Control	The second of the second of	e Sept. 1 tillige	garantagan pelikut (2)	A there're ber in evillage		



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

