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Doc# 2223822039 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 08/26/2022 02:50 PM PG: 1 OF 2

Mailed To:

PREPARED BY:

Legal Aid Chicago

120 S. LaSalle St. #900

Chicago, IL 60603

SURVIVING TENANT AFFIDAVIT

I, Eddie Walton the surviving tenant of the tenancy created by the deed with the document number: _____ do hereby declare under oath that the tenant Lurena Walton died on 11/28/2004 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 THIRTY THREE (33) IN BLOCK TWO (2) IN BISSELL AND DEWEY'S SUBDIVISION OF THE SOUTHWEST QUARTER OF THE NORTHWEST QUARTER OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN

PROPERTY IDENTIFICATION NUMBER (PIN):

1 6 - 1 0 - 1 0 8 - 0 2 6 5 0 0 0 0

COMMONLY KNOWN ADDRESS:

4740 W Race Ave

Chicago, IL 60644

NOTARY & AFFIANT SIGNATURE SECTION BELOW

Subscribed & Sworn to me by:

Eddie L. Walton

Affiant Signature:

[Signature]

On the Following Date:

08-23-2022



NOTARY PUBLIC, STATE OF ILLINOIS, SECTION

REGISTRATION DISTRICT NO. 16.10

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

616715

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
1. LURENA WALTON F 2. F 3. November 28, 2004

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
4. Chicago Mercy Hospital

BIRTHPLACE, CITY AND STATE OR FOREIGN COUNTRY 5a. 64 5b. 64 5c. 5d. December 26, 1939
6a. Chicago 6b. Married 6c. Hospice

7. Rome, MS 8a. Married 8b. Eddie Walton 8c. Eddie Walton
SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY
9. No

10. 427 72 1558 11a. Independent Operator 11b. Best Foods 12. 11
RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. EDUCATION (SPECIFY ONE HIGHEST GRADE COMPLETED)

13. 4740 West Race 13a. Chicago 13b. Chicago 13c. Yes 13d. Cook
RACE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) (OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PORTUGUESE, etc.)

14. Illinois 14a. Black 14b. YES 14c. SPECIFY: 14d. Johnson
FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST

15. A.J. Polk 16. Yearnell Johnson
INFORMANT'S NAME (TYPE OR PRINT) MAILING ADDRESS (STREET AND NO. OR R.F.C., CITY, TOWN, STATE, ZIP)

17. Laura Dimino 17a. Sister 17b. 17c. 17d. 17e. 17f. 17g. 17h. 17i. 17j. 17k. 17l. 17m. 17n. 17o. 17p. 17q. 17r. 17s. 17t. 17u. 17v. 17w. 17x. 17y. 17z.
IMMEDIATE CAUSE (Final pronouncement or condition resulting in death) Enter the diagnosis or complications that caused the death. Do not enter the mode of dying, such as cardiac or renal, Valsalva arrest, shock, or heart failure. List only one cause on each line.

18. BREAST CANCER
(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. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION
19a. 19b. 19c. 19d. 19e. 19f. 19g. 19h. 19i. 19j. 19k. 19l. 19m. 19n. 19o. 19p. 19q. 19r. 19s. 19t. 19u. 19v. 19w. 19x. 19y. 19z.

20. DID NOT ATTEND THE DECEASED AND DID NOT SIGN HIM/HER ALIVE ON
20a. 20b. 20c. 20d. 20e. 20f. 20g. 20h. 20i. 20j. 20k. 20l. 20m. 20n. 20o. 20p. 20q. 20r. 20s. 20t. 20u. 20v. 20w. 20x. 20y. 20z.

21. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
21a. 21b. 21c. 21d. 21e. 21f. 21g. 21h. 21i. 21j. 21k. 21l. 21m. 21n. 21o. 21p. 21q. 21r. 21s. 21t. 21u. 21v. 21w. 21x. 21y. 21z.

22. SIGNATURE (TYPE OR PRINT) DATE SIGNED (MONTH, DAY, YEAR)
22a. LESZEK BALAJENI, MD 11/28/04
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER
22b. 036-103966

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)
23a. CH90, IL
NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

24. BURIAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
24a. Oakridge Hillside, Illinois Dec. 4, 2004

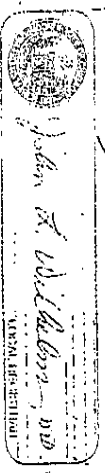
25. Corbin Colonial Funeral Chapel 5345 West Madison Street Chicago Illinois 60644
FUNERAL DIRECTOR'S SIGNATURE
25a. P. Onyiah
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b. 034-014794

26. LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a. John A. Wilhelms, M.D. NOV 30 2004

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

NOV 30 2004

I, JOHN L. WILHELM M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN OBTAINANCE OF SAID LAW AND ORDINANCES.



CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.