

# UNOFFICIAL COPY

## SPECIAL NOTICE:

This form is **NOT** required by law, nor the Cook County Clerk's Office. Clerk's Office employees **CANNOT** assist with the preparation of this, or **ANY LEGAL FORM**.



\*2225113320\*

Doc# 2225113320 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 09/08/2022 03:31 PM PG: 1 OF 3

## PREPARED BY:

The Law Office of Dionna Reynolds, LLC

9721 W. 165th St., Ste 22

Orland Park, IL 60467

## SURVIVING TENANT AFFIDAVIT

I, Shawn J. Howard the surviving tenant of the tenancy created by the deed with the document number: 1836212010 do hereby declare under oath that the tenant Andre Howard died on \_\_\_\_\_ 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

See attached.

### PROPERTY IDENTIFICATION NUMBER (PIN):

2 0 - 3 5 - 2 3 0 - 0 2 6 0 0 0 0

### COMMONLY KNOWN ADDRESS:

8238 S. Harper Ave.

Chicago, IL 60619

### NOTARY & AFFIANT SIGNATURE SECTION BELOW

Subscribed & Sworn to me by:

Affiant Signature:

On the Following Date:

8/5/22

OFFICIAL SEAL

JUDITH SMITH-STEPHNEY

AFFIX NOTARY PUBLIC, STATE OF ILLINOIS SECTION

My Commission Expires 4/8/23

4/5/22

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## LEGAL DESCRIPTION

LOT 11 IN BLOCK 2 IN FRANK W. SMITH'S SUBDIVISION OF THE SOUTH HALF (1/2) OF THE SOUTHEAST QUARTER (1/4) OF THE NORTHEAST QUARTER (1/4) OF SECTION 35, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Number: 20-35-230-026-0000

Address of Real Estate: 8238 S. Harper Ave., Chicago, IL 60619

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**CERTIFICATION OF DEATH RECORD****UNOFFICIAL COPY**

STATE OF ILLINOIS-DIVISION OF VITAL RECORDS

SPRINGFIELD, ILLINOIS

**MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2022 0002802

DATE ISSUED 8/15/2022

DECEDENT'S LEGAL NAME ANDRE HOWARD		SEX MALE	DATE OF DEATH JANUARY 09, 2022	
COUNTY OF DEATH SANGAMON	AGE AT LAST BIRTHDAY 63 YEARS	DATE OF BIRTH DECEMBER 08, 1958		
CITY OR TOWN SPRINGFIELD	HOSPITAL OR OTHER INSTITUTION NAME MEMORIAL MEDICAL CENTER			
PLACE OF DEATH INPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH NEVER MARRIED/NEVER IN CIVIL UNION	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 116 1/2 S STATE STREET	APT. NO.	CITY OR TOWN SPRINGFIELD	INSIDE CITY LIMITS? YES	
COUNTY SANGAMON	STATE IL	ZIP CODE 62704	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOHN HOWARD	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ROSEMARY GOODE
INFORMANT'S NAME LINDA COX	RELATIONSHIP POWER OF ATTORNEY	MAILING ADDRESS 1000 WOODSIDE ROAD, SPRINGFIELD, IL 62711		
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION PREMIER CREMATION SERVICES	LOCATION - CITY OR TOWN AND STATE SPRINGFIELD, IL	DATE OF DISPOSITION JANUARY 13, 2022	
FUNERAL HOME PREMIER CREMATION SERVICES, 450 WEST VINE STREET, SPRINGFIELD, IL 62704				
FUNERAL DIRECTOR'S NAME BRIAN D MURPHY			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015245	
LOCAL REGISTRAR'S NAME FRANK J LESKO			DATE FILED WITH LOCAL REGISTRAR JANUARY 12, 2022	
<b>CAUSE OF DEATH</b> PART I: CARDIOPULMONARY ARREST IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ Due to (or as a consequence of): b. AFIB, BACTEREMIA, COVID INFECTION c. END STAGE RENAL DISEASE _____ 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 <b>significant conditions contributing to death</b> but not resulting in the underlying cause given in PART I			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? YES	DATE LAST SEEN ALIVE JANUARY 09, 2022	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 03:45 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED JANUARY 11, 2022	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH WAIZ WASEY MD, 520 N FOURTH ST, SPRINGFIELD, ILLINOIS, 62702			PHYSICIAN'S LICENSE NUMBER 036147930	

039685

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.

*Sameer Vohra*  
Sameer Vohra, MD, JD, MA  
State Registrar

**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**

THE WORD VOID APPEARS WHEN PHOTOCOPIED

HOLD UP TO LIGHT TO VERIFY TRUE WATERMARK