

UNOFFICIAL COPY

Doc#: 2225839097 Fee: \$98.00
Karen A. Yarbrough
Cook County Clerk
Date: 09/15/2022 07:56 AM Pg: 1 of 4

PREPARED BY:
LARRY A. WHITNEY, ATTORNEY AT LAW
O/B/O BC LAW FIRM, P.A.
2805 CROW VALLEY TRAIL
PLANO, TX 75023

WHEN RECORDED MAIL TO:
RECORDATION REQUESTED BY:
STEWART TITLE GUARANTY COMPANY
1900 SOUTH STATE COLLEGE BLVD. SUITE 200
ANAHEIM, CA 92806

FOR RECORDER'S USE ONLY

SURVIVORSHIP AFFIDAVIT

(DECEASED JOINT TENANT OR DECEASED TENANT BY THE ENTIRETY)

Commitment No.

STATE OF ILLINOIS }
COUNTY OF Cook } SS

ARNETT TERRY CORNELL SR., a single person, being duly sworn on oath, states the following:

1. I reside at 9548 S COLFAX AVENUE, CHICAGO, IL 60617.
2. I was married to CARMEN CORNELL, the Deceased, who died in HARRIS County, Texas on 8/4/2014, as is evidenced by the death certificate attached hereto. **Exhibit B**
3. At the time of his/her death, the Deceased and I owned as joint tenants the following described real estate situated in COOK County, Illinois:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

Address of Property: 9548 S COLFAX AVENUE, CHICAGO, IL 60617

Permanent Index No. 26-07-103-092-0000

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Affiant makes this affidavit for the purpose of inducing Stewart Title guaranty Company to issue its Title Insurance Policy pursuant to the above-referenced title commitment order number.

Arnett Terry Cornell Sr.
ARNETT TERRY CORNELL SR.

STATE OF Illinois
COUNTY OF Cook

Subscribed and sworn to before me by the said ARNETT TERRY CORNELL SR. this 25
day of August ~~2020~~ 2020, A.D. 2020

Natasha West-Mason
Signature of Notary Public (Notary Seal)



No title search was performed on the subject property by the preparer. The preparer of this instrument makes no representation as to the accuracy of the legal description, the status of the title nor property use or any zoning regulations concerning the described property herein conveyed nor any matter except the validity of the form of this instrument. Information herein was provided to preparer by Grantor/Grantee and/or their agents, no boundary survey was made at the time of this conveyance.

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Exhibit "A"

Parcel 1:

The East 39.67 feet of the West 180 feet of Lot 3 in William Randall's Resubdivision of Part of Block 1 of Arthur Dunas' South Shore Resubdivision of Part of Blocks 1, 4, 5, 6, 11 and 12 of Calumet Trust's Subdivision Number 3, also Part of Block 25 of South Chicago Subdivision together with Portions of Vacated Alley and streets all in Fractional Section 7, Township 37 North, Range 15, East of the Third Principal Meridian, North of the Indian boundary line, according to the Plat of said William Randall's Resubdivision registered in the office of the Registrar of Titles of Cook County, Illinois recorded June 28, 1960 as Document 1928974, in Cook County, Illinois.

Parcel 2:

Easements for Ingress and Egress appurtenant to and for the use and benefit of Parcel 1 as set forth in Declaration Document LR3397029.

Property of Cook County Clerk's Office

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CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NUMBER 142-14-111558

1. LEGAL NAME OF DECEASED (Include AKAs, if any) (Last, Middle, Last) **CARMEN DENISE CORNELL WILLIAMS** 2. DATE OF DEATH (ACTUAL OR PRESUMED) (mm-dd-yyyy) **AUGUST 4, 2014**

3. SEX **FEMALE** 4. DATE OF BIRTH (mm-dd-yyyy) **MARCH 11, 1959** 5. AGE (Last birthday) (Years) **55** 6. BIRTH PLACE (City & State or Foreign Country) **CHICAGO, IL**

7. SOCIAL SECURITY NUMBER **359-56-0780** 8. MARRIAGE STATUS AT TIME OF DEATH Married Widowed Divorced Never Married Unknown 9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) **ARNETT T CORNELL**

10a. RESIDENCE STREET ADDRESS **9548 X COLFAX** 10b. CITY OR TOWN **CHICAGO**

10c. COUNTY **ILLINOIS** 10d. ZIP CODE **60617** 10e. INSIDE CITY LIMITS? Yes No

11. FATHER'S NAME **SYLVESTER WILLIAMS** 12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE **ISOPHAINE WARD**

13. PLACE OF DEATH (CHECK ONLY ONE)
 In Hospital ER/Outpatient POA Hospice Facility Nursing Home Decedent's Home Other (Specify) _____

14. COUNTY OF DEATH **HARRIS** 15. CITY/TOWN, ZIP (If outside city limits, give precinct no.) **HOUSTON, 77030** 16. FACILITY NAME (If not institution, give street address) **MD ANDERSON CANCER CENTER**

17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED **ARNETT T CORNELL - HUSBAND** 18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) **9548 S. COLFAX, CHICAGO, IL 60617**

19. METHOD OF DISPOSITION Burial Cremation Funeral Removal from state Other (Specify) _____ 20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH **ROBERT DAVIS, BY ELECTRONIC SIGNATURE - 06781** 21. Section _____ Block _____ Lot _____ Space _____

22. PLACE OF DISPOSITION (Name of cemetery, crematory, etc. and place) **OAKRIDGE CEMETERY** 23. LOCATION (City, town, and state) **HILLSIDE, IL**

24. NAME OF FUNERAL FACILITY **KIRK MORTUARY For PARADISE GARDEN FUNERAL HOME** 25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) **2217 AIRLINE DR, HOUSTON, TX 77009**

26. CERTIFIER (Check only one)
 Medical Examiner/Judge of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.
 Certifying physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated.

27. SIGNATURE OF CERTIFIER **GEORGE SIMON, BY ELECTRONIC SIGNATURE** 28. DATE CERTIFIED (mm-dd-yyyy) **AUGUST 3, 2014** 29. LICENSE NUMBER **P2367** 30. TIME OF DEATH (Actual or presumed) **03:08 PM**

31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) **GEORGE SIMON 1515 HOLCOMBE BLVD, HOUSTON, TX 77030** 32. TITLE OF CERTIFIER **MD**

33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY LEAD TO THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WHICH SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.

34. IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. ACUTE RESPIRATORY FAILURE	4 DAYS
Due to (or as a consequence of):	
b. PNEUMONIA	4 DAYS
Due to (or as a consequence of):	
c. BILATERAL PLEURAL EFFUSIONS	3 WEEKS
Due to (or as a consequence of):	
d. ADVANCED AND METASTATIC NON-SMALL CELL LUNG CANCER, ADENOCARCINOMA	42 MONTHS
EGFR MUTATION POSITIVE	

35. PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1. **ACUTE RENAL FAILURE**

36. WAS AN AUTOPSY PERFORMED? Yes No

37. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? Yes No

38. MANNER OF DEATH Natural Accident Suicide Homicide Pending investigation Could not be determined

39. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes No

40. IF FEMALE: Not pregnant within past year Pregnant at time of death Not pregnant, but pregnant within 42 days of death Not pregnant, but pregnant 43 days to one year before death Unknown if pregnant within the past year

41. IF TRANSPORTATION INJURY, SPECIFY: Driver/Operator Passenger Pedestrian Other (Specify) _____

42a. DATE OF INJURY (mm-dd-yyyy) _____ 42b. TIME OF INJURY _____ 42c. INJURY AT WORK? Yes No 42d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area) _____

43a. LOCATION (Street and Number, City, State, Zip Code) _____ 43b. COUNTY OF INJURY _____

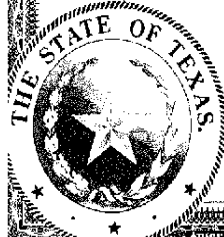
44. DESCRIBE HOW INJURY OCCURRED _____

45a. REGISTRAR FILE NO **0213541** 45b. DATE RECEIVED BY LOCAL REGISTRAR **AUGUST 18, 2014** 45c. REGISTRAR **REGISTRAR - CITY OF HOUSTON, ELECTRONICALLY FILED**

EDR NUMBER 900001964924

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TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT
WARNING: The penalty for knowingly making a false statement on this form can be 2-10 years in prison and a fine up to \$10,000. Inhabitants and State Code Sec. 191.18AB



This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED
AUG 18 2014

Geraldine R. Harris
GERALDINE R. HARRIS
STATE REGISTRAR



WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND