

# UNOFFICIAL COPY

Doc#: 2234925049 Fee: \$51.00  
Karen A. Yarbrough  
Cook County Clerk  
Date: 12/15/2022 10:30 AM Pg: 1 of 2

### 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.**

### PREPARED BY:

BEDSAIDA BERMUDEZ  
5537 West Henderson St  
Chicago, IL. 60641

## SURVIVING TENANT AFFIDAVIT

I, BEDSAIDA BERMUDEZ the surviving tenant of the tenancy created by the deed with the document number: 00934940 do hereby declare under oath that the tenant ELVIN BERMUDEZ died on 01/19/2018 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 23 in Stoltzner's Central Avenue Subdivision, being a Subdivision of Block 4 (Except the West 33 Feet thereof) in the Subdivision of Lots D, E and F in the Partition of the West 1/2 of the Southwest 1/4 of Section 21, Township 40 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

### PROPERTY IDENTIFICATION NUMBER (PIN)

1 3 - 2 1 - 3 1 9 - 0 0 8 0 0 0 0

### COMMONLY KNOWN ADDRESS:

5537 West Henderson Street

Chicago, IL 60641

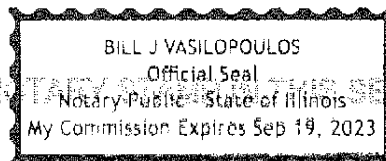
### NOTARY & AFFIANT SIGNATURE SECTION BELOW

Subscribed & Sworn to me by:

Bedsaida Bermudez  
Affiant Signature:

On the Following Date:

10/20/22



## UNOFFICIAL COPY

STATE OF FLORIDA	
BUREAU of VITAL STATISTICS	
CERTIFICATION OF DEATH	
STATE FILE NUMBER: 2018016450	DATE ISSUED: FEBRUARY 5, 2018
DECEDENT INFORMATION	DATE FILED: JANUARY 31, 2018
NAME: ELVIN A. BERMUDEZ	
DATE OF DEATH: JANUARY 19, 2018	SEX: MALE SSN: 345-62-2160 AGE: 055 YEARS
DATE OF BIRTH: NOVEMBER 27, 1962	BIRTHPLACE: CHICAGO, ILLINOIS, UNITED STATES
PLACE OF DEATH: INPATIENT	
FACILITY NAME OR STREET ADDRESS: ORLANDO REGIONAL MEDICAL CENTER	
LOCATION OF DEATH: ORLANDO, ORANGE COUNTY, 32806	
RESIDENCE: 6637 W. HENDERSON STREET, CHICAGO, ILLINOIS 60641, UNITED STATES	COUNTY: COOK
OCCUPATION / INDUSTRY: WAREHOUSE CLERK, WAREHOUSE SUPPLIES	
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED	EVER IN U.S. ARMED FORCES? NO
HISPANIC OR HAITIAN ORIGIN? YES, PUERTO RICAN	
RACE: WHITE	
SURVIVING SPOUSE / PARENT NAME INFORMATION (NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)	
MARITAL STATUS: NEVER-MARRIED	
SURVIVING SPOUSE NAME: NONE	
FATHER'S/PARENT'S NAME: JOSE BERMUDEZ	
MOTHER'S/PARENT'S NAME: GEORGINA MOHALLES	
INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION	
INFORMANT'S NAME: BEDSAIDA BERMUDEZ	
RELATIONSHIP TO DECEDENT: SISTER	
INFORMANT'S ADDRESS: 5537 W. HENDERSON STREET, CHICAGO, ILLINOIS 60641, UNITED STATES	
FUNERAL DIRECTOR/LICENSE NUMBER: WILLIAM VANNIER, F046970	
FUNERAL FACILITY: WINTER OAK FUNERAL HOME & CREMATIONS 0808.2 1132 E. PLANT ST., WINTER GARDEN, FLORIDA 32787	
METHOD OF DISPOSITION: REMOVAL FROM STATE	
PLACE OF DISPOSITION: MONTROSE CEMETERY & CREMATORIUM CHICAGO, ILLINOIS	
CERTIFIER INFORMATION	
TYPE OF CERTIFIER: CERTIFYING PHYSICIAN	MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE
TIME OF DEATH (24 HOUR): 0215	DATE CERTIFIED: JANUARY 30, 2018
CERTIFIER'S NAME: RUMI AHMED KHAN	
CERTIFIER'S LICENSE NUMBER: ME104691	
NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): NOT APPLICABLE	
CAUSE OF DEATH AND INJURY INFORMATION	
MANNER OF DEATH: NATURAL	
CAUSE OF DEATH - PART I - AND APPROXIMATE INTERVAL: ONSET TO DEATH	
a. CARDIAC ARRHYTHMIA	HOURS
b. ANOXIC ENCEPHALOPATHY	DAYS
c.	
d.	
PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I	