## **UNOFFICIAL COPY**

Doc#. 2309649096 Fee: \$51.00

Karen A. Yarbrough Cook County Clerk

Date: 04/06/2023 01:11 PM Pg: 1 of 2

#### SPECIAL NOTICE

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

#### PREPARED BY:

Vivian L. Windfield

1231 S. 17th Ave

Maywood, IL 60153

STONIAND TENANT APPLANCE								
SÜŔVIVING TENANT AFFIDAVIT								
Vivian L. Windfield the surviving tenant of the tenancy created by the deed with the document								
number: 208106344 do hereby declare under oath that the tenant Sylvester Windfield Sr.								
died on 2/06/2023 as evidenced by the altached 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 7 AND THE NORTH 1/2 OF LOT 8 IN THE SUBDIVISION OF LOTS 183 TO 197 BOTH INCLUSIVE AND LOTS 202 TO 231 BOTH INCLUSIVE IN								
SEMINARY ADDITION TO MAYWOOD, BEING A SUBDIVISION OF THE NORTHEAST 1/4 OF SECTION 15, TOWNSHIP								
39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.								
PROPERTY IDENTIFICATION NUMBER (PIN)								
1 5 - 1 5 - 2 0 9 - 0 0 8 - 50 0 0 0								
COMMONLY KNOWN ADDRESS:								
1231 S 17TH AVE								
MAYWOOD, IL 60153								
NOTARY & AFFIANT SIGNATURE SECTION BELOW								
Subscribed & Sworn to me by:								
Marin Burg								
Affiant Signature:  JAZMIN BUE OFFICIAL SEAL								
Village Public State of Illinois								
My Commission Expires September 30, 2023								
On the Following Date:								

# 

### **BERWYN HEALTH DISTRICT** BERWYN, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 202	<sup>1</sup> 3 0010626								DATE ISSUED	2/9/202
DECEDENT'S LEGAL NAME SYLVESTER WINDFI	ELD SR					<del></del>	SEX MALE	DATE OF		
COOK		AGE AT LA 72 YE/	AST BIRTHDAY			DATE OF B			אוריון ייטין בטבט	<del></del>
CITY OR TOWN BERWYN			<u> </u>	HOSPITAL OR O		INSTITUTION		PITAI		
PLACE OF DEATH HOSPICE FACILITY			<del></del>		<u> </u>	10.0.	1011011011011	11116	<del></del>	
BIRTHPLACE JONESTOWN, MS	SOCIAL SECURIT					URVIVING SPOUS	SE/CIVIL UNION PART	TNER'S MAIDEN I	NAME EVER IN U.S.	
RESIDENCE 1231 SOUTH 17TH AV	É	1:	APT.	NO.	CITY O	OR TOWN	DICOTT	<del></del>	INSIDE CITY LIMI	
	TATE ZIP CODE.		L PARENTS NAME P INDFIELD	PRIOR TO FIRST MARRI		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MOTHER/CO PAREN PEARLIE MA	TS NAME PRIOF	YES R TO FIRST MARRIAGE/CIV	VIEUNION:
INFORMANT'S NAME VIVIAN LEE WINDFIEL	100	RELA	ATIONSHIP VIFE	<del></del>		AlLING ADDRE 1231 SOUTI	<u> </u>			<del>5</del>
METHOD OF DISPOSITION BURIAL	O OF DISPOSITION PLACE OF DISPOSITION LOCATION -						TY OR TOWN AND STATE DATE OF DISPOSITION			
FUNERAL HOME JOHNSON FUNERAL I	HOME, 5838 W. DI	VISION, CI	HICAGO, IL	60651	1-	18.8 0.000		<u>,                                   </u>	BRUANT ZUYZUZ	<u>3</u>
TINEDA DIDECTORS WATE						FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016902				
LOCAL REGISTRAR'S NAME DAVID J AVILA							DATE FILED WITH LOCAL REGISTRAR FEBRUARY 8, 2023			
	RTI SMALL CELL L	UNG CANC	ZER	$\tau_{\cap}$			·····	4		<del></del>
IMMEDIATE CAUSE (Final disease or condition	.a:		Due to (c	or as a conseque (ce c ):		<del></del> .		 XIMATE BETWEED		<del></del>
resulting in death)	, <b>b</b> .	44		~	1			APPROXIMATE INTERVAL BETWEE		
	Ċ.	********	Due to (a	or as a consequence of):		7		A INTE ONS		<del>*** /**</del>
	<del> </del>	<u>,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Oire to (c	or as a consequence of):	, <u>.</u>	<u> </u>	)	<u></u>	17	
PART II. Enter other significant of	onditions contributing t	to death but			jiven in	PART I	WAS	AN AUTOPSY	PERFORMED? NO	<del></del>
		<u>-</u>		~ <u>~ </u>		. <u></u>			FINDINGS USED TO E OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE								NER OF DEATH	Н	
DATE OF INJURY	j.	TIME OF INJUR	RY	PLACE OF INJURY	,			Up	INJURY AT WO	ORK?
LOCATION OF INJURY		<del> </del>						7	C	
DESCRIBE HOW INJURY OCCU	RRED:			<u>, le : </u>				IF TRANSP	PORTATION INJURY, SE	PECIFY:
ATTEND THE DECEASED? YES	DATE LAST SEEN ALI FEBRUARY 06		WAS MEDICAL E	The state of the s	•	DATE PR	CONOUNCED	<del></del>	TIME OF DEATH 09:46 AM	ł
CERTIFIER PHYSICIAN			- V			<del></del>	······································	DATE CER FEBRU	RTIFIED UARY 07, 2023	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH JOHN BROFMAN, 3249 SOUTH OAK PARK AVENUE, BERWYN, ILLINOIS, 60402								PHYSICIAN'S LICENSE NUMBER 036-072874		

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.

David J. Avila

036-072874