

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK



Doc# 2313722036 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 05/17/2023 02:43 PM PG: 1 OF 2

Carla Williams, being duly sworn states:

1. That Carla Williams is the daughter of Roger H. Williams, deceased, who, at the time of death, was one of the owners of the land in Cook County, Illinois, described as:
1115 S. Plymouth Ct., Unit 412, Chicago, IL 60605
PIN: 17-16-424-005-1052
Legal description:
2. UNIT 412 IN THE 1115 SOUTH PLYMOUTH COURT CONDOMINIUM AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE: LOT 2 (EXCEPT THE EAST 50.0 FEET OF THE NORTH 120.33 FEET THEREOF) IN BLOCK 6 IN DEARBORN PARK UNIT NUMBER 1, BEING A RESUBDIVISION OF SUNDRY LOTS AND VACANT STREETS AND ALLEYS IN AND ADJOINING BLOCKS 127 TO 134, BOTH INCLUSIVE, IN SCHOOL SECTION ADDITION TO CHICAGO, IN SECTION 15, TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, WHICH SURVEY IS ATTACHED AS EXHIBIT "A-2" TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT 25205468 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, IN COOK COUNTY, ILLINOIS.
3. That the deceased died on August 11, 2015, as evidenced by a certified copy of death certificate of the deceased attached hereto.
4. Affiant knows the said Roger H. Williams, deceased, to be one and the same person as Roger H. Williams who is named as a Grantee in Joint Tenancy in that particular deed recorded on September 6, 2007, as Instrument No. 0724942033D, in the Recorder's Office of Cook County, Illinois, affecting the property described above.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Carla Williams

Signature

4-26-23

Date

Carla Williams

Print Name

Subscribed and sworn to before me this

26th

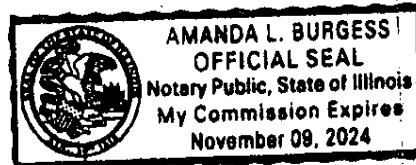
of

April

2023

Amanda L. Burgess

Notary Public



CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2015 0063629

DATE ISSUED 8/14/2015

DECEDENT'S LEGAL NAME ROGER HERCULES WILLIAMS			SEX MALE	DATE OF DEATH AUGUST 11, 2015	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 92 YEARS	DATE OF BIRTH APRIL 13, 1923		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME 1115 S PLYMOUTH COURT			
PLACE OF DEATH DECEDENT'S HOME					
BIRTHPLACE WEBSTER CITY, IA	SOCIAL SECURITY NUMBER 485-14-3784	STATUS AT TIME OF DEATH MARRIED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME JEAN RINGOEN	EVER IN U.S. ARMED FORCES? NO.
RESIDENCE 1115 S PLYMOUTH COURT		APT. NO. 412	CITY OR TOWN CHICAGO		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60605	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ROGER HERCULES WILLIAMS		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION DOROTHY MIRIAM RENAUD
INFORMANT'S NAME CARLA WILLIAMS		RELATIONSHIP DAUGHTER		MAILING ADDRESS 1115 S PLYMOUTH COURT UNIT 607, CHICAGO, IL 60605	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION FOREST CREMATORY		LOCATION - CITY OR TOWN AND STATE HOMEWOOD, IL	DATE OF DISPOSITION AUGUST 14, 2015
FUNERAL HOME CREMATION SOCIETY OF ILLINOIS, LAKEVIEW, 736 WEST ADDISON STREET, CHICAGO, IL, 60613					
FUNERAL DIRECTOR'S NAME MARY ELIZABETH SULLIVAN			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016111		
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR AUGUST 13, 2015		
CAUSE OF DEATH PART I. CANCER BRAIN PRIMARY					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. COLON-PROSTATE CANCER		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	4 MONTHS
		b. DIABETES			1 YEARS
					30 YEARS
PART II. Enter other <i>significant conditions contributing to death</i> , but not resulting in the underlying cause given in PART I.					
GENERAL DEBILITY			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 ON INJURY, SPECIFY:	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE JUNE 04, 2015	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 10:45 AM	
CERTIFIER PHYSICIAN			DATE CERTIFIED AUGUST 13, 2015		
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH THOMAS PITTS, 233 E ERIE ST, STE 702, CHICAGO, ILLINOIS 60611				PHYSICIAN'S LICENSE NUMBER 036056168	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



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 Orr
 Cook County Clerk

