

# 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.**



Doc# 2314328191 Fee \$93.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 05/23/2023 04:05 PM PG: 1 OF 3

### PREPARED BY and MAIL TO:

Thomas L. Murphy

9500 Bormet Drive  
Suite 103

Mokena, IL 60448

## SURVIVING TENANT AFFIDAVIT

We, Randall and Sara Enochian  
I, \_\_\_\_\_ the surviving tenant of the tenancy created by the deed with the document  
number: 1116456015 do hereby declare under oath that the tenant Ericka Enochian a/k/a  
Ericka Clarke  
died on 12/30/2016 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 EXHIBIT A

### PROPERTY IDENTIFICATION NUMBER (PIN):

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

### COMMONLY KNOWN ADDRESS:

900 Greenwood Street, Unit 2N

Evanston, IL 60201

### NOTARY & AFFIANT SIGNATURE SECTION BELOW

Subscribed & Sworn to me by:

*Randall Enochian*

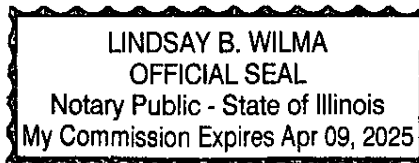
Affiant Signature:

*Sara Hae Enochian*

On the Following Date:

April 10, 2023

*Lindsay B. Wilma*  
Notary Public



S Y  
P 3  
S Y  
SC 1  
INT IP

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## EXHIBIT A

### PARCEL 1:

UNIT O. 900-2 AS DELINEATED ON SURVEY OF THE FOLLOWING DESCRIBED PARCEL OF REAL ESTATE (HEREINAFTER REFERRED TO AS "PARCEL"):

THE EAST 156 FEET OF THE NORTH 100 FEET OF BLOCK 41 IN CITY OF EVANSTON, A SUBDIVISION OF THE EAST ½ OF THE SOUTHEAST ¼ OF SECTION 13, TOWNSHIP 41 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, AND PART OF SECTION 18, TOWNSHIP 41 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO DECLARATION OF CONDOMINIUM OWNERSHIP MADE BY HARRIS TRUST AND SAVINGS BANK AS TRUSTEE UNDER TRUST NO 38100, RECORDED IN THE OFFICE OF THE RECORDER OF DEEDS, COOK COUNTY, ILLINOIS, AS DOCUMENT 24225503, TOGETHER WITH AN UNDIVIDED PERCENTAGE INTEREST IN SAID PARCEL (EXCEPTING FROM SAID PARCEL ALL THE PROPERTY AND SPACE COMPRISING ALL THE UNITS AS DEFINED AND SET FORTH IN SAID DECLARATION AND SURVEY

### PARCEL 2:

EASEMENT FOR PARKING PURPOSES FOR THE BENEFIT OF PARCEL 1, IN AND TO PARKING AREA NUMBER 4, AS DELINEATED AND SET FORTH IN SAID DECLARATION OF CONDOMINIUM OWNERSHIP AND SURVEY.

PIN: 11-18-328-018-1003

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## CITY OF EVANSTON EVANSTON, ILLINOIS MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER 2016 0102455      MEDICAL EXAMINER'S CASE NUMBER ME2016-06299      DATE ISSUED 1/3/2017

DECEDENT'S LEGAL NAME ERICKA ENOCHIAN			SEX FEMALE	DATE OF DEATH DECEMBER 30, 2016
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 37 YEARS	DATE OF BIRTH SEPTEMBER 10, 1979		
CITY OR TOWN EVANSTON		HOSPITAL OR OTHER INSTITUTION NAME 900 GREENWOOD STREET		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE EVANSTON, IL	SOCIAL SECURITY NUMBER 359-78-9402	STATUS AT TIME OF DEATH DIVORCED FROM MARRIAGE	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 900 GREENWOOD STREET	APT. NO. 2N	CITY OR TOWN EVANSTON	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60201	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION RANDALL ENOCHIAN	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION SARA SHUMIERAY
INFORMANT'S NAME RANDALL ENOCHIAN		RELATIONSHIP FATHER	MAILING ADDRESS 423 WOODLAWN, GLENVIEW, IL, 60025	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION BOHEMIAN NATIONAL CEMETERY (HERITAGE MEMORIAL CEMETERY)	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION JANUARY 03, 2017	
FUNERAL HOME EVANSTON FUNERAL & CREMATION, 1726-A CENTRAL STREET, EVANSTON, IL, 60201				
FUNERAL DIRECTOR'S NAME ROLAND FRANZ LUDWIG WEIS			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011956	
LOCAL REGISTRAR'S NAME EVONDA THOMAS-SMITH			DATE FILED WITH LOCAL REGISTRAR JANUARY 3, 2017	
CAUSE OF DEATH      PART I. PENDING INVESTIGATION				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of):		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		b. _____ Due to (or as a consequence of):		
		c. _____ Due to (or as a consequence of):		
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			WAS AN AUTOPSY PERFORMED? YES	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? YES	
FEMALE PREGNANCY STATUS UNKNOWN			MANNER OF DEATH PENDING INVESTIGATION	
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?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED DECEMBER 30, 2016	TIME OF DEATH 12:31 PM
CERTIFIER MEDICAL EXAMINER/CORONER			DATE CERTIFIED DECEMBER 31, 2016	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PONNI ARUNKUMAR MD, 2121 W. HARRISON ST, CHICAGO, IL, 60612				PHYSICIAN'S LICENSE NUMBER

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.

*Evonda Thomas Smith*

Evonda Thomas Smith, Local Registrar  
Department of Health  
Evanston, Illinois

