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SPECIAL NOTICE:

This form is **NOT** required by law, nor the Cook County Recorder of Deeds (CCRD). CCRD employees **CANNOT** assist with the preparation of this, or **ANY LEGAL FORM.**

Doc#. 2314608160 Fee: \$98.00
Karen A. Yarbrough
Cook County Clerk
Date: 05/26/2023 03:39 PM Pg: 1 of 3

PREPARED BY:

Mitchell D. Shanks Jr., Esq.

4323 W. Irving Park Rd., Ste. 1b

Chicago, IL 60641

SURVIVING TENANT AFFIDAVIT

I, Martha L. Brown the surviving tenant of the tenancy created by the deed with the document number: 89460471 do hereby declare under oath that the tenant Henry Brown Jr. died on 11/16/2012 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

PROPERTY IDENTIFICATION NUMBER (PIN)

1 3 - 3 2 - 4 0 9 - 0 7 1 - 0 0 0 0

COMMONLY KNOWN ADDRESS:

1705 N, Major Ave., Chicago, IL 60639

AFTER RECORDING, MAIL TO:
SATURN TITLE, LLC
1030 W. HIGGINS RD.
SUITE 365
PARK RIDGE, IL 60068

NOTARY & AFFIANT SIGNATURE SECTION BELOW

Subscribed & Sworn to me by:

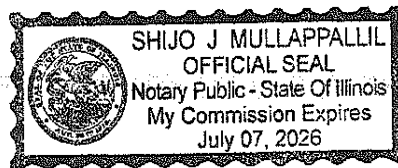
Martha L Brown

Affiant Signature:

[Signature]

On the Following Date:

5/22/23



2335175
143

VIRGIN ISLANDS OF THE UNITED STATES
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

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TYPE, OR PRINT IN PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED—NAME HENRY		LOCAL FILE NUMBER		FIRST MIDDLE LAST BROWN, JR.		SEX MALE		DATE OF DEATH (MONTH, DAY, YEAR) NOVEMBER 16, 2012		STATE FILE NUMBER	
1. RACE (SPECIFY) BLACK		AGE—LAST BIRTHDAY (YEARS) 75		UNDER 1 DAY (HOURS, MIN.)		DATE OF BIRTH (MONTH, DAY, YEAR) APR. 14, 1937		COUNTY OF DEATH ST. THOMAS, VI			
4. CITY, TOWN, OR LOCATION OF DEATH CHARLOTTE AMALIE		5b. INSIDE CITY LIMITS (SPECIFY YES OR NO)		5c. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		6. APR. 14, 1937		COUNTY OF DEATH ST. THOMAS, VI			
7a. STATE OF BIRTH (IF NOT IN U.S.A., NAME AND ADDRESS) ALABAMA		7b. CITIZENSHIP (SPECIFY) U.S.		7c. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED		7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE MAIDEN NAME) ROY LESTER SCHNEIDER HOSPITAL		COUNTY OF DEATH ST. THOMAS, VI			
8. SOCIAL SECURITY NUMBER		9. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF YEAR, EVEN IF RETIRED) BUTCHER / SECURITY		10. MARRIED		11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) MARTHA THORNTON		COUNTY OF DEATH ST. THOMAS, VI			
12. RESIDENCE—STATE IL		13a. CITY, TOWN, OR LOCATION CHICAGO		13b. INSIDE CITY LIMITS (SPECIFY YES OR NO)		13c. STREET AND NUMBER 1705 NORTH MAJOR AVE.		COUNTY OF DEATH ST. THOMAS, VI			
14a. FATHER—NAME HENRY		14b. MOTHER—MAIDEN NAME BROWN		14c. CITY, TOWN, OR LOCATION CHICAGO		14d. STREET AND NUMBER 1705 NORTH MAJOR AVE.		COUNTY OF DEATH ST. THOMAS, VI			
15. INFORMANT—NAME MARTHA BROWN		16. SIGNATURE <i>[Signature]</i>		17a. CITY, TOWN, OR LOCATION CHICAGO		17b. STREET AND NUMBER 1705 NORTH MAJOR AVE.		COUNTY OF DEATH ST. THOMAS, VI			
17a. DEATH WAS CAUSED BY: IMMEDIATE CAUSE CEREBRAL VASCULAR ACCIDENT		17b. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (G) HYPERTENSION		17c. CITY, TOWN, OR LOCATION CHICAGO		17d. STREET AND NUMBER 1705 NORTH MAJOR AVE.		COUNTY OF DEATH ST. THOMAS, VI			
18. CONDITIONS, IF ANY, WHICH GAVE RISE TO DEATH, OR AS A CONSEQUENCE OF: (a) CEREBRAL VASCULAR ACCIDENT (b) ACUTE MYOCARDIAL INFARCTION (c) _____		19. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG., ETC. (SPECIFY) NATURAL		20a. DATE OF INJURY (MONTH, DAY, YEAR) 1/20		20b. HOUR M. 200.		20c. LOCATION LOCATION		20d. CITY OR TOWN, STATE ST. THOMAS, VI	
21. PHYSICIAN: (ATTENDED TO) _____ (DECEASED FROM) _____		22. MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. ROY FLOOD, MD		23. SIGNATURE <i>[Signature]</i>		24. CITY OR TOWN ST. THOMAS, VI		25. DEGREE OR TITLE MD		26. DATE SIGNED (MONTH, DAY, YEAR) NOV. 16, 2012	
27. REMOVAL		28. CEMETERY OR CREMATORY—NAME OAKRIDGE CEMETERY		29. LOCATION HILLSIDE, ILLINOIS		30. CITY OR TOWN ST. THOMAS, VI		31. STATE VI		32. ZIP 08081	
33. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) DAVIS FUNERAL HOME 192 ALTONA & WELGUNST ST. THOMAS, VI		34. REGISTRAR—SIGNATURE <i>[Signature]</i>		35. REGISTRAR—NAME DAVIS		36. CITY OR TOWN ST. THOMAS, VI		37. STATE VI		38. DATE RECEIVED BY LOCAL REGISTRAR NOVEMBER 19, 2012	

I HEREBY CERTIFY that the attached is a true and correct copy of the Certificate of Death of HENRY BROWN, JR. as made from the certificate of such death filed in this office in accordance with law.

SIGNED *[Signature]* DIRECTOR
DATE NOVEMBER 20, 2012
ST. THOMAS, VI

CERTIFIED COPY

HD-HP

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File Number : 2335175Commitment for Title Insurance
Adopted 6-17-06 Revised 08-01-2016

American Land Title Association

EXHIBIT A**Legal:**

LOT 12 IN BLOCK 2 IN KEENEY'S 4TH NORTH AVENUE SUBDIVISION IN THE SOUTHEAST QUARTER OF SECTION 32, TOWNSHIP 40 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Commonly known address: 1705 N. Major Ave., Chicago, IL 60639**PIN #: 13-32-409-071-0000****PIN #:****PIN #:****Township: Jefferson**

Property of Cook County Clerk's Office

This page is only a part of a 2016 ALTA[®] Commitment for Title Insurance(issued by Fidelity National Title Insurance Company). This Commitment is not valid without the Notice; the Commitment to Issue Policy; the Commitment Conditions; Schedule A; Schedule B, Part I-Requirements; (and) Schedule B, Part II-Exceptions; and a counter-signature by the Company or its issuing agent that may be in electronic form).

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