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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#: 2316045146 Fee: \$98.00
Karen A. Yarbrough
Cook County Clerk
Date: 06/09/2023 11:43 AM Pg: 1 of 2

PREPARED BY:

Robert A. Cheely, Atty.

6446 W. Cermak Rd.

Berwyn, IL. 60402

SURVIVING TENANT AFFIDAVIT

I, Edelmira Gomez the surviving tenant of the tenancy created by the deed with the document number: 1714634077 do hereby declare under oath that the tenant Anselmo Garcia Carlon died on 11/4/2019 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 16 in Block 4 in Householder's Addition to Morton Park, Being a Subdivision of the North 1/2 of the Southeast 1/4 of the Northeast 1/4 of Section 28, Township 39 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

PROPERTY IDENTIFICATION NUMBER (PIN):

1 6 - 2 8 - 2 2 2 - 0 0 3 - 0 0 0 0

COMMONLY KNOWN ADDRESS:

4843 W. 24th Place

Cicero, Illinois 60804

NOTARY & AFFIANT SIGNATURE SECTION BELOW

Subscribed & Sworn to me by:

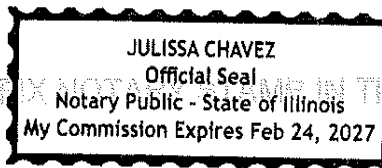
Edelmira Gomez

Affiant Signature:

X Edelmira Gomez

On the Following Date:

6/7/2023



APPEND NOTARY SEAL IN THIS SECTION

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

STATE FILE NUMBER 2019 0088238

DATE ISSUED 11/8/2019

DECEDENT'S LEGAL NAME ANSELMO GARCIA CARLON			SEX MALE	DATE OF DEATH NOVEMBER 04, 2019																	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 83 YEARS	DATE OF BIRTH APRIL 21, 1936																			
CITY OR TOWN LAGRANGE	HOSPITAL OR OTHER INSTITUTION NAME ADVENTIST LAGRANGE MEMORIAL HOSPITAL																				
PLACE OF DEATH INPATIENT																					
BIRTHPLACE MEXICO	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME ADELINA SANTOYO	EVER IN U.S. ARMED FORCES? NO																	
RESIDENCE 4843 W 24TH PLACE	APT. NO.	CITY OR TOWN CICERO	INSIDE CITY LIMITS? YES																		
COUNTY COOK	STATE IL	ZIP CODE 60804	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LEONARDO GARCIA PEREZ	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION HERMELINDA CARLON																	
INFORMANT'S NAME ADELINA GARCIA SANTOYO		RELATIONSHIP WIFE	MAILING ADDRESS 4843 W 24TH PL, CICERO, IL, 60804																		
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION QUEEN OF HEAVEN CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE HILLSIDE, IL	DATE OF DISPOSITION NOVEMBER 11, 2019																		
FUNERAL HOME ADOLF BERWYN FUNERAL HOME & CREMATION SERVICES LTD, 2921 S. HARLEM AVENUE, BERWYN, IL, 60402																					
FUNERAL DIRECTOR'S NAME ROBERT F. MARIK			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011207																		
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH			DATE FILED WITH LOCAL REGISTRAR NOVEMBER 8, 2019																		
<table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">CAUSE OF DEATH</td> <td style="width: 15%;">PART I: END STAGE RENAL DISEASE</td> <td rowspan="4" style="width: 10%; text-align: center; vertical-align: middle;">APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH</td> <td colspan="2"></td> </tr> <tr> <td style="font-size: small;">IMMEDIATE CAUSE (Final disease or condition resulting in death)</td> <td style="font-size: small;">a. _____ Due to (or as a consequence of)</td> <td colspan="2"></td> </tr> <tr> <td></td> <td style="font-size: small;">b. CONGESTIVE HEART FAILURE Due to (or as a consequence of)</td> <td colspan="2"></td> </tr> <tr> <td></td> <td style="font-size: small;">c. _____ Due to (or as a consequence of)</td> <td colspan="2"></td> </tr> </table>					CAUSE OF DEATH	PART I: END STAGE RENAL DISEASE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. _____ Due to (or as a consequence of)				b. CONGESTIVE HEART FAILURE Due to (or as a consequence of)				c. _____ Due to (or as a consequence of)		
CAUSE OF DEATH	PART I: END STAGE RENAL DISEASE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH																			
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	b. CONGESTIVE HEART FAILURE Due to (or as a consequence of)																				
	c. _____ Due to (or as a consequence of)																				
PART II: Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I			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 INJURY, SPECIFY:																		
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE NOVEMBER 04, 2019	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 12:07 AM																	
CERTIFIER PHYSICIAN			DATE CERTIFIED NOVEMBER 06, 2019																		
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH TAHIR ROHAIL MD, 2910 HARLEM AVENUE, APT 1, RIVERSIDE, ILLINOIS, 60546			PHYSICIAN'S LICENSE NUMBER 036-087235																		

1179383



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.

Karen A. Yarbrough
 Cook County Clerk

