UNOFFICIAL COPY

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 and MAIL TO:

Patti Leuny 211-215 W 22ml Ale Chicago M 60616 Doc# 2319922024 Fee \$88.00

RHSP FEE:\$18.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 07/18/2023 11:52 AM PG: 1 OF 3

| SURVIVING TENANT AFFIDAVIT |
|---|
| I, Patt Leun g the surviving tenant of the tenancy created by the deed with the document |
| number: U/A do hereby declare under oath that the tenant CHiu-kit Ceny |
| died on 8/2/20/5 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: |
| See Atlachment |
| γ_{χ} |
| <u> </u> |
| PROPERTY IDENTIFICATION NUMBER (P) |
| See Attachment |
| 211-215- W 22nd Place, Chicugo \$ 60616 |
| NOTARY & AFFIANT SIGNATURE SECTION BELOW |
| Subscribed & Sworn to me by: Porti Leure Affiant Signature: Jackyn polan |
| Path J. On the Following Date: AFFIX NOTARY encial Seal Notary Public - State of Illinois My Commission Expires Nov 4, 2026 |

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EXHIBIT A

(Legal Description)

The following described real estate situated in the County of Cook, in the State of Illinois, to wit:

LOTS 66 AND 67 IN WALLER'S SUBDIVISION OF THE NORTH PART OF THE WEST ½ OF THE NORTH EAST ½ OF SECTION 28, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

Permant Index No: 17-28-209-023-0000

Property Address: 211-215 W. 22nd Place, Chicago, IL 60616

COUR COUNTY CLERK OFFICE
RECORDING DIVISION
LIB N. CLARK ST. ROOM 120
CHICAGO, IL 60602-1387

COOK COUNTY CLERK OFFICE RECORDING DIVISION TIB N. CLARK ST. ROOM 120 CHICAGO, IL 60602-1387

2319922024 Page: 3 of 3

CEPTIFICATION OF DEATH RESCRIP

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

| | | 4.5.0 | N | MEDIC | AL C | ERTIFICA | ATE | OF DEAT | Н | | DAT | E ISSUED 8/5/20 | |
|--|--|--|------------------------|-------------|-------------------------|-----------------------------------|--|------------------|-----------------------------|----------------------------|--------------------------------------|----------------------------|--|
| ATE FILE NUMBER 201 DECEDENT'S LEGAL NAME CHIU KIT LEUNG | 15 0061 | 135 | · | | | | | | ŞEX MALE | | OF DEATH GUST 02 | | |
| COUNTY OF DEATH AGE AT LAST BIF | | | | | | | | | | | | | |
| СООК | 70 YEARS | | | | | NOVEMBER 04, 1944 | | | | | | | |
| CHICAGO | | | | | | | | SPICE AND | | E CARE | | | |
| LACE OF DEATH | | | | | | | | | | | | | |
| HOSPICE FACILITY | I | SOCIAL SECURIT | V NHMRED | PITATIE | AT TIM | E OF DEATH | | SURVIVING SPOU | SE/CIVIL LINION | PARTNER'S MA | JDEN NAME | EVER IN U.S. ARMED | |
| CHINA | 199 | MARI | | | | | PATTI HONG | | | FORCES? NO | | | |
| ESIDENCE 307 W 24TH PLACE | APT. NO. | | | | CITY OR TOWN CHICAGO | | | | | INSIDE CITY LIMITS? YES | | | |
| COOK | FATHERICO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/C MAN BUN LEUNG | | | | | BEACIVIL UNION | MOTHER/CO-PARENT'S NAME PRIOR TO KAM CHOI NG | | | IRST MARRIAGE/CIVIL UNIO | | | |
| NFORMANT'S NAME PATTI LEUNG | | RELATIONSHIP MAILING ADDRESS WIFE 307 W 24TH PLACE, CHICAGO, IL, 6 | | | | | | | | | , IL, 606 | 16 | |
| METHOD OF DISPOSITION BURIAL | | | | | | | | | DISPOSITION IST 07, 2015 | | | | |
| FUNERAL HOME DALCAMO FUNERAI | L HOM | IE, 470 WES | T 26 (H S | TREET, | , CHIC | CAGO, IL, 60 | 0616 | | | | | | |
| | | | | | | | | | | | CTOR'S ILLINOIS LICENSE NUMBER | | |
| LOCAL REGISTRAR'S NAME DAVID ORR | | | | | | | DATE FILED WITH LOCAL REGISTRAR AUGUST 5, 2015 | | | | | | |
| CAUSE OF DEATH P | PART I. | SMALL CELL | LUNG CAN | NCER | | | | | | | <u> </u> | | |
| IMMEDIATE CAUSE | 8. | | | | | | | | | WE | | | |
| (Final disease or condition Due to (or as a onsequince of): resulting in death) | | | | | | | | Mix | .98. 1 GM | | | | |
| | b. | | | | | | | | | OHPPRO | INTERVAL, BETWEEN ONSET AND DEATH | | |
| | Ċ. | Oue to (or as a consequence ci): | | | | | | | | | TA O | | |
| | | | | | Due to | (or as a consequenc | > of): | | 7 | | | | |
| PART II. Enter other significal | nt condi | tions contributir | ng to death | but not res | sulting in | the underlying | cause | given in PAFT 1. | | WAS AN AU | TOPSY PE | REORMED? NO | |
| | | | | | | | | | 0 | | | INGS USED TO DEATH? N/A | |
| FEMALE PREGNANCY STATE NOT APPLICABLE | US | | | | | | | | 1 | MANNER O | | | |
| DATE OF INJURY | | | TIME OF INJURY PLACE (| | | | OF INJURY | | | | | INJURY AT WORK? | |
| LOCATION OF INJURY | | | | | | | | | | | 199 | | |
| DESCRIBE HOW INJURY OC | CURRE | D: | | | | | | | | 1F | TRAN (PO) | ITATION INJURY, SPECIF | |
| ATTEND THE DECEASED? | | | | | | AL EXAMINER OR DATE CONTACTED? NO | | | PRONOUNCE | D . | A.W. | TIME OF DEATH 06:12 PM | |
| CERTIFIER PHYSICIAN | | | | • | | | | | | D/ | ATE CERTI | FIED T 04, 2015 | |



NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH

DR ELAINE CHEN, 710 SOUTH PAULINA, 5TH FLOOR, CHICAGO, ILLINOIS, 60612

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



PHYSICIAN'S LICENSE NUMBER

036-120490