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>.



Debbie Johnson GO43 S. Rockwell Chicago J. L. GOG29



Doc# 2322040023 Fee \$93.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 08/08/2023 10:44 AM PG: 1 OF 2

SURWIVING TENANT AFFIDAVIT

I, Debie 50005011 as surviving tenant of the tenancy created by the deed with the document number: 0705349058 do he eby declare under oath that the tenant LCC ANNTONNSON died on 5/14/2023 evidenced by the attacked 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 a 6 in Block 5 in cobe and Mckinnon's 67th street and western-
Avenue Subdivision of the Southeast 1/4 of the Northeast 1/4 of-
Section 24, Township 38 North, Range 13, East of the Third Principal Meridian In cook County, Illinois, PROPERTY IDENTIFICATION NUMBER (PIN)
In Cook County, Illinois PROPERTY IDENTIFICATION NUMBER (PIN)
19-24-228-014-0000
COMMONLY KNOWN ADDRESS:
66643 S. Rockwell ST

19-24-2	28-014-0000	
<u>666435.</u>	ROCKWELL ST	
Chicago I	AFFIANT SIGNATURE SECTION BELOW	
Subscribed & Sworn to me by: Debic Johnson Affiant Signature: On the Following Date: 7 20 2023	WILLIAM RODRIGUEZ Official Seal Notary Public - State of Illinois AFFIX N my Commission/Expires Nov 130 12024 CTION S CTION	可てバアト

COOK COUNTY CLERK VIT /2322040023 Page: 2 of 2 CHICAGO, ILLINOIS MEDICAL PER FECATION DEATH

STATE FILE NUMBER 2023 0040463

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DECEDENT'S LEGAL NAI LEE ANN JOHNS					選響			** ** **	SEX FEMALE	DATE	OF DEATH 14, 2023		
COUNTY OF DEATH		等。推		AT LAST BIR	THDAY			TE OF BIR					
CHICAGO						SPITAL OR 0					鬱魯	養育	
PEACE OF DEATH >	ME		132 m										100
BIRTHPLACE BOLTON, MS		SOCIAL	¹ 18		S AT TIME OF OWED	DEATH -	SURVIVIN	IG SPOUSE	CIVIL UNION PA	RTNER'S MAIDE		VER IN U.S.	
RESIDENCE 6643 SOUTH RO	CKWELL	STREET			APT NO.		CITY OR TO				INSI	DE CITY LIMI	** AM 92
COOK	STATE	ZIP COD			NAME PRIOR		40.00	non 🧺 v	OTHER CO PAR		RIOR TO FIRST,		IL UNION
INFORMANT'S NAME DARLENE JOHN	ISON			RELATIONS! DAUGE				ADDRES	S CKWELL STR	EET, CHICAG	O. IL, 60629		
METHOD OF DISPOSITION BURIAL	M		PLACE OF DI	SPOSITION HOPE CÉ				ON CITY	OR TOWN AN	- 4-75a 6-46	DATE OF DISI		
FUNERAL HOME JONES FUNERAL	HOME I	LC, 3240	W.ST 79	TH STRE	ET, CHICA	GO IL, 60	0652					温源	
FUNERAL DIRECTOR'S N KAREN JONES					THE REP				FUNERAL DIR 0340156		NOIS LICENS	E NUMBER	
LOCAL REGISTRAR'S NA KAREN A YARBR						意. 養			DATE FILED V	and the second second	EGISTRAR		
CAUSE OF DEATH	PART I.	CEREBRO	VASCULAF	R DISEASE						1 E		A SEA	ortes Society
(Final disease or condition restating in death)				186	Due tr (or a)	consequence of		A Land		V OXIMAT L BETA	AND ON	eg '	
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	c.												
PART II. Enter other signi	ficant condi	tions contrib	uting to deal	h but not res	Due to (or es a			RT-L		AS AN AUTO	OSV DEDENO	VEO2 :NO	erificies April 1886 Valla 188
									W	ERE AUTOPS	Y FINDINGS I	SED TO	
FEMALE PREGNANCY ST NOT APPLICABLE	1								. M.	ANNER OF DE			
DATE OF INJURY			JIME OF	INJURY	PLA	CÉ OF INJUF	**************************************	100 mg 200 100 mg 200			100 miles	JURY AT W	ORK?
LOCATION OF INJURY				The state									
DESCRIBE HOW INJURY	OCCURRE									if T (A)	NSI ORTATIO	N INJURY S	PECIFY:
ATTEND THE DECEASED	1 L T	TE LAST SEE	* * * * * * * * * * * * * * * * * * * *		EDICAL EXAN			DATE PRO	DNOUNCED.			E OF DEATH	**************************************
NO CERTIFIER PHYSICIAN		UNKNOW		CORON	ER CONTAC	Alien Belle Walter Walter Benn Belle Benn Belle		他 養養	· 指 · 当 電源計		CERTIFIED	2.00 AM	
NAME, ADDRESS AND ZIF	P CODE OF	PERSON CO	MPLETING C	AUSE OF DE	ATH						Y-16, 2023 YSICIAN'S LIC		BER .

2570610



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

