

# 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# 2405922013 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 02/28/2024 11:17 AM PG: 1 OF 2

### PREPARED BY and MAIL TO:

Edward T. Anderson

58 N. Chicago St., 2nd Fl

Joliet, IL 60432

## SURVIVING TENANT AFFIDAVIT

I, Judith D. Murphy the surviving tenant of the tenancy created by the deed with the document number: 0427835010 do hereby declare under oath that the tenant Daniel J. Murphy died on 1/30/2020 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 30, IN DREW'S SUBDIVISION, BEING A SUBDIVISION IN THE NORTHWEST ¼ OF SECTION 14, TOWNSHIP 35 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING THEREOF RECORDED AS DOCUMENT NO. 14778733, IN COOK COUNTY.

### PROPERTY IDENTIFICATION NUMBER (PIN):

3 2 - 0 6 - 2 0 4 - 0 1 2 - 0 0 0 0

### COMMONLY KNOWN ADDRESS:

18352 Cowing Ct.

Homewood, IL 60430

### NOTARY & AFFIANT SIGNATURE SECTION BELOW

Subscribed & Sworn to me by:

Judith D. Murphy  
Affiant Signature:

Hal T. Al

On the Following Date:

09/07/2023

OFFICIAL SEAL  
AFFIANT: EDWARD T. ANDERSON THIS SECTION  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES: 3/29/2026

THIS DOCUMENT HAS A LIGHT BACKGROUND WITH A WATERMARK PATTERN. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.  
BUREAU OF VITAL STATISTICS

UNOFFICIAL COPY

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2020017376

DATE ISSUED: FEBRUARY 4, 2020

DECEDENT INFORMATION

DATE FILED: FEBRUARY 4, 2020

NAME: DANIEL JOSEPH MURPHY

DATE OF DEATH: JANUARY 30, 2020

SEX: MALE

AGE: 72 YEARS

DATE OF BIRTH: MARCH 27, 1947

BIRTHPLACE: CHICAGO, ILLINOIS, UNITED STATES

PLACE OF DEATH: HOSPICE

FACILITY NAME OR STREET ADDRESS: HARBOR CHASE OF VILLAGES CROSSING; 13517 NE 86TH COURT

LOCATION OF DEATH: LADY LAKE, SUMTER COUNTY, 32159

RESIDENCE: 3560 EWING AVE, THE VILLAGES, FLORIDA 32163, UNITED STATES

COUNTY: SUMTER

OCCUPATION, INDUSTRY: STEEL SALESMAN, STEEL COIL

EDUCATION: BACHELORS DEGREE

EVER IN U.S. ARMED FORCES? YES

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: JUDITH DIANE AUGUN

FATHER'S/PARENT'S NAME: DANIEL MURPHY

MOTHER'S/PARENT'S NAME: FRANCES KLINGELSCMITT

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: JUDITH DIANE MURPHY

RELATIONSHIP TO DECEDENT: SPOUSE

INFORMANT'S ADDRESS: 3560 EWING AVE, THE VILLAGES, FLORIDA 32163, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: RICHARD J. CUDDY, F071154

FUNERAL FACILITY: BALDWIN BROTHERS - WILLOWOOD F075036

3990 E SR 44 STE 105, WILLOWOOD, FLORIDA 34785

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: BALDWIN BROTHERS CREMATORY  
OCALA, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 0700

DATE CERTIFIED: JANUARY 30, 2020

CERTIFIER'S NAME: JEANETTE ANNE SUTKOWI

CERTIFIER'S LICENSE NUMBER: OS10865

NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): NOT APPLICABLE

CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: NATURAL

CAUSE OF DEATH - PART I - AND APPROXIMATE INTERVAL: ONSET TO DEATH

a. PARKINSON'S DISEASE

b.

c.

d.

PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I:

AUTOPSY PERFORMED? NO

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN

REASON FOR SURGERY:

PREGNANCY INFORMATION: NOT APPLICABLE

DATE OF INJURY: NOT APPLICABLE

TIME OF INJURY (24 HOUR):

INJURY AT WORK?

LOCATION OF INJURY:

DESCRIBE HOW INJURY OCCURRED:

PLACE OF INJURY:

IF TRANSPORTATION INJURY, STATUS OF DECEDENT:

TYPE OF VEHICLE:

*[Signature]*

STATE REGISTRAR

REQ: 2021280868

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THIS DOCUMENT WILL NOT PRODUCE A COLOR COPY.



\* 5 7 5 0 2 3 4 7 \*



VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED