

# 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#: 2408214461 Fee: \$107.00

KAREN A. YARBROUGH

COOK COUNTY CLERK'S OFFICE

Date 3/22/2024 1:11 PM Pg: 1 of 3

**PREPARED BY and MAIL TO:**

**LEWIS R. SHAPIRO**

**9131 SAMOSET**

**SKOKIE, IL 60076**

## SURVIVING TENANT AFFIDAVIT

I, SAFDAR A. GILL the surviving tenant of the tenancy created by the deed with the document number: 23088831 do hereby declare under oath that the tenant PARVEEN S. GILL died on 1-11-2024 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 0 - 1 4 - 3 2 2 - 0 2 3 - 0 0 0 0

**COMMONLY KNOWN ADDRESS:**

9107 Samoset Trail

Skokie, Illinois 60076

**NOTARY & AFFIANT SIGNATURE SECTION BELOW**

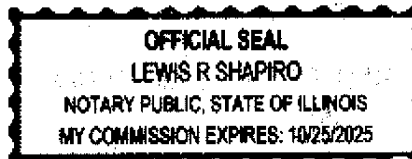
Subscribed & Sworn to me by:

Affiant Signature:

*Safdar A. Gill*

On the Following Date:

*3.1.24*



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## LEGAL DESCRIPTION

Lot 8 (except the North 44 feet) and the North 49 feet of Lot 9 in Block 8 in Ben Sear's Timber Ridge Estate, being a Subdivision of the North  $\frac{1}{4}$  of the West  $\frac{1}{2}$  of the Southwest  $\frac{1}{4}$  (except the West 5 acres) of Section 14, Township 41 North, Range 13 East of the Third Principal Meridian in Cook County, Illinois. PIN: 10-14-322-023-0000

Commonly known as 9107 Samoset Trail, Skokie, Illinois

Property of Cook County Clerk's Office

# CERTIFICATION OF DEATH RECORD

## UNOFFICIAL COPY

Schedule A

### COOK COUNTY CLERK VITAL RECORDS

### CHICAGO, ILLINOIS

### MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2024-0002201

DATE ISSUED 1/18/2024

DECEDENT'S LEGAL NAME PARVEEN SAFDAR GILL		SEX FEMALE	DATE OF DEATH JANUARY 11, 2024	
COUNTRY OF DEATH COOK		AGE AT LAST BIRTHDAY 83 YEARS	DATE OF BIRTH SEPTEMBER 16, 1940	
CITY OR TOWN NORTHBROOK		HOSPITAL OR OTHER INSTITUTION NAME 130 BIRCHWOOD		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE PAKISTAN	SOCIAL SECURITY NUMBER 328-56-0801	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MARDEN NAME SAFDAR ALI GILL	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 130 BIRCHWOOD		APT. NO.	CITY OR TOWN NORTHBROOK	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60062	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MALIK HIRA	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MENTAB MALIK
INFORMANT'S NAME RAHEELA GILL ANWAR		RELATIONSHIP DAUGHTER	MAILING ADDRESS 1195 TOWER ROAD, WINNETKA, IL, 60093	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION KOSMILL CEMETERY	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION JANUARY 11, 2024
FUNERAL HOME INCLUSIVE FUNERAL CARE, 4880 NORTH CLARK STREET, CHICAGO, IL, 60640				
FUNERAL DIRECTOR'S NAME RUSS GARSTEN HENRICHSEN			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016576	
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH			DATE FILED WITH LOCAL REGISTRAR JANUARY 12, 2024	
CAUSE OF DEATH PART I ALZHEIMERS DISEASE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. Due to (or as a consequence of):		YEARS
		b. Due to (or as a consequence of):		
		c. Due to (or as a consequence of):		
PART II: Enter other significant conditions contributing to death 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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 01:30 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED JANUARY 11, 2024	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ALAN SMOOKLER, 2050 CLAIRE COURT, GLENVIEW, IL, 60025			PHYSICIAN'S LICENSE NUMBER 036070513	

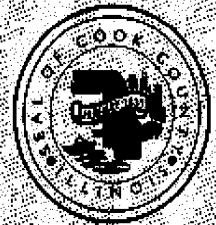
THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



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*  
Karen A. Yarbrough  
Cook County Clerk



2715890

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE