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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#: 2409230042 Fee: \$107.00  
KAREN A. YARBROUGH  
COOK COUNTY CLERK'S OFFICE  
Date 4/1/2024 9:50 AM Pg: 1 of 3

**PREPARED BY and MAIL TO:**

Katie Holtkamp  
600 N AVONDALE  
Chicago IL 60631

## SURVIVING TENANT AFFIDAVIT

I, Vilmer Alcaraz Jr. the surviving tenant of the tenancy created by the deed with the document number: 1119633126 do hereby declare under oath that the tenant Laura A. Alcaraz died on 6/27/15 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 9 - 1 3 - 4 0 1 - 0 1 0 5 0 0 0 0

**COMMONLY KNOWN ADDRESS:**

2701 W 59th Street  
Chicago IL 60629

**NOTARY & AFFIANT SIGNATURE SECTION BELOW**

**Subscribed & Sworn to me by:**

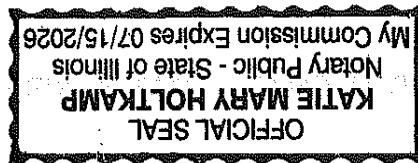
Katie Holtkamp

**Affiant Signature:**

Vilmer Alcaraz

**On the Following Date:**

1st Feb 2024



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## CERTIFICATION OF DEATH RECORD

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

STATE FILE NUMBER 2015 0051848

Exhibit A

DATE ISSUED 7/1/2015

DECEDENT'S LEGAL NAME <b>LAURA ALICIA ALCARAZ</b>			SEX <b>FEMALE</b>	DATE OF DEATH <b>JUNE 27, 2015</b>	
COUNTY OF DEATH <b>COOK</b>		AGE AT LAST BIRTHDAY <b>46 YEARS</b>	DATE OF BIRTH <b>MARCH 23, 1969</b>		
CITY OR TOWN <b>CHICAGO</b>		HOSPITAL OR OTHER INSTITUTION NAME <b>RUSH UNIVERSITY MEDICAL CENTER</b>			
PLACE OF DEATH <b>INPATIENT</b>					
BIRTHPLACE <b>MEXICO</b>	SOCIAL SECURITY NUMBER <b>UNKNOWN</b>	STATUS AT TIME OF DEATH <b>MARRIED</b>		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME <b>VILMER ALCARAZ</b>	EVER IN U.S. ARMED FORCES? <b>NO</b>
RESIDENCE <b>5734 S WASHTENAW AVENUE</b>		APT. NO.	CITY OR TOWN <b>CHICAGO</b>		INSIDE CITY LIMITS? <b>YES</b>
COUNTY <b>COOK</b>	STATE <b>IL</b>	ZIP CODE <b>60629</b>	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION <b>FRANCISCO MEDINA</b>		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION <b>PRISOLIANA ACOSTA</b>
INFORMANT'S NAME <b>VILMER ALCARAZ</b>		RELATIONSHIP <b>HUSBAND</b>		MAILING ADDRESS <b>5734 S WASHTENAW AVENUE, CHICAGO, IL, 60629</b>	
METHOD OF DISPOSITION <b>BURIAL</b>		PLACE OF DISPOSITION <b>MOUNT GREENWOOD CEMETERY</b>		LOCATION - CITY OR TOWN AND STATE <b>CHICAGO, IL</b>	DATE OF DISPOSITION <b>JULY 03, 2015</b>
FUNERAL HOME <b>HEENEY LAUGHLIN FUNERAL DIRECTORS, 6116 W 111TH STREET, CHICAGO RIDGE, IL, 60415</b>					
FUNERAL DIRECTOR'S NAME <b>MICHAEL PAUL HEENEY</b>			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034011188</b>		
LOCAL REGISTRAR'S NAME <b>DAVID ORR</b>			DATE FILED WITH LOCAL REGISTRAR <b>JULY 1, 2015</b>		
CAUSE OF DEATH PART I. <b>CARDIORESPIRATORY FAILURE</b>					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
a.		Due to (or as a consequence of):			
b. <b>CERVICAL CANCER</b>		Due to (or as a consequence of):			
c.		Due to (or as a consequence of):			
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? <b>NO</b>	
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <b>N/A</b>	
FEMALE PREGNANCY STATUS <b>NOT PREGNANT WITHIN LAST YEAR</b>				MANNER OF DEATH <b>NATURAL</b>	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?	
LOCATION OF INJURY					
DESCRIBE HOW INJURY OCCURRED:				IF TRANSPORTED TO INJURY, SPECIFY:	
ATTEND THE DECEASED? <b>YES</b>	DATE LAST SEEN ALIVE <b>JUNE 19, 2015</b>	WAS MEDICAL EXAMINER OR CORONER CONTACTED? <b>NO</b>		DATE PRONOUNCED	TIME OF DEATH <b>08:58 PM</b>
CERTIFIER <b>PHYSICIAN</b>				DATE CERTIFIED <b>JUNE 29, 2015</b>	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH <b>SEAN O'MAHONY MD, 1750 W HARRISON STREET, CHICAGO, ILLINOIS, 60612</b>				PHYSICIAN'S LICENSE NUMBER <b>036-126119</b>	

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.

*David Orr*  
David Orr  
Cook County Clerk


**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**

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## EXHIBIT A

**Legal Description: LOT 1 (EXCEPT THE WEST 2 FEET THEREOF) IN BLOCK 3 IN COBE AND MCKINNON'S 63RD STREET AND CALIFORNIA AVENUE SUBDIVISION OF THE WEST HALF OF THE SOUTHEAST QUARTER OF SECTION 13, TOWNSHIP 38 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.**

**Permanent Index Number(s): 19-13-401-010-0000**

**Property Address: 2701 W. 59th St., Chicago, IL 60629**

Property of Cook County Clerk's Office