

# UNOFFICIAL COPY

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KAREN A. YARBROUGH  
COOK COUNTY CLERK'S OFFICE  
DATE: 4/4/2024 2:41 PM  
PAGE: 1 OF 2

**PREPARED BY and MAIL TO:**

Law Office of A.T. Alexandra Lee  
2252 S Canal St., Suite 229  
Chicago, IL 60616

## SURVIVING TENANT AFFIDAVIT

I, WINTER FAN the surviving tenant of the tenancy created by the deed with the document number: 92354776 do hereby declare under oath that the tenant Sunny Fan died on 08/09/2023 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 14 IN ARTHUR MCINTOSH'S CALIFORNIA AVENUE SUBDIVISION OF THE SOUTH 1/2 OF BLOCK 3 IN H.L. STEWART'S SUBDIVISION OF THE SOUTH WEST 1/4 OF SECTION 1, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

**PROPERTY IDENTIFICATION NUMBER (PIN)**

1 9 - 0 1 - 3 2 4 - 0 2 1 - 0 0 0 0

**COMMONLY KNOWN ADDRESS:**

4553 S. Mozart St.  
Chicago, IL 60632

**NOTARY & AFFIANT SIGNATURE SECTION BELOW**

Subscribed & Sworn to me by:

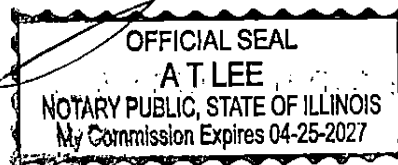
Winter Fan

Affiant Signature:

WFA Fan

On the Following Date:

3/19/2024



**CERTIFICATION OF DEATH RECORD**  
**UNOFFICIAL COPY**

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

STATE FILE NUMBER 2023 0066304

DATE ISSUED 8/23/2023

DECEDENT'S LEGAL NAME <b>SUNNY J FAN</b>		SEX <b>MALE</b>	DATE OF DEATH <b>AUGUST 09, 2023</b>	
COUNTY OF DEATH <b>COOK</b>	AGE AT LAST BIRTHDAY <b>74 YEARS</b>	DATE OF BIRTH <b>APRIL 22, 1949</b>		
CITY OR TOWN <b>CHICAGO</b>		HOSPITAL OR OTHER INSTITUTION NAME <b>4553 S MOZART ST</b>		
PLACE OF DEATH <b>DECEDENT'S HOME</b>				
BIRTHPLACE <b>CHINA</b>	STATUS AT TIME OF DEATH <b>MARRIED</b>	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME <b>WINTER MOY</b>	EVER IN U.S. ARMED FORCES? <b>NO</b>	
RESIDENCE <b>4553 S MOZART ST</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>60632</b>	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION <b>CHUNG-CHUN FAN</b>	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION <b>YUKBIN TANG DENG</b>
INFORMANT'S NAME <b>AARON FAN</b>		RELATIONSHIP <b>SON</b>	MAILING ADDRESS <b>4553 S MOZART, CHICAGO, IL, 60632</b>	
METHOD OF DISPOSITION <b>CREMATION</b>	PLACE OF DISPOSITION <b>MONARCH CREMATORIUM</b>	LOCATION - CITY OR TOWN AND STATE <b>FRANKLIN PARK, IL</b>	DATE OF DISPOSITION <b>AUGUST 19, 2023</b>	
FUNERAL HOME <b>OCWIEJA-ROBLES FUNERAL HOME, 4256 S. MOZART, CHICAGO, IL, 60632</b>				
FUNERAL DIRECTOR'S NAME <b>RAYMOND J SIKORSKI</b>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034011164</b>		
LOCAL REGISTRAR'S NAME <b>KAREN A YARBROUGH</b>		DATE FILED WITH LOCAL REGISTRAR <b>AUGUST 16, 2023</b>		
<b>CAUSE OF DEATH</b> PART I. <b>CORONARY ARTERY DISEASE</b>				
IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>		a.	_____	YEARS
		Due to (or as a consequence of):		
		b.	<b>END STAGE RENAL DISEASE</b>	YEARS
		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? <b>NO</b>	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <b>N/A</b>	
FEMALE PREGNANCY STATUS <b>NOT APPLICABLE</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 TRANSPORTATION INJURY, SPECIFY:
ATTEND THE DECEASED? <b>YES</b>	DATE LAST SEEN ALIVE <b>APRIL 04, 2023</b>	WAS MEDICAL EXAMINER OR CORONER CONTACTED? <b>YES</b>	DATE PRONOUNCED	TIME OF DEATH <b>11:58 AM</b>
CERTIFIER <b>PHYSICIAN</b>			DATE CERTIFIED <b>AUGUST 15, 2023</b>	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH <b>DR AMER HUSSEINI MD, 6625 S PULASKI, CHICAGO, ILLINOIS, 60629</b>			PHYSICIAN'S LICENSE NUMBER <b>036066157</b>	

**2797311**



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



**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM