



Doc# 2411411023 Fee \$88.00
ILRHSP FEE:\$18.00 RPRF FEE:\$1.00
CEDRIC GILES
COOK COUNTY CLERK'S OFFICE
DATE: 4/23/2024 2:32 PM
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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.**

PREPARED BY:

Antonio Vargas

2113 Scoville Ave

Berwyn, Illinois 60402

SURVIVING TENANT AFFIDAVIT

I, Antonio Vargas the surviving tenant of the tenancy created by the deed with the document number: 0911040112 do hereby declare under oath that the tenant David Vargas died on March 29th, 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 166 IN BERWYN MANOR, A SUBDIVISION OF THE SOUTH 1271.3 FEET OF THE SOUTHEAST 1/4 OF SECTION 19, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PROPERTY IDENTIFICATION NUMBER (PIN):

1 6 - 1 9 - 4 2 9 - 0 0 5 - 0 0 0 0

COMMONLY KNOWN ADDRESS:

2113 South Scoville Ave. Berwyn, Illinois 60402

NOTARY & AFFIANT SIGNATURE SECTION BELOW

Subscribed & Sworn to me by:

Antonio Vargas

Affiant Signature:

CV

On the Following Date:

4/19/2024

Official Seal
Chirag Gendh
AFFIANT Notary Public State of Illinois SECTION
My Commission Expires 9/14/2025

UNOFFICIAL COPY

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

STATE FILE NUMBER 2023 0026736

DATE ISSUED 4/3/2023

DECEDENT'S LEGAL NAME DAVID VARGAS			SEX MALE	DATE OF DEATH MARCH 29, 2023	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 39 YEARS		DATE OF BIRTH DECEMBER 25, 1983	
CITY OR TOWN BERWYN			HOSPITAL OR OTHER INSTITUTION NAME MAC NEAL MEMORIAL HOSPITAL		
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT					
BIRTHPLACE CHICAGO, IL		SOCIAL SECURITY NUMBER 327-74-8412	STATUS AT TIME OF DEATH NEVER MARRIED/NEVER IN CIVIL UNION	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 2113 SCOVILLE AVENUE			APT. NO.	CITY OR TOWN BERWYN	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60402	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ANTONIO VARGAS		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION EVER GARCIA
INFORMANT'S NAME ANTONIO VARGAS		RELATIONSHIP BROTHER		MAILING ADDRESS 2113 SCOVILLE AVENUE, BERWYN, IL, 60402	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION WOODLAWN CEMETERY		LOCATION - CITY OR TOWN AND STATE FOREST PARK, IL	DATE OF DISPOSITION APRIL 01, 2023
FUNERAL HOME MARTINEZ FUNERAL HOME, 2534 SOUTH PULASKI, CHICAGO, IL, 60623					
FUNERAL DIRECTOR'S NAME MANUEL MARTINEZ			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014574		
LOCAL REGISTRAR'S NAME DAVID J AVILA			DATE FILED WITH LOCAL REGISTRAR MARCH 31, 2023		
CAUSE OF DEATH PART I. HYPOXIA					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		b. SEVERE ACUTE CONGESTIVE HEART FAILURE			
		c.			
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 06:09 AM
CERTIFIER PHYSICIAN				DATE CERTIFIED MARCH 30, 2023	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH AMADO RUEDA, MD, 6035 CERMAK RD, CICERO, ILLINOIS, 60804				PHYSICIAN'S LICENSE NUMBER 036-090566 2551824	

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE EMBOSSED STATE AND COUNTY SEALS AT BOTTOM