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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#: 2413629188 Fee: \$107.00
CEDRIC GILES
COOK COUNTY CLERK'S OFFICE
Date 5/15/2024 2:23 PM Pg: 1 of 3

PREPARED BY and MAIL TO:
James L. Hardemon
8525 S. Stony Island Ave.
Chicago, IL 60617

SURVIVING TENANT AFFIDAVIT

I, Lawana Dismukes the surviving tenant of the tenancy created by the deed with the document number: 0020639606 do hereby declare under oath that the tenant Julius Dismukes died on _____ 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 Exhibit B Attached

PROPERTY IDENTIFICATION NUMBER (PIN):

2 5 - 3 0 - 1 2 7 - 0 2 4 - 0 0 0 0

COMMONLY KNOWN ADDRESS:

2322 W. 122nd Street, Blue Island, Cook County, Illinois 60406

NOTARY & AFFIANT SIGNATURE SECTION BELOW

Subscribed & Sworn to me by:

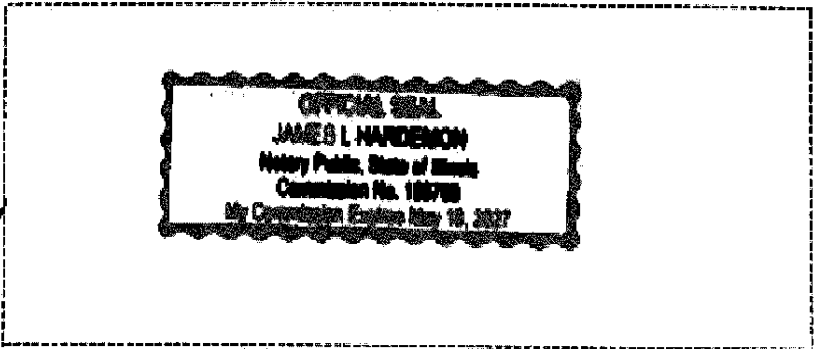
Lawana Dismukes

Affiant Signature:

James L. Hardemon NOTARY

On the Following Date:

April 11, 2024



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EXHIBIT B

SITUATED IN THE COUNTY OF COOK AND IN THE STATE OF ILLINOIS, TO-WIT: LOT 32 AND THE WEST 15 FEET OF LOT 33 IN BLOCK 7 IN LINDEN HEIGHTS A SUBDIVISION OF ALL THAT PART OF ORIGINAL BLOCK 6 OF SOUTH WASHINGTON HEIGHTS SUBDIVISION LYING WEST OF VINCENNES AVENUE A SUBDIVISION OF THE NORTH WEST QUARTER OF SECTION 30, TOWNSHIP 37 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL NUMBER: 25-30-127-024-0000

PROPERTY ADDRESS: 2322 W. 122ND STREET, BLUE ISLAND, COOK COUNTY, ILLINOIS 60406

Property of Cook County Clerk's Office

UNOFFICIAL COPY**COOK COUNTY CLERK VITAL RECORDS**

EXHIBIT

CHICAGO, ILLINOIS

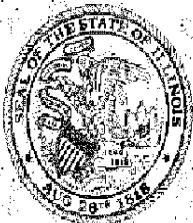
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2014.0027239

DATE ISSUED 10/5/2023

DECEDENT'S LEGAL NAME JULIUS DISMUKES		SEX MALE	DATE OF DEATH APRIL 04, 2014	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 55 YEARS	DATE OF BIRTH FEBRUARY 23, 1959	
CITY OR TOWN OAK LAWN		HOSPITAL OR OTHER INSTITUTION NAME ADVOCATE CHRIST MEDICAL CENTER		
PLACE OF DEATH INPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME LAWANA GROSS	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 2322 W 122ND ST	APT. NO.	CITY OR TOWN BLUE ISLAND		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60406	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ALBERT DISMUKES	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION BEATRICE JONES
INFORMANT'S NAME LAWANA DISMUKES		RELATIONSHIP WIFE	MAILING ADDRESS 2322 W 122ND ST, BLUE ISLAND, IL, 60406	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION THE LAKES CREMATORY	LOCATION - CITY OR TOWN AND STATE LAKE VILLA, IL	DATE OF DISPOSITION APRIL 18, 2014
FUNERAL HOME LEAK AND SONS, 7838 SOUTH COTTAGE GROVE, CHICAGO, IL, 60619				
FUNERAL DIRECTOR'S NAME SPENCER LEAK SR			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031007489	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR APRIL 9, 2014	
CAUSE OF DEATH PART I. PNEUMONIA				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	Due to (or as a consequence of):	
		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? 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? YES	DATE LAST SEEN ALIVE APRIL 03, 2014	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 04:31 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED APRIL 04, 2014	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH CHETHANA VENCE MD, ILLINOIS			PHYSICIAN'S LICENSE NUMBER 036105319	

2821743



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

