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CEDRIC GILES
COOK COUNTY CLERK'S OFFICE
Date 5/31/2024 12:23 PM Pg: 1 of 2

DECEASED AFFIDAVIT

State of Illinois)
) SS.
Cook County)

SAMMIE L. ROBINSON herein after call Affiant(s) being duly sworn states that he resides at: 1216 Concord Drive, Elgin, IL 60120. That Affiant(s) was married to DONNA A. ROBINSON, herein after referred to as Deceased, and at the time of Decedent's death, was one of the owners of the land in Cook County, Illinois, described as:

LOT 288 IN SUMMERHILL UNIT 4, A SUBDIVISION OF PART OF SECTION 19, TOWNSHIP 41 NORTH, RANGE 9 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN THE CITY OF ELGIN, COOK COUNTY, ILLINOIS ACCORDING TO THE PLAT THEREOF RECORDED MAY 27, 1987 AS DOCUMENT NUMBER 87-284677 IN COOK COUNTY, ILLINOIS.

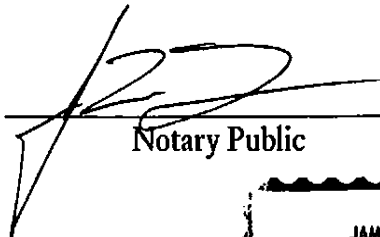
P.I.N. 06-19-200-025-0000 AND COMMONLY KNOWN AS:
1216 CONCORD DRIVE
ELGIN, IL 60120

That the Deceased died on January 12, 2023, as evidenced by a copy of the Deceased's death certificate attached hereto.

That the Deceased, at the time of her death, held her share of the above-mentioned property as a Joint Tenancy.

Affiant makes this affidavit for the purpose of any individual or corporation who may be harmed by the Affiant's lack of veracity.

Subscribed and sworn before me
this 31st day of May 2024.



Notary Public



Affiant's Signature



This document prepared by:
James W. McEnerney III, McEnerney Law P.C.
1040 S. Arlington Heights Rd, Ste 106, Arlington Heights, IL 60005
224-310-9228

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

STATE FILE NUMBER 2023 0003654

MEDICAL EXAMINER'S CASE NUMBER ME-2023-00295

DATE ISSUED 1/19/2023

DECEDENT'S LEGAL NAME DONNA ANN ROBINSON		SEX FEMALE	DATE OF DEATH JANUARY 12, 2023	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 75-YEARS	DATE OF BIRTH JULY 02, 1947		
CITY OR TOWN ELGIN		HOSPITAL OR OTHER INSTITUTION NAME 1216 CONCORD DRIVE		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 8258	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE-CIVIL UNION PARTNER'S maiden NAME SAMMIE LEE ROBINSON	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 1216 CONCORD DRIVE	APT. NO.	CITY OR TOWN ELGIN	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60120	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION BELTRAM COPLON	MOTHER CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ADELINE SILVERMAN
INFORMANT'S NAME SAMMIE LEE ROBINSON		RELATIONSHIP HUSBAND	MAILING ADDRESS 1216 CONCORD DRIVE, ELGIN, IL, 60120	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION MEMORIAL PARK CEMETERY	LOCATION - CITY OR TOWN AND STATE SKOKIE, IL	DATE OF DISPOSITION JANUARY 18, 2023	
FUNERAL HOME DONNELLAN FAMILY FUNERAL SERVICES, 10445 SKOKIE BOULEVARD, SKOKIE, IL, 60077				
FUNERAL DIRECTOR'S NAME ANTHONY ROCCO CATALANO			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015008	
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH			DATE FILED WITH LOCAL REGISTRAR JANUARY 18, 2023	
CAUSE OF DEATH PART I: ORGANIC CARDIOVASCULAR DISEASE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	Due to (or as a consequence of)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	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	
FEMALE PREGNANCY STATUS NOT APPLICABLE			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DATE OF INJURY			TIME OF INJURY	PLACE OF INJURY
LOCATION OF INJURY			INJURY AT WORK?	
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED JANUARY 12, 2023	TIME OF DEATH 06:17 PM
CERTIFIER MEDICAL EXAMINER/CORONER			DATE CERTIFIED JANUARY 17, 2023	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PONNI ARUNKUMAR MD, 2121 W HARRISON ST, CHICAGO, IL, 60612			PHYSICIAN'S LICENSE NUMBER 2444005	

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