

DECEASED JOINT TENANCY
AFFIDAVIT

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7368/0041 08 001 Page 1 of 4
2001-12-05 10:09:27
Cook County Recorder 27.50

STATE OF ILLINOIS)
)
COUNTY OF COOK)



GENEVIEVE OPPENHUIS being duly sworn states that she resides at 17952 Roy St. in the City of Lansing.
That she was acquainted with EDWARD OPPENHUIS deceased, who at the time of his death, was one of the
owners of the land described as follows:

FOR LEGAL DESCRIPTION, PROPERTY ADDRESS AND REAL ESTATE TAX
NUMBER, SEE RIDER ATTACHED TO AND MADE A PART HEREOF

That the deceased died 9/19/94, as evidenced by a certified copy of death certificate of the deceased attached
hereto.

That the deceased died:

- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproved Will
should be filed with the Clerk of the Probate Division of the Circuit Court of Cook County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the
Circuit Court of Cook County, Illinois about 11/1/01

That the total value of the estate of the deceased, including both real and personal property owned by the deceased
either individually or in joint tenancy at the time of death of the deceased, does not exceed the sum of \$ 675,000.

Affiant makes this affidavit for the purpose of inducing any title insurance company to issue its title insurance
policy for the above mentioned property, deleting the name of decedent as having an interest therein.

See No Estate Tax Due Affidavit attached hereto and incorporated herein by reference.

Dated: 11/18/01

Subscribed and sworn to before
me this date

Genevieve Oppenhuis
GENEVIEVE OPPENHUIS, Affiant

Jill Strzelecki
Notary Public
Commission Expires 9/13/02



*5/18/02
P 4
mjs
CW*

RIDER TO DECEASED JOINT TENANT

AFFIDAVIT DATED 11/18/01

LEGAL DESCRIPTION:

Lot Eleven (ex. S. 30 ft. thrf)----- (11)
Lot Twelve----- (12)

In Block Six (6) in Lansing Terrace, being a Subdivision of that part of the East Half (1/2) of the West Half (1/2) of the Northwest Quarter (1/4) of Section 32, lying North of a straight line running from a point in the East line which is 1581.05 feet South of the Northeast corner thereof, to a point in the West line which is 1583.55 feet South of the Northwest corner thereof, also of Block One (1) Lansing Gardens, a Subdivision of the East Half (1/2) of the East Half (1/2) of the Northeast Quarter (1/4) of Section 31 and the East 30.0 feet of the West Half (1/2) of the East Half (1/2) of said Northeast Quarter (1/4) South of the Right of Way of the Pittsburg, Cincinnati, Chicago and Saint Louis Railroad (except two and one quarter acres lying in the Southeast corner thereof, also all of the West Half (1/2) of the West Half (1/2) of the Northwest Quarter (1/4) of Section 32, (except the Right of way of said Railroad) all in Town 36 North, Range 15, East of the Third Principal Meridian, Cook County, Illinois

P.I.N.: 30-32-108-033-0000

Address of Property: 17952 Roy St.
Lansing, IL 60438

THIS INSTRUMENT WAS PREPARED BY:

William W. Winterhoff, Attorney at Law
3344 Ridge Road
Lansing, IL 60438-3199

MAIL TO:

WINTERHOFF & ASSOCIATES
3344 Ridge Road
Lansing, IL 604348

AFFIDAVIT OF NO ESTATE AND INHERITANCE TAX DUE

The Affiant, regarding the possible liability for U.S. Estate Tax and State Inheritance Tax for the Estate of decedent herein, being first duly sworn upon oath, deposes and states as follows:

(1) I am GENEVIEVE OPPENHUIS, Surviving Spouse and Joint Tenant
(Name and Capacity)

and reside at 17952 Roy St., Lansing, IL 60438

(2) I am personally acquainted with the affairs of the Estate of EDWARD OPPENHUIS
who died on 9/19/94.

(3) I represent to any title insurance company, stock transfer agent, bank or other person that regarding Federal Estate Tax or State Inheritance Tax;

(elect one - initial choice)

- 1) that no Tax is due; or
- 2) that if any Tax is due, there are sufficient other assets to pay such Tax; or
- 3) that any Tax due has been paid.

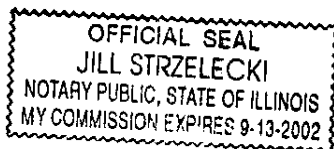
and I make this Affidavit for the purposes of inducing any title insurance company, stock transfer agent, bank or other person to issue its Title Insurance Policy, Stock Certificate, or transfer Bank Accounts, or other assets without additional evidence of non-liability, relying on this statement as true, and in consideration thereof Affiant guarantees the truth of the statements herein contained.

Dated: 11/18/01

x Genevieve Oppenhuis
Affiant GENEVIEVE OPPENHUIS

Subscribed and sworn to before me the above date.

Jill Strzelecki
Notary Public



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*ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

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INDIANA STATE DEPARTMENT OF HEALTH

Local No. 22-30-94

CERTIFICATE OF DEATH

State No. _____

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

| | | | | |
|--|--|--|--|--|
| 1. DECEASED—NAME (First, Middle, Last) EDWARD P. OPPEHHUIS | | 2. SEX MALE | 3a. TIME OF DEATH 2:20 P.M. | 3b. DATE OF DEATH (Month, Day, Yr.) SEPTEMBER 19, 1994 |
| 4. *SOCIAL SECURITY NUMBER 306-10-9865 | 5a. AGE—Last Birthday (Years) 77 | 5b. UNDER 1 YEAR Months: _____ Days: _____ | 5c. UNDER 1 DAY Hours: _____ Minutes: _____ | 6. DATE OF BIRTH (Mo, Day, Yr.) August 21, 1917 |
| 7. BIRTHPLACE (City and State or Foreign Country) Lansing, IL | 8a. WAS DECEDENT A U.S. VETERAN? Yes | | | |
| 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1946 | | 9a. PLACE OF DEATH (Check only one. See instructions) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence | | |
| 9b. FACILITY NAME (If not institution, give street and number) THE COMMUNITY HOSPITAL | | 9c. CITY, TOWN OR LOCATION OF DEATH MUNSTER | 9d. COUNTY OF DEATH LAKE | |
| 10. MARITAL STATUS (Specify) Married | 11. SURVIVING SPOUSE (If wife, give maiden name) Genevieve Brown | 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Checker | | 12b. KIND OF BUSINESS/INDUSTRY Steel Foundry |
| 13a. RESIDENCE—STATE Illinois | 13b. COUNTY Cook | 13c. CITY, TOWN OR LOCATION Lansing | | 13d. STREET AND NUMBER 17952 Roy St. |
| 13e. ZIP CODE 60438 | 13f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | 14. CITIZEN OF WHAT COUNTRY? USA | 15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | 16. RACE—American Indian, Black, White, etc. (Specify) White |
| 17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 10 College (1-4 or 5+) | | 18. FATHER'S NAME (First, Middle, Last) Edward Oppenhuis | | |
| 19. MOTHER'S NAME (First, Middle, Maiden Surname) Nellie VerKaik | | 20a. INFORMANT'S NAME (Type/Print) Genevieve Oppenhuis | | |
| 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 17952 Roy St. Lansing, IL 60438 | | 20c. Relationship Wife | | |
| 21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____ | | 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) September 22, 1994 Holy Cross Cemetery | | 21c. LOCATION—City or Town, State Calumet city, IL |
| 22a. EMBALMER'S NAME William Byma | | 22b. EMBALMER'S LICENSE NO. IL 034-012218 | 23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 24a. SIGNATURE OF FUNERAL DIRECTOR <i>Paul A. Dwyer</i> | | 24b. LICENSE NUMBER (of Lic. issue) FDO 1018769 | 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME C.J. Huber FDH 30028751 722 165th Hammond, IN for Schroeder-lauer 8227 Ridge Rd. Lansing, IL 60438 | |
| 26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. THIS CERTIFIES THE ABOVE Cardiac Shock COMPLETE COPY OF THE CERTIFICATE TO BE FILED TO (OR AS A CONSEQUENCE OF) DEATH ON FILE WITH THE HEALTH DEPT HEALTH DEPT SEP 20 1994 Coronary Artery disease due to (OR AS A CONSEQUENCE OF) | | | | Approximate Interval Between Onset and Death |
| PART II. Other significant conditions or conditions contributing to death but not previously stated in Part I. Acute Myocardial Infarction, Diabetes Mellitus, Hypertension LAKE COUNTY HEALTH COMMISSIONER | | | | 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <input checked="" type="checkbox"/> No |
| 28a. WAS AN AUTOPSY PERFORMED? (Yes or no) NO | | 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO | | |
| 29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. | | | | |
| 29b. SIGNATURE AND TITLE OF CERTIFIER <i>Shashidhar Divakaruni MD</i> | | 29c. MEDICAL LICENSE NO. 40667 | 29d. DATE SIGNED (Month, Day, Year) SEPTEMBER 20, 1994 | |
| 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DR. SHASHIDHAR DIVAKARUNI, M. D. 17905 CALUMET AVENUE MUNSTER, INDIANA 46321 | | | | |
| 31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams MD</i> | | | | 32. DATE FILED (Month, Day, Year) September 20, 1994 |
| 33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide | | 34a. DATE OF INJURY (Month, Day, Year) | 34b. TIME OF INJURY | 34c. INJURY AT WORK? (Yes or no) |
| 34d. DESCRIBE HOW INJURY OCCURRED | | 34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) | | 34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) |
| 34g. DATE PRONOUNCED DEAD (Month, Day, Year) | | 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. | | |

OCT 6 1994

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