

UNOFFICIAL COPY

DECEASED JOINT TENANT  
AFFIDAVIT

STATE OF ILLINOIS )  
 )SS.  
COUNTY OF COOK )



Doc#: 0632118002 Fee: \$32.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 11/17/2008 09:55 AM Pg: 1 of 5

DECEASED JOINT TENANT AFFIDAVIT

1. Phyllis P. Rudin, spouse of Decedent William S. Rudin, being first duly sworn under oath, deposes and states that (s)he resides at 13204 S. Ave. "M", Chicago, IL 60633, that (s)he was acquainted with William S. Rudin, deceased, who, at the time of his/her death, was one of the owners of the land located at 13204 S. Ave. "M", Chicago, Cook County, Illinois and legally described as:

LOT 13 AND THE NORTH 1/2 OF VACATED ALLEY ADJOINING LOT 13 IN EDWARDS WOLF LAKE SUBDIVISION OF PARTS OF THE NORTH WEST QUARTER OF THE NORTH WEST QUARTER AND PART OF THE NORTH HALF OF THE SOUTH WEST QUARTER OF THE NORTH WEST QUARTER OF SECTION 32, TOWNSHIP 37 NORTH, RANGE 15 EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

Address of Property: 13204 S. Ave "M", Chicago, IL 60633

Permanent Index Number: 26-32-108-060-0000

2. That the decedent, William S. Rudin died, November 30, 2001, as evidenced by the certified copy of the death certificate which is attached hereto;

That the decedent died:

Leaving no Last Will & Testament;

Leaving a Last Will & Testament, a copy of which is attached hereto. The original of the unproven will/should be filed with the Clerk of the Probate Division of the Circuit Clerk of Cook County, Illinois;

**X UNOFFICIAL COPY** Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Circuit Court of Cook County, Illinois on 12/18/2001.

3. That the total value of the estate of the decedent, including both real and personal property owned by the decedent either individually or in joint tenancy at the time of decedent's death does not exceed the sum of \$600,000.00.

This affidavit is made for the purpose of reflecting the current ownership of the above-referenced property.

*Phyllis P. Rudin*  
Phyllis P. Rudin

SUBSCRIBED and SWORN to before me this 14<sup>th</sup> day of November, 2006.



*Richard A. Lukacek*  
Notary Public

This instrument was prepared by:

Richard A. Lukacek  
Attorney at Law  
P.O. Box 170251,  
Chicago, IL 60617  
773/374-5856  
Atty. No.: 16233  
ARDC No.: 6192234

\* ATTENTION ESTATE: The Social Security is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

# INDIANA STATE DEPARTMENT OF HEALTH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Local No. 908

## CERTIFICATE OF DEATH

Date Issued Dec 7 2001

Franklin P. Sremuda  
Hammond Health Commissioner

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) <b>William S Rudin</b>		2 SEX <b>male</b>	3a TIME OF DEATH <b>4:05pm</b>	3b DATE OF DEATH (Month, Day, Year) <b>November 30 2001</b>	
4 *SOCIAL SECURITY NUMBER <b>57626 5480</b>	5a AGE—Last Birthday (Years) <b>75</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) <b>December 12 1925</b>	
7 BIRTHPLACE (City and State or Foreign Country) <b>Brockton Mass.</b>	8a WAS DECEDENT A U.S. VETERAN? <b>Yes</b>	8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1953</b>	9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA 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) <b>St Margaret Mercy</b>		9c CITY, TOWN, OR LOCATION OF DEATH <b>Hammond</b>	9d COUNTY OF DEATH <b>Lake</b>		
10 MARITAL STATUS (Specify) <b>married</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>Phyllis Puzon</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>engineer</b>	12b KIND OF BUSINESS/INDUSTRY <b>Industrial</b>		
13a RESIDENCE—STATE <b>Illinois</b>	13b COUNTY <b>COOK</b>	13c CITY, TOWN, OR LOCATION <b>Chicago</b>	13d STREET AND NUMBER <b>13204 s Ave M</b>		
13a ZIP CODE <b>60633</b>	13b INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>U S A</b>	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc (Specify) <b>white</b>	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>5+2</b>		18 FATHER'S NAME (First, Middle, Last) <b>Joseph Rudin</b>			
19 MOTHER'S NAME (First, Middle, Maiden Surname) <b>Katherine N/A</b>		20a INFORMANT'S NAME (Type/Print) <b>Phyllis Rudin</b>			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) <b>13204 S Ave M Chicago Illinois 60633</b>		20c Relationship <b>wife</b>			
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <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) <b>December 3 2001 Abraham Lincoln National</b>		21c LOCATION—City or Town, State <b>Elwood Illinois</b>	
22a EMBALMER'S NAME <b>George J Sadowski</b>		22b EMBALMER'S LICENSE NO <b>1L4031-007047</b>	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR 		24b LICENSE NUMBER (of Licensee) <b>01019406</b>	24c NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Lanayne Funeral Home 19400005 6955 Southeastern Hammond In for Sadowski Funeral Home, Chi</b>		
26 PART I: Enter the diseases, injuries, or complications that caused the death. Do not enter non-specific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <b>acute myocardial infarction</b> DUE TO (OR AS A CONSEQUENCE OF) b. <b>arteriosclerotic heart disease</b> DUE TO (OR AS A CONSEQUENCE OF) c. _____ DUE TO (OR AS A CONSEQUENCE OF) d. _____ Conditions, if any which gave rise to the immediate cause, stating the underlying cause last.					
PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I <b>leaking abdominal aortic aneurysm acute renal failure</b>					
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>		28a Y AS AN AUTOPSY PERFORMED? (Yes or no) <b>no</b>	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>NO</b>		
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 		29c MEDICAL LICENSE NO <b>02000568</b>	29d DATE SIGNED (Month, Day, Year) <b>12-03-01</b> (December)		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>DR. E. GEISLER 7134 CALUMET AVE., HAMMOND, INDIANA 46324</b>					
31 HEALTH OFFICER'S SIGNATURE 			32 DATE FILED (Month, Day, Year) <b>December 4, 2001</b>		
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
34a PLACE OF INJURY—At home, farm, street, factory, office building, etc (Specify)		34b 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			

**UNOFFICIAL COPY**LAST WILL AND TESTAMENT

OF

WILLIAM S. RUDIN

I, WILLIAM S. RUDIN, of Chicago, Illinois, being of sound and disposing mind and memory, do hereby make, publish and declare this to be my Last Will and Testament, hereby revoking any and all former Wills and Codicils by me made.

FIRST: I direct my Executor to pay my funeral costs, the expenses of last illness, inheritance or estate taxes, and costs of administration, out of the proceeds of my estate without reimbursement from any person, as soon after my death as possible.

SECOND: I give, devise and bequeath all the rest, residue and remainder of my estate, real, personal and mixed, of every kind and nature and wheresoever situated, to my wife, PHYLLIS P. RUDIN.

THIRD: In the event that my wife, PHYLLIS P. RUDIN, predeceases me, then I give all of my estate mentioned in Paragraph SECOND to my descendants per stirpes.

FOURTH: I nominate my wife, PHYLLIS P. RUDIN, Executor of this my Last Will and Testament. In the event of her refusal or inability to act, I nominate my daughter, CAROL RUDIN, as successor Executor and request that no surety be required on their bond as such Executor or successor Executor.

FIFTH: I give my Executor or successor Executor full power and authority as such Executor or successor Executor, to

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settle or compound claims, either in favor of or against my estate, to sell at public or private sale any property and to give any covenant of warranty, to mortgage or pledge any property, to manage and lease any property for any period of time, to invest any cash, to continue the operation of any business, and to make any arrangements regarding its transfer or change in form, and to make distribution in cash or in kind or both and to determine the value of any asset, without Court order; and I do hereby empower them to exercise the same full and complete control over all of my estate as I myself could exercise if living.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 19 day of April, A.D., 1980.

William S. Rudin (SEAL)

The foregoing instrument, consisting of three (3) type-written pages, the following page included, was on the day of the date hereof signed, sealed, published and declared by the said WILLIAM S. RUDIN, to be his Last Will and Testament, in the presence of us, who at his request, in his presence and in the presence of each other, have hereunto set our names as witnesses the day and year last above written, and we do hereby certify that at the time of the execution of said Will the Testator was of sound and disposing mind, memory and understanding.

Reynold A. Cypel  
RESIDING AT 13210 Avenue M

Chicago, Ill 60633

Harold R. Cypel  
RESIDING AT 13210 Avenue M

Chicago, Ill

RESIDING AT \_\_\_\_\_