

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)



Doc#: 1320049022 Fee: \$40.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 07/19/2013 11:24 AM Pg: 1 of 2

Lucian L. Bender being duly sworn states that he resides at 1931 Fairhaven Ct.
in the Village of Schaumburg, County of Cook, State of Illinois.

That he was acquainted with Christine Bender, deceased, who at the time of her death was one of the
owners of the land situated in Cook County, Illinois, legally described as follows:

LOT 51 IN BLOCK 71 IN HANOVER HIGHLANDS, UNIT NO. 11, A SUBDIVISION IN THE NORTH 1/2
OF SECTION 30, TOWNSHIP 41 NORTH, RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN
ACCORDING TO THE PLAT RECORDED MAY 19, 1970 AS DOC. 21162019 IN COOK COUNTY,
ILLINOIS.

Permanent Index Number (PIN): 07-30-113-051-0000

Address(es) of Real Estate: 8023 Kingsbury Dr., Hanover Park, IL 60103

That the deceased died on _____, as evidenced by a certified copy of death certificate of
the deceased attached hereto.

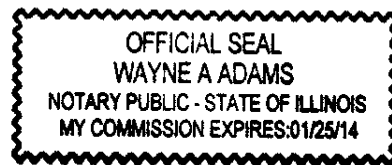
_____ Leaving no Last Will & Testament.

X Leaving a Last Will & Testament a copy of which is not attached hereto.
The original of the unproven 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 _____
County, Illinois about _____.

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 her death, does not exceed the sum of \$100,000.00 dollars.

x Lucian L. Bender
Affiant's Signature



Subscribed and sworn to before me by the said
Lucian L. Bender

this 10th day of May 2012

NOTARY PUBLIC

This instrument was prepared by: Wayne A. Adams, Esq., 570 Northwest Highway, Suite 4, Des Plaines, IL 60016

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

DATE ISSUED 02/28/2012

STATE FILE NUMBER 2012 0014904

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---------------------------------|--|----------------------------------|--|-----------------------------------|---|--|--|---------------------------------|--|--|--|--|--|---|---------------------------------|--|--|--|--|--|---|---------------------------------|--|--|--|--|--|---|---------------------------------|--|--|--|--|--|
| DECEDENT'S LEGAL NAME CHRISTINE T BENDER | | | | SEX FEMALE | | DATE OF DEATH FEBRUARY 25, 2012 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY OF DEATH COOK | | | AGE AT LAST BIRTHDAY 77 YEARS | | DATE OF BIRTH JANUARY 21, 1935 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY OR TOWN SCHAUMBURG | | | | HOSPITAL OR OTHER INSTITUTION NAME 1931 FAIRHAVEN COURT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PLACE OF DEATH DECEDENT'S HOME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BIRTHPLACE POLAND | | SOCIAL SECURITY NUMBER 339-28-5872 | | STATUS AT TIME OF DEATH MARRIED | | SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME LUCIAN BENDER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RESIDENCE 1931 FAIRHAVEN COURT | | APT. NO. | | CITY OR TOWN SCHAUMBURG | | EVER IN U.S. ARMED FORCES? NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY COOK | | STATE IL | | ZIP CODE 60194 | | MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JULIA KOZOIL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INFORMANT'S NAME LUCIAN BENDER | | | | RELATIONSHIP HUSBAND | | MAILING ADDRESS 1931 FAIRHAVEN COURT, SCHAUMBURG, IL 60194 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| METHOD OF DISPOSITION CREMATION | | PLACE OF DISPOSITION TWIN PINES CREMATORY | | LOCATION - CITY OR TOWN AND STATE EAST DUNDEE, IL | | DATE OF DISPOSITION MARCH 01, 2012 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FUNERAL HOME AHLGRIM & SONS FUNERAL AND CREMATION SERVICES LTD, 330 WEST GOLF ROAD, SCHAUMBURG, IL, 60195 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FUNERAL DIRECTOR'S NAME DARREN P MALONE | | | | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015387 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LOCAL REGISTRAR'S NAME DAVID ORR | | | | DATE FILED WITH LOCAL REGISTRAR FEBRUARY 28, 2012 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td rowspan="4">CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death)</td> <td colspan="6">PART I. METASTATIC COLON CANCER</td> </tr> <tr> <td>a</td> <td colspan="6">Due to (or as a consequence of)</td> </tr> <tr> <td>b</td> <td colspan="6">Due to (or as a consequence of)</td> </tr> <tr> <td>c</td> <td colspan="6">Due to (or as a consequence of)</td> </tr> </table> | | | | | | | | CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) | PART I. METASTATIC COLON CANCER | | | | | | a | Due to (or as a consequence of) | | | | | | b | Due to (or as a consequence of) | | | | | | c | Due to (or as a consequence of) | | | | | |
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| | b | Due to (or as a consequence of) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | c | Due to (or as a consequence of) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PART II: Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I. | | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 1/2 YEARS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEMALE PREGNANCY STATUS NOT APPLICABLE | | | | | | WAS AN AUTOPSY PERFORMED? NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE OF INJURY | | | | | | WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TIME OF INJURY | | | | | | MANNER OF DEATH NATURAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PLACE OF INJURY | | | | | | INJURY AT WORK? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LOCATION OF INJURY | | | | | | IF TRANSPORTATION INJURY, SPECIFY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DESCRIBE HOW INJURY OCCURRED: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ATTEND THE DECEASED? YES | | DATE LAST SEEN ALIVE FEBRUARY 17, 2012 | | WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO | | DATE PRONOUNCED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CERTIFIER PHYSICIAN | | | | | | TIME OF DEATH 07:16 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH JACQUELINE T MCKEIGUE, DO, 1555 BARRINGTON ROAD, SUITE 3450, HOFFMAN ESTATES, ILLINOIS, 60169 | | | | | | PHYSICIAN'S LICENSE NUMBER 036-070609 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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.

David Orr
David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

NOTE: FACILE SECURITY HOLOGRAPHIC FOILS AT BOTTOM

THE WORD VOID APPEARS WHEN PHOTOGRAPHED