



Doc#: 1419218062 Fee: \$64.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 07/11/2014 11:41 AM Pg: 1 of 3

State of Illinois)
) ss.
County of DuPage)

DECEASED JOINT TENANT AFFIDAVIT

MARC CHUDY, being duly sworn states that he resides at 38W871 McNair Drive, in the City of Geneva, State of Illinois.

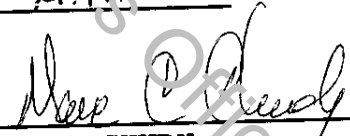
That he was acquainted with CINDY L. CHUDY, deceased, who, at the time of her death, was one of the owners of the land in Cook County, Illinois, described as:

SEE ATTACHED LEGAL DESCRIPTION.

That the deceased died November 13, 2012, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

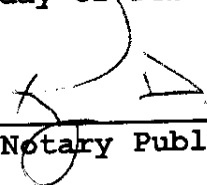
That the deceased died leaving no Last Will & Testament.

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 the death of the deceased, does not exceed the sum of 3.5 million dollars.



MARC C. CHUDY

Subscribed and sworn to
before me this 20th
day of February, 2013



Notary Public
OFFICIAL SEAL"
Roy D Winn
Notary Public, State of Illinois
My Commission Expires 6/8/2013

UNOFFICIAL COPY**LEGAL DESCRIPTION**

PARCEL 1: UNIT 910 IN THE STERLING PRIVATE RESIDENCES, A CONDOMINIUM, AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE: CERTAIN LOTS IN THE STERLING RESIDENCES SUBDIVISION, BEING A SUBDIVISION OF PART OF LOTS 5, 6, AND 7 IN BLOCK 3 IN THE ORIGINAL TOWN OF CHICAGO AND IN THE SOUTHEAST 1/4 OF SECTION 9, TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, WHICH SURVEY IS ATTACHED AS APPENDIX "B" TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT NUMBER 0020107550, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, ALL IN COOK COUNTY, ILLINOIS.

PARCEL 2: EASEMENTS FOR STRUCTURAL SUPPORT, ENCLOSURE, INGRESS AND EGRESS, UTILITY SERVICES AND OTHER FACILITIES FOR THE BENEFIT OF PARCEL 1 AS CREATED BY DECLARATION OF COVENANTS, CONDITIONS, RESTRICTIONS AND EASEMENTS RECORDED DECEMBER 12, 2001 AS DOCUMENT NUMBER 0011174517.

Commonly known as: 345 N. LASALLE BLVD., UNIT 910, CHICAGO,
ILLINOIS 60610

Permanent Index Number: 17-09-406-004, ~~AND 17-09-406-005~~

UNOFFICIAL COPY

STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD IN LIGHT TO VERIFY FLORIDA WATERMARK.

OFFICE of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2012283142

DATE ISSUED: November 16, 2012

DECEDENT INFORMATION

STATE FILE DATE: November 15, 2012

NAME: CINDY LOU CHUDY

DATE OF DEATH: November 13, 2012

SEX: FEMALE SSN: 327-46-7455

AGE: 060 YEARS

DATE OF BIRTH: June 2, 1952

BIRTHPLACE: ST. CHARLES, MISSOURI

PLACE OF DEATH: DECEDENT'S HOME

FACILITY NAME OR STREET ADDRESS: 85 VIVANTE BOULEVARD, UNIT 8522

LOCATION OF DEATH: PUNTA GORDA, CHARLOTTE COUNTY

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: MARRIED

SPOUSE: MARC CHUDY

RESIDENCE: 85 VIVANTE BOULEVARD, UNIT 8522, PUNTA GORDA, FLORIDA 33950

COUNTY: CHARLOTTE

OCCUPATION, INDUSTRY: MEDICAL ASSISTANT, HEALTHCARE

RACE: [X] White [] Black or African American [] Asian Indian [] Chinese [] Filipino [] Native Hawaiian [] Japanese [] Korean [] American Indian or Alaskan Native/Tribe [] Vietnamese [] Other Asian [] Other [] Unknown [] Queenan or Chamorro [] Samoan [] Other Pacific Isl.

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

EDUCATION: SOME COLLEGE, BUT NO DEGREE

EVER IN U.S. ARMED FORCES? NO

PARENTS AND INFORMANT INFORMATION

FATHER: JOHN WILKERSON

MOTHER: NAOMI STEWART

INFORMANT: MARC CHUDY

RELATIONSHIP TO DECEDENT: HUSBAND

INFORMANT'S ADDRESS: 85 VIVANTE BOULEVARD, UNIT 8522, PUNTA GORDA, FLORIDA 33950

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: BRASO'S SERVICES, INC. SARASOTA, FLORIDA

METHOD OF DISPOSITION: CREMATION

FUNERAL DIRECTOR/LICENSE NUMBER: ERIC JOHNSON, P061185

FUNERAL FACILITY: LARRY TAYLOR FUNERAL AND CREMATION SERVICE P041531 1815 TAMMAM TRAIL, PUNTA GORDA, FLORIDA 33950

CERTIFIER INFORMATION

TYPE OF CERTIFIER: MEDICAL EXAMINER

MEDICAL EXAMINER CASE NUMBER: 122201635

TIME OF DEATH (24 hr): 0200

CERTIFIER'S NAME: RIAZUL H IYANI

CERTIFIER'S LICENSE NUMBER: ME23662

NAME OF ATTENDING PHYSICIAN (if other than Certifier): NOT APPLICABLE

CAUSE OF DEATH AND INJURY INFORMATION

PROBABLE MANNER OF DEATH: NATURAL

CAUSE OF DEATH - PART I - and Approximate Interval: Onset to Death:

- a ACUTE CARDIAC EPISODE
b ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE
c
d

PART II - Other significant conditions contributing to death but not resulting in the underlying cause given in PART I:

AUTOPSY PERFORMED? NO

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? YES

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN

REASON FOR SURGERY:

IF FEMALE, WAS SHE PREGNANT WITHIN THE PAST YEAR? NO

NOT PREGNANT WITHIN PAST YEAR

DATE OF INJURY: NOT APPLICABLE

TIME OF INJURY (24 hr):

INJURY AT WORK?

LOCATION OF INJURY:

DESCRIBE HOW INJURY OCCURRED:

PLACE OF INJURY:

IF TRANSPORTATION INJURY, Status of Decedent:

Type of Vehicle:

[Signature]

State Registrar

REG: 2013288128

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE. THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC PL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THIS DOCUMENT WILL NOT PRODUCE A COLOR COPY.

WARNING:

OH FORM 1047 (11/11)



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CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED