

# UNOFFICIAL COPY



1528957096

**AFFIDAVIT RE:  
DECEASED JOINT TENANT**

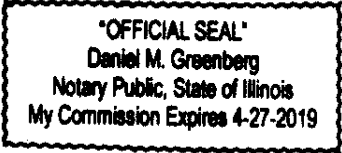
**Doc#: 1528957096 Fee: \$42.00**  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 10/16/2015 11:09 AM Pg: 1 of 3

STATE OF ILLINOIS     )  
  ) SS  
COUNTY OF COOK     )

Barbara Raines Lustig, being duly sworn  
and for the purpose of inducing any licensed  
Illinois title company to issue the subject policy covering the hereinafter described land, state:

1. That I reside at 403 W. 12<sup>th</sup> Street, Chicago Heights, Illinois 60411.
2. That I was acquainted with Herbert J. Lustig, Jr., who died on May 1, 2015, as evidenced by the attached certified copy of death certificate;
3. That said decedent was one of the owners of the land described:
  - in order number \_\_\_\_\_;
  - in the attached legal description.

Permanent Real Estate Index Number(s): 32-19-204-004-0000  
Address of Real Estate: 403 W. 12<sup>TH</sup> Street, Chicago Heights, Illinois 60411
4. That said decedent died:
  - leaving no last will and testament;
  - leaving a last will and testament, a copy of which is attached
5. That the total value of the estate of said decedent for Federal estate tax purposes does not exceed FOUR MILLION AND NO/100 DOLLARS (\$4,000,000.00).



*Barbara Raines Lustig*  
BARBARA RAINES LUSTIG

Subscribed and Sworn to before me this 15<sup>th</sup> day of October 2015.

Commission expires April 27, 2019

*[Signature]*  
NOTARY PUBLIC

This instrument prepared by Law Offices Daniel M. Greenberg, Chartered, 18141 Dixie Hwy, Suite 111, Homewood, IL 60430

MAIL TO: Daniel M. Greenberg, Chartered  
18141 Dixie Highway, Suite 111  
Homewood, Illinois 60430-2242

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## LEGAL DESCRIPTION

Permanent Real Estate Index Number(s): 32-19-204-004-0000

Address of Real Estate: 403 West 12<sup>th</sup> Street, Chicago Heights, Illinois 60411

THE WEST ½ OF LOT 56 IN COUNTRY CLUB ADDITION TO CHICAGO HEIGHTS, A SUBDIVISION OF THE EAST ½ OF THE SOUTHEAST ¼ OF THE NORTHEAST ¼ AND SOUTH ½ OF THE SOUTH ½ OF THE NORTHEAST ¼ OF THE NORTHEAST ¼ AND THE EAST 456 FEET OF THE NORTH ½ OF THE SOUTHEAST ¼ OF THE NORTHEAST ¼ OF THE NORTHEAST ¼ AND THE EAST 456 FEET OF THE SOUTH ½ OF THE NORTHEAST ¼ OF THE NORTHEAST ¼ OF THE NORTHEAST ¼ AND THE EAST 838 FEET OF THE NORTH ½ OF THE NORTH ½ OF THE NORTHEAST ¼ OF THE NORTHEAST ¼ OF SECTION 19, TOWNSHIP 35 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office

**UNOFFICIAL COPY**

**CITY OF CHICAGO HEIGHTS  
CHICAGO HEIGHTS, ILLINOIS  
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2015 0035637

DATE ISSUED 5/5/2015

DECEDENT'S LEGAL NAME HERBERT J LUSTIG JR			SEX MALE	DATE OF DEATH MAY 01, 2015
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 88 YEARS	DATE OF BIRTH MAY 25, 1926		
CITY OR TOWN CHICAGO HEIGHTS		HOSPITAL OR OTHER INSTITUTION NAME FRANCISCAN ST JAMES HEALTH-CHICAGO HEIGHTS		
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT				
BIRTHPLACE CHICAGO HEIGHTS, IL	SOCIAL SECURITY NUMBER [REDACTED]-4484	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME BARBARA KWASEK	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 403 W 12TH STREET	APT. NO.	CITY OR TOWN CHICAGO HEIGHTS	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60411	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION HERBERT J LUSTIG SR	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ELIZABETH MEIHART
INFORMANT'S NAME BARBARA LUSTIG		RELATIONSHIP WIFE	MAILING ADDRESS 403 W 12TH STREET, CHICAGO HEIGHTS, IL, 60411	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION SKYLINE MEMORIAL PARK	LOCATION - CITY OR TOWN AND STATE MONEE, IL	DATE OF DISPOSITION MAY 04, 2015	
FUNERAL HOME CRETE FUNERAL HOME, 1182 MAIN STREET, CRETE, IL, 60417				
FUNERAL DIRECTOR'S NAME JOHN J PARZYGNOT			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011846	
LOCAL REGISTRAR'S NAME LORI WILCOX			DATE FILED WITH LOCAL REGISTRAR MAY 1, 2015	
CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death)	PART I. CHRONIC OBSTRUCTIVE LUNG DISEASE			YEARS
	a. _____ Due to (or as a consequence of):			YEARS
	b. CORONARY ARTERY DISEASE _____			
	c. RENAL FAILURE _____			YEARS
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	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE			MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE DECEMBER 15, 2014	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 06:04 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED MAY 01, 2015	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH MICHAEL SETTECASE, 3700 W 203RD STREET, OLYMPIA FIELDS, ILLINOIS, 60461			PHYSICIAN'S LICENSE NUMBER 036062506	

29714

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.

DATE ISSUED: MAY 07 2015

*Jon Wulraaf*  
City Clerk

