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Doc#: 1617349028 Fee: \$44.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds
Date: 06/21/2016 12:15 PM Pg: 1 of 4

Cover SLeet
1865 + Sequaint DR
HAMM PARIC, FL

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AFF: DEVIT

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STATE OF Illinois	)	
	)	SS
COUNTY OF DUPAGE	)	

#### AFFIDAVIT OF DECEASED JOINT TENANCY

#### PIJUSH KANTI CHATTERJEE on oath states:

- 1. That he resides at 1865 SEQUOIA DRIVE, HANOVER PARK, IL 60133 and is the husband of and was acquainted with the decedent, MANJU CHATTERJEE, who died Feoruary 29, 2016...
- 2. That at the time of decedent's death, PIJUSH KANTI CHATTERJEE AND MANJU CHATTERJEL, were the owners in joint tenancy of real estate commonly known as 1865 SEQUOIA DRIVE, HANOVER PARK, IL 60133.
- 3. That the decedent died leaving a Last Will and Testament, and the total value of the estate of the decedent either individually or in joint tenancy at the time of death of the decedent does not exceed the sum of \$2,000,000. That no letters of office are now outstanding on the decedent's estate and no petition for letters is contemplated or pending in Illinois or in any other jurisdiction, to my knowledge.
- 4. That at the time of decedent's death, her husband, PIJUSH KANTI CHATTERJEE was the sole beneficiary of the real estate as a Joint Tenant.

PIJUSA KANTI CHATTERJEE

Signed and sworn to before me

on May 18 ,2016

Notary Public

OFFICIAL SEAL
MICHAEL D HOVDE JR
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:07/10/19

This document prepared by:

Michael D. Hovde, Jr., Attorney at Law 107 S. Third St., #3, Bloomingdale, IL 60108

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LOT 39, IN 'ASQUINELLI'S OAKWOOD LANDINGS NORTH, BEING A SUBDIVISION OF PART OF THE SOUTH ONE-HALF OF THE WEST ONE-HALF OF THE SOUTF FAST QUARTER OF SECTION 36, TOWNSHIP 41 NORTH, RANGE 9 EAST OF THE THURD PRINCIPAL MERIDIAN, IN THE VILLAGE OF HANOVER aquoi.

Of Coot County Clert's Office PARK, COOK COUNTY, ILLINOIS.

**PROPERTY ADDRESS:** 

1865 Sequoia Drive, Hanover Park, IL. 60133

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## SALE OF SALE O

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

STATE FILE NUMBER 2010	0017304								DAT	E ISSUED	3/4/201
DECEDENT'S LEGAL NAME							SEX	DATE	OF DEATH		3/4/201
MANJU CHATTERJEE						FEMALE			29, 2016		
COUNTY OF DEATH			LAST BIRTHDAY <b>'EARS</b>	Υ		DATE OF E					
CITY OR TOWN		/91	LARS	HORDITAL			MBER 02, 19	36			
HANOVER PARK				HOSPITAL OF CLAREM							
PLACE OF DEATH				CEARLIN	JIN1 - 1	MNOVER	PARK				
NURSING HOME / LOI											
BIRTHPLACE	SOCIAL SECUR	ITY NUMBER	STATUS AT T	ME OF DEATH	SUF	RVIVING SPOU	SE/CIVIL UNION PAR	NER'S MA	IDEN NAME	EVER IN U.S.	AGMED
INDIA	2 <del>/326/3N</del>	(886)	MARRIED	)			HATTERJEE	THE REPORT OF	DEN NAME	FORCES? N	
RESIDENCE 1865 SEQUOIA DR'. 'E			APT	. NO.	CITY OF					INSIDE CITY LIM	
l l	ZIP CODE	FATHER/CO	D-PARENT'S NAME	PRIOR TO FIRST MAI			MOTHER/CO-PARE	NT'S NAME	PRIOR TO FI		ZIL LINION
COOK IL INFORMANT'S NAME	60133	<del></del>		BANERJEE			NIRUPAMA	CHAK	RABORT	Y	IL ONION
PIJUSH CHATTERJEE		RELATIONSHIP MAILING ADDRESS HUSBAND 1865 SEQUOIA DRIV					HANOVER PARK, IL, 60133				
METHOD OF DISPOSITION		CE OF DISPO			LOC	ATION - CIT	Y OR TOWN AND	STATE	DATE OF	DISPOSITION	
CREMATION		OUNTRYS	SIDE CREMA	ATORY	BA	RTLETT,	L		MARCH 03, 2016		
FUNERAL HOME COUNTRYSIDE FUNE	PALHOME DA	DT OSC C		TETT BOLD							
FUNERAL DIRECTOR'S NAME	VAL HOME - BA	K1, 951 &	OUTH BART	LETT ROAD,	BARTLE	=TT, IL, 60					
TAMI ROY		•				1	034016591	RAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
LOCAL REGISTRAR'S NAME									DE OLOTO		
DAVID ORR			9			İ	MARCH 3,		REGISTRA	iR	
CAUSE OF DEATH PAR	TI. CHRONIC LY	МРНОСҮТІ	C LEUKEMIA	4		<u></u> L					
IMMEDIATE CAUSE	a.							ئ پاس	Ħ		
(Final disease or condition resulting in death)				(or as consequence of	f):			I MAT	- E		
, , , , , , , , , , , , , , , , , , ,	b. ADULT FAILU	RE TO THE	RIVE					SOXIM/			
								Add 774			
	C.		Due to (	(or as a consequence of				- A	ONSET AND DEATH	······································	
PART II. Enter other significant co	onditions contributin	a to death b	ut not resulting in	or as a consequence of	f):	PACTA	<del></del>				
		•	an traction of the	are directlying cad	se giveirii	PAR.	WAS	AN AUTO	OPSY PERF	ORMED? NO	
										GS USED TO	
FEMALE PREGNANCY STATUS								NER OF E		EATH? N/A	
NOT APPLICABLE								TURAL			
DATE OF INJURY		TIME OF INJ	URY	PLACE OF INJU	RY					INJURY AT WO	DRK?
LOCATION OF INJURY			·	<u></u>				<del>-</del> 4	Ç		
DESCRIBE HOW INJURY OCCUR	RED:		·			<del>.</del>		IF TR.	ANSLOSTA	TION INJURY, SE	DECIEV:
									41010101	TON INSURT	LGIF F.
ATTEND THE DECEASED?	DATE LAST SEEN A	LIVE	WAS MEDICAL	EXAMINER OR		DATE PR	ONOUNCED	<u>L</u>	<del></del>	TIME OF BEATT	
YES	FEBRUARY 2	26, 2016	CORONER CON		•	DATEPR	OHOUNGED			TIME OF DEATH 01:55 PM	i
CERTIFIER PHYSICIAN		·			-, , <u>,</u>		<u> </u>		CERTIFIED ARCH 02	)	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH					<del></del>						
RAJIV SOOD, 1585 BARRINGTON ROAD, HOFFMAN ESTATES, ILLINOIS, 60169					''	PHYSICIAN'S LICENSE NUMBER 036-111523					



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
Cook County Clerk

