

# UNOFFICIAL COPY



1622449014

Doc#: 1622449014 Fee: \$42.00  
RHSP Fee:\$9.00 RPPF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 08/11/2016 12:55 PM Pg: 1 of 3

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS )  
 ) SS  
COUNTY OF COOK )

This Space is for Recorder's Office use only

I, William Hudson, hereby referred to as the Affiant, states under oath that the Affiant resides at 6 E. Main, Glenwood, IL 60425, County of Cook, State of Illinois;

That affiant was acquainted with and married to Honore M. Hudson, the decedent; at the time of death, the decedent was one of the owners of property, by virtue of a properly recorded joint tenancy deed, said property located in Cook County, State of Illinois, and legally described as follows:

- All of Lot Six
- Lot Seven (except the West 30 feet thereof)
- Lot Nine (except the West 80 feet thereof)
- Lot Ten (except the West 80 feet thereof and except that part of the South 38 feet lying East of the West 80 feet thereof)

In Block Fourteen (14) in Glenwood, in the Southwest Quarter (1/4) of Section 3, Township 35 North, Range 14, East of the Third Principal Meridian (except a strip of land off the West side of Lot 6 in Block Fourteen (14) 16 feet wide and extending across Lot Nine (9) in Block Fourteen (14) for Right of Way from the Highway in front of said Lot Six (6) to Lots in rear of Lot Nine (9) in said Block Fourteen (14) .

Permanent Real Estate Index Number: 32-03-328-002; 32-03-328-025; 32-03-328-027; 32-03-328-024; 32-03-328-034

Address of Real Estate: 6 E. Main, P.O. Box 1, Glenwood, IL 60425

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in this property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent died on August 10, 2010 and a true and correct copy of the death certificate is attached;

That the total value of decedent's estate, including the taxable interest in the above property, did not exceed \$2,000,000; and

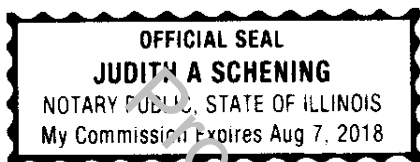
That the State and Estate/Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full.

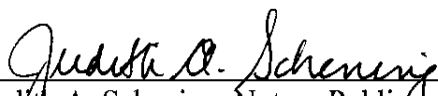
# UNOFFICIAL COPY

Signed this 6<sup>th</sup> day of August, 2016.

  
WILLIAM HUDSON

This instrument was acknowledged and sworn to before me on August 6, 2016, by William Hudson.



  
Judith A. Schening, Notary Public  
My commission expires: 08/07/2018

This instrument was prepared by:  
LAW OFFICE OF JUDITH A. SCHENING, LLC  
107 S. McLean Blvd.  
South Elgin, IL 60177  
Telephone: (630) 453-8884  
Telefax: (888) 847-6806

Property of Cook County Clerk's Office

# UNOFFICIAL COPY

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH



Local No. 0956-10

State No. ....

1. Decedent's Legal Name (First, Middle, Last) <b>Honore M. Hudson</b>				1a. Maiden Last Name (If Female) <b>Komosa</b>		2. Sex <b>Female</b>		3. Time Of Death <b>6:12 PM</b>		4. Date Of Death (Month/Day/Year) <b>Aug 10, 2010</b>			
5. Social Security Number <b>309-60-9057</b>		6a. Age - Yrs <b>57</b>		6b. Under 1 Year Months: _____ Days: _____		6c. Under 1 Month Days: _____ Hours: _____		6d. Under 1 Day Hours: _____ Minutes: _____		7. Date Of Birth (Month/Day/Year) <b>June 12, 1953</b>			
8. Birthplace (City And State Or Foreign Country) <b>Chicago, IL</b>		9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>				10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival				10a. If Death Occurred Somewhere Other Than A Hospital: <input checked="" type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (if Not Institution, Give Street And Number) <b>William J. Riley Hospice</b>													
12. City Or Town, State, And Zip Code <b>Munster, Indiana</b>						13. County Of Death <b>Lake</b>			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown				
15. Surviving Spouse's Name <b>William Hudson</b>				15a. (If Wife) Give Maiden Last Name				16. Decedent's Usual Occupation <b>Secretary</b>		17. Kind Of Business/Industry <b>Office</b>			
18. Residence - State <b>Illinois</b>			18a. County <b>Cook</b>			18b. City Or Town <b>Glenwood</b>			18d. Apt. No.		18e. Zip Code <b>60425</b>		
18c. Street And Number <b>6. E Main St.</b>						18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
19. Decedent's Education <b>Highschool</b>				20. Decedent Of Hispanic Origin <b>No</b>				21. Decedent's Race <b>White</b>					
22. Father's Name (First, Middle, Last) <b>Micheal Komosa</b>						23. Mother's Name (First, Middle, Last) <b>Sue Komosa</b>			23a. Mother's Maiden Last Name <b>Murawski</b>				
24. Informant's Name <b>William Hudson</b>				24a. Relationship To Decedent <b>Husband</b>				24b. Mailing Address (Street And Number, City, State, Zip Code) <b>6 E Main St. Glenwood, IL 60425</b>					
25. Method Of Disposition: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):													
25a. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>Homewood Memorial Cemetery</b>				25b. Location - City, Town, And State <b>Homewood, Illinois</b>				25c. Location - City, Town, And State					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility <b>Castle Hill Funeral Home 1219 Sheffield Ave. Dyer, IN. 46311</b>				27a. Funeral Home License Number: <b>10900001</b>					
27b. Signature Of Indiana Funeral Service Licensee: 						27c. License Number (Of Licensee): <b>20700033</b>							
<b>Cause Of Death (See Instructions And Examples)</b>													
28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only On One Line. Add Additional Lines If Necessary.													
Immediate Cause (Final Disease Or Condition Resulting In Death) A. <b>Metastatic Breast Cancer</b>													
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B. <b>Left Sided Pleural Effusion</b>													
C. _____													
D. _____													
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I													
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown						32. If Female: <input checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year							
34. Date Of Injury (Month/Day/Year)				35. Time Of Injury				36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)					
38. Location Of Injury - State						38a. City Or Town			38b. Street & Number		38c. Apt. No.		
38d. Zip Code						39. Describe How Injury Occurred							
41. Signature, Of Person Certifying Cause Of Death: 						42. Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer							
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>Satish Patel 9108 Columbia Ave Munster, IN 46321</b>						44. License Number <b>01042343</b>		45. Date Certified <b>08/11/10</b>					
46. Additional Funeral Service Provider:						47. *Aks:							
48. Signature of Local Health Officer: <b>Susan W Best, D.O.</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>August 16, 2010</b>							