## **UNOFFICIAL COPY**

STATE OF ILLINOIS )	
COUNTY OF WILL )	*1712508430*
AFFIDAVIT RE:  DECEASED JOINT TENANT  NOW COMES THE AFFIANT,  Langle Pepper  being first duly sword on oath, states as follows:  1. That the affiant, Janes (. Pepper, Was the Hujband of the Decedent, Cynchia L. Pepper.	Doc# 1712508430 Fee \$42.00  RHSP FEE:S9.00 RPRF FEE: \$1.00  KAREN A.YARBROUGH  COOK COUNTY RECORDER OF DEEDS  DATE: 05/05/2017 12:33 PM PG: 1 OF 3
2. That the Decedent Cynchia Pepper, Died on September 19, 2013, as evidenced By Attached Death Certificate. 3. That the Decedent Cynchia L. Pepper, At the time of his/her death was one of the owners Of the land in Coll County, Illinois.  Legal Description: See Attachment Commonly known as: 15125 Huntington County	
PIN. NO. 27-16-104-020-000	',0
4. That the total value of the estate of said Decede <u>Cynchia L. Papa</u> , is not subject to State Illinois Inheritance Tax and Federal Estate Tax.	ent of
Further the Affiant, James C. Pepper, saith na	ught.
Prepared By and Mail To: Nicholas P. Bathas 1304 Dunrobin Road	Subscribed and Sworn to before me The 1 day of May 2017  Pulvely Postty
Naperville, IL 60540.	Notary Public

Official Seal
Notary Public - State of Illinois
My Commission Expires Oct 28, 2020

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## **UNOFFICIAL COPY**

JAMES C. PEPPER
15125 HUNTINGTON COURT
ORLAND PARK, IL 60467PIN. NO.: 27-16-104-020-0000

## LEGAL DESCRIPTION

LOT 20 IN BLOCK 13 IN ORLAND HILLS GARDENS UNIT NO. 3, BEING A SUBDIVISION OF PART OF THE SOUTHWEST ¼ OF SECTION 9 AND PART OF THE NORTH ½ OF THE NORTH WEST ¼ OF SECTION 16, TOWNSHIP 36 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED JULY 1, 1959 AS DOCUMENT NO. 1/585516 IN COOK COUNTY, ILLINOIS.

## 

WILL COUNTY LOCAL REGISTRAR JOLIET, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2013 007	1951		DATE ISSUED 9/25/201
DECEDENT'S LEGAL NAME CYNTHIA L PEPPER		SEX	DATE OF DEATH SEPTEMBER 19, 2013
COUNTY OF DEATH WILE	AGE AT LAST BIRTHDAY	DATE OF BIRTH	
CITY OR TOWN	н	PRITAL CROTHER INSTITUTION NAME 19509 FORESTDALE CT	
PLACE OF DEATH DECEDENT'S HOME BIRTHPLACE			
BLOOMINGTON, IL.	SOCIAL SECURITY NUMBER STATUS AT TIME OF 340-48-3076 MARRIED	DEATH SURVIVING SPOUSE/CIVIL UNION PARTNE  JAMES C PERPER	PS MAIDENINAME EVER IN U.S. ARMED FORCES? NO
RESIDENCE 19509 FORESTDALE OT	APT:NO.	CITY:OR TOWN. MÖKENA	INSIDE CITY LIMITS?
COUNTY STATE WILL IL	CODE FATHER/CO-PARENT'S NAME PRIOR ROBERT ZIMMERMAN	TO FIRST MARRIAGE/CIVIL UNION MOTHER/CO-PARENTS BETTY: CLESS	NAME PRIOR TO FIRST MAPPING FOR THE
JAMES C PEPPER	RELATIONSHIP. HUSBAND	MAILING ADDRESS 19509 FORESTDALE CT. N	OKENA IL 60448
BURIAL FUNERAL HOME	PLY SE OF DISPOSITION: HUDS ON TOWNSHIP	LOCATION CITY OR TOWN AND STA	DATE OF DISPOSITION SEPTEMBER 23, 2013
	HOME: 19604 S. WOLF RD., MOKENA,	IL. 60448	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
JASON DAVID SULLIVAN		034015859	R'S ILLINOIS LICENSE NUMBER
JOHN LCICERO		DATE FILED WITH L SEPTEMBER	OCAL REGISTRAR 24, 2013
MMEDIATE CAUSE a  (Final disease or condition	BREAST CANCER		ESY ZYEARS
resulting in death)	Due to for as a c	Shaequer a of	AL BETT AND DE
	Dise to (or as a c	kirlequence of:	APFRO SWEFT AN ONSET AN
PART:II. Enter other significant condition	Doe'th (or as a contributing to death; but not resulting in the un	Table 1 and	AUTOPSY PERFORMED? NO
FEMALE PREGNANCY STATUS		COMPT	UTOPSY:FINDINGS:USED TO TE CAUSE OF DEATH?: N/A
NOT PREGNANT WITHIN L	1001		) F DEATH.
LOCATION OF INJURY		E OF INJURY	INJURY AT WORK?
DESCRIBE HOW INJURY OCCURRED:			
			F TRANSPORTATION INJURY, SPECIFY:
	LAST SEEN ALIVE WAS MEDICAL EXAMI EPTEMBER: 17, 2013 CORONER CONTACT		TIME OF DEATH
CERTIFJER PHYSICIAN			DATE CERTIFIED SERTEMBER 19, 2013
NAME, ADDRESS AND ZIP CODE OF PE	RSON COMPLETING CAUSE OF DEATH ON: STREET, SUITE 303, JOLIET, ILLING	And the second s	PHYSICIAN'S LICENSE NUMBER 036293920

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.

John J. Cicero, M. H. A.

John J. Cicero, M.H.A.

Executive Director and Local Registrar

Will County Health Department



