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1712508432

STATE OF ILLINOIS)
) SS.
COUNTY OF WILL)

Doc# 1712508432 Fee \$42.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 05/05/2017 12:34 PM PG: 1 OF 3

AFFIDAVIT RE:
DECEASED JOINT TENANT

NOW COMES THE AFFIANT,

James C. Pepper,

being first duly sworn on oath, states as follows:

1. That the affiant, James C. Pepper,
Was the Husband of the Decedent,

2. That the Decedent Cynthia L. Pepper,
Died on September 19, 2013, as evidenced
By Attached Death Certificate.

3. That the Decedent Cynthia L. Pepper,
At the time of his/h^{er} death was one of the owners
Of the land in Cook County, Illinois.

Legal Description: See Attachment

Commonly known as: 10126 Hiawatha Drive

Orland Park, IL 60462

PIN. NO.

27-16-105-008-000

4. That the total value of the estate of said Decedent
Cynthia L. Pepper, is not subject to State of
Illinois Inheritance Tax and Federal Estate Tax.

Further the Affiant, James C. Pepper, saith naught.

Prepared By and Mail To:

Nicholas P. Bathas

1304 Dunrobin Road

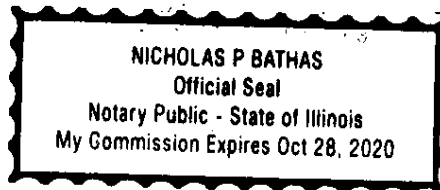
Naperville, IL 60540

Subscribed and Sworn to before me

The 1st day of May 2017

Nicholas P. Bathas

Notary Public



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JAMES C. PEPPER
10126 HIAWATHA DRIVE
ORLAND PARK, IL 60462
PIN. NO.: 27-16-105-008-0000

LEGAL DESCRIPTION

LOT 8 IN BLOCK 19 IN ORLAND HILLS GARDENS UNIT NO. 3,
BEING A SUBDIVISION OF PART OF THE SOUTHWEST $\frac{1}{4}$ OF
SECTION 9 AND PART OF THE NORTH $\frac{1}{2}$ OF THE NORTHWEST $\frac{1}{4}$
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. 17585516
IN COOK COUNTY, ILLINOIS.

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CERTIFICATION OF DEATH RECORD

WILL COUNTY LOCAL REGISTRAR JOLIET, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER: 2013 0071951

DATE ISSUED: 9/25/2013

DECEDENT'S LEGAL NAME CYNTHIA L PEPPER		SEX FEMALE	DATE OF DEATH SEPTEMBER 19, 2013	
COUNTY OF DEATH WILL	AGE AT LAST BIRTHDAY 60 YEARS	DATE OF BIRTH NOVEMBER 22, 1952		
CITY OR TOWN MOKENA	HOSPITAL OR OTHER INSTITUTION NAME 19509 FORESTDALE CT			
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE BLOOMINGTON, IL	SOCIAL SECURITY NUMBER [REDACTED] 3076	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME JAMES C PEPPER	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 19509 FORESTDALE CT	APT. NO.	CITY OR TOWN MOKENA	INSIDE CITY LIMITS? YES	
COUNTY WILL	STATE IL	ZIP CODE 60448	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ROBERT ZIMMERMAN	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION BETTY CLESSON
INFORMANT'S NAME JAMES C PEPPER		RELATIONSHIP HUSBAND	MAILING ADDRESS 19509 FORESTDALE CT, MOKENA, IL, 60448	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION HUDSON TOWNSHIP	LOCATION - CITY OR TOWN AND STATE HUDSON, IL	DATE OF DISPOSITION SEPTEMBER 23, 2013	
FUNERAL HOME VANDENBERG FUNERAL HOME, 19604 S. WOLF RD., MOKENA, IL, 60448				
FUNERAL DIRECTOR'S NAME JASON DAVID SULLIVAN			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015859	
LOCAL REGISTRAR'S NAME JOHN J. CICERO			DATE FILED WITH LOCAL REGISTRAR SEPTEMBER 24, 2013	
CAUSE OF DEATH PART I: BREAST CANCER				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Due to (or as a consequence of)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
a.		b.		
c.		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.				
FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
			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 SEPTEMBER 17, 2013	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 08:39 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED SEPTEMBER 19, 2013	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ABHIN SINGLA, 330 MADISON STREET SUITE 303, JOLIET, ILLINOIS, 60435			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

