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DECEASED JOINT
TENANCY AFFIDAVIT



Doc# 1719329015 Fee \$40.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 07/12/2017 10:19 AM PG: 1 OF 2

Prepared By and After
Recording Return To:
Daniel E. Lifka
1551 Warren Ave.
Downers Grove, IL 60515

Thomas R. Hess, being duly sworn states that he resides at 4650 N. Forestview Ave, Chicago, County of Cook, State of Illinois.

That he is the surviving spouse of Denise A. Hess, deceased, who at the time of her death was one of the owners of the land in Cook County, Illinois, described as:

Lot 6 in Schorsch Forest View Unit 4, being a subdivision of part of the Northwest ¼ of Section 14, Township 40 North, Range 12, East of the Third Principal Meridian, according to the plat thereof registered in the Office the Registrar of Titles of Cook County, Illinois as Document Number LR2045198, in Cook County, Illinois.

Common Address: 4650 N. Forestview Ave., Chicago, IL 60656.
PIN: 12-14-117-006

That the deceased died January 21, 2017 as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died without a Last Will & Testament.

That the total value of the estate of the deceased, for estate tax purposes, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, did not exceed the sum of \$460,000.

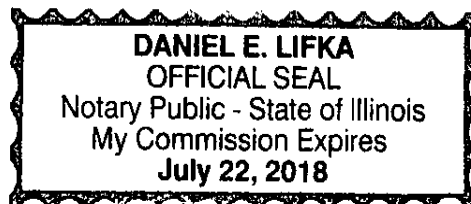
That the affiant, was the sole surviving joint tenant of the land described above on the date of the deceased's death.

Thomas R. Hess

Affiant's Signature

Subscribed and sworn to before me by the said
Thomas R. Hess
this 20th day of June, 2017

Daniel E. Lifka
Notary Public



Bm

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

STATE FILE NUMBER 2017 0005633

DATE ISSUED 1/24/2017

DECEDENT'S LEGAL NAME DENISE A HESS			SEX FEMALE	DATE OF DEATH JANUARY 21, 2017
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 56 YEARS	DATE OF BIRTH AUGUST 05, 1960		
CITY OR TOWN WILMETTE	HOSPITAL OR OTHER INSTITUTION NAME CITADEL CARE CENTER - WILMETTE			
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY				
BIRTHPLACE EVANSTON, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME THOMAS HESS	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 4650 N FORESTVIEW AVE	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60656	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION RICHARD CLESEN	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LUCILLE HERING
INFORMANT'S NAME THOMAS HESS		RELATIONSHIP HUSBAND	MAILING ADDRESS 4650 N FORESTVIEW AVE, CHICAGO, IL, 60656	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION ALL SAINTS CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE DES PLAINES, IL	DATE OF DISPOSITION JANUARY 25, 2017	
FUNERAL HOME CUMBERLAND CHAPELS, 8300 W LAWRENCE AVE, NORRIDGE, IL, 60706				
FUNERAL DIRECTOR'S NAME STEVE KACHNIEWICZ			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015249	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JANUARY 24, 2017	
CAUSE OF DEATH PART I: INTRACRANIAL HEMORRHAGE IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ Due to (or as a consequence of) _____ b. _____ Due to (or as a consequence of) _____ c. _____ Due to (or as a consequence of) _____ APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
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 PREGNANT WITHIN LAST YEAR			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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 10:31 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED JANUARY 23, 2017	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH JORDAN GRUMET, 666 DUNDEE RD, NORTHBROOK, ILLINOIS, 60062			PHYSICIAN'S LICENSE NUMBER 36.106218	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



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
David Orr
Cook County Clerk


ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE