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KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 09/25/2017 01:49 PM PG: 1 OF 5

**Instrument Prepared By:**

Kimberly Vereb, Esq.  
1174 Red Dunes Run  
Avon, IN 46123  
IL Bar ID No. 6244816

**Mail Tax Statements To:**

Donna M. Rakowski  
15317 Wilshire Drive  
Orland Park, IL 60462

**Tax Parcel ID Number:**

27-16-211-015-0000

**Order Number:**

63462749

Record 1st

63462749-417-9002

80844417

## AFFIDAVIT OF DEATH OF TENANT BY THE ENTIRETY

State of ILLINOIS )  
County of COOK ) ss.

Affiant, **JANICE M. OTA**, being duly sworn, states that she resides at 15317 Wilshire Drive, Orland Park, IL 60462. That she is the surviving spouse of **JAMES W. OTA**, a/k/a **JAMES OTA**, Deceased, who at the time of his death was one of the owners of the land described and referred to herein, located in Cook County, Illinois, and described as:

**See Exhibit A attached hereto and made a part hereof**

Affiant states that the decedent died on September 25, 2012, as evidenced by a certified copy of the Death Certificate of the deceased attached hereto.

That the deceased died:

Leaving no Last Will & Testament.

Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven Will should be filed with the Clerk of the Probate Division of the Circuit Court of Cook County, Illinois.

Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois about \_\_\_\_\_.

Affiant states that the total value of the decedent's estate for Illinois Estate Tax and Federal Estate Tax purposes does not exceed \$4 million dollars.

**When Recorded Return To:**  
**Indecom Global Services**  
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Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Date: 8/29/17

IN TESTIMONY WHEREOF, WITNESS the signature of the Affiant on the date first written above.

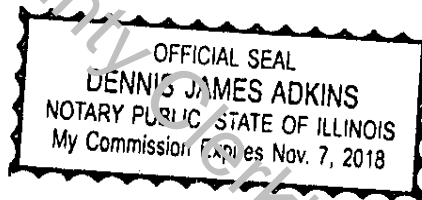
*Janice M. Ota*  
**JANICE M. OTA**

STATE OF ILLINOIS )  
 )  
 COUNTY OF COOK ) ss.

I, Dennis James Adkins, a Notary Public in and for said County and State aforesaid, DO HEREBY CERTIFY that JANICE M. OTA, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that she signed, sealed and delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth.

Given under my hand official seal this 29 day of AUGUST, 2017.

*Dennis James Adkins*  
 Notary Public  
 My Commission Expires: 11/07/2018  
 Dennis James Adkins



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## EXHIBIT A

The following described property, situated in the County of Cook, State of Illinois, to wit:

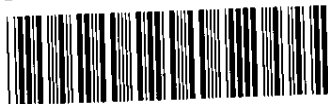
The North 33.50 feet of the South 78.39 feet of the West 31.50 feet of the East 109.36 feet of Lot 5 in Ravina Glens, a Planned Unit Development, being a resubdivision of part of Orland Center Subdivision of part of the Northeast 1/4 of Section 18 Township 38 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

Parcel 2:

Easement of the benefit of Parcel 1 as created by Declaration of Covenants, Conditions and Restrictions recorded June 29, 1990 as Document Number 90312048, and Amendment recorded as Document 90450959 and by deed from GreatBanc Trust Company a corporation of Illinois, as Trust Number 7037 to Joe A. Klukis and Lois I. Klukis dated January 18, 1991 for ingress and egress.

Property Address: 15317 Wilshire Drive, Orland Park, IL 60462

Assessor's Parcel No.: 27-16-211-015-0000



•U06456731•

1371 9/11/2017 80844417/1

Property of Cook County Clerk's Office

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

STATE FILE NUMBER 2012 0071621

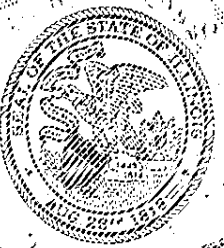
DATE ISSUED 9/27/2012

DECEDENT'S LEGAL NAME JAMES W OTA				SEX MALE	DATE OF DEATH SEPTEMBER 25, 2012
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 91 YEARS	DATE OF BIRTH SEPTEMBER 16, 1921		
CITY OR TOWN CHICAGO HEIGHTS		HOSPITAL OR OTHER INSTITUTION NAME FRANCISCAN ST JAMES HEALTH-CHICAGO HEIGHTS			
PLACE OF DEATH INPATIENT					
BIRTHPLACE LOOKOUT, WY	SOCIAL SECURITY NUMBER [REDACTED]-8206	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME JANICE BENKOVIC		EVER IN U.S. ARMED FORCES? NO
RESIDENCE 15317 WILSHIRE DR		APT. NO.	CITY OR TOWN ORLAND PARK		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60462	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION CHIKAHISA OTA		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION SUYENO TAKASA
INFORMANT'S NAME JANICE OTA		RELATIONSHIP WIFE	MAILING ADDRESS 15317 WILSHIRE DR, ORLAND PARK, IL, 60462		
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION MAPLE LAKES CREMATORIUM	LOCATION - CITY OR TOWN AND STATE JUSTICE, IL	DATE OF DISPOSITION SEPTEMBER 28, 2012	
FUNERAL HOME R J MODELL F H/HOMER GLEN, 12641 W 43RD ST, HOMER GLEN, IL 60491					
FUNERAL DIRECTOR'S NAME RICHARD JAMES MODELSKI				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011510	
LOCAL REGISTRAR'S NAME LORI WILCOX				DATE FILED WITH LOCAL REGISTRAR SEPTEMBER 27, 2012	
<b>CAUSE OF DEATH</b> PART I: CEREBROVASCULAR ACCIDENT					
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):					
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 APPLICABLE				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 MAY 18, 2012	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED:	TIME OF DEATH 10:05 AM	
CERTIFIER PHYSICIAN				DATE CERTIFIED SEPTEMBER 26, 2012	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH SUNIL PATEL, 3700 W 203RD STREET, SIOTE 3-2, OLYMPIA FIELDS, ILLINOIS, 60461				PHYSICIAN'S LICENSE NUMBER 036091559	

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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**

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOT FOR USE SEQUENTIALLY TO LOGGRAPHICALLY SUBSCRIBE

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**TO TEST FOR AUTHENTICITY:** The face of this document has a multicolored background. Verification of some of these security features can be accomplished by:

- Identifying invisible UV fibers embedded in the paper.
- Applying fresh liquid bleach to activate color stain chemical protection reaction.
- Face of document has a full bleed green border with ornate lines including reverse microtext.
- This backer copy is constructed of a full bleed microtext relief showing larger state seals. Inspection under magnifier shows "ILLINOISDEATHCERTIFICATE" in microtext.
- Document is protected with tactile holographic seals. Hold to light to verify both.
  - Left seal shows "ILLINOIS DEATH CERTIFICATE" with tactile lines over printing seal.
  - Right seal shows "LOCK-KEY-SAFE" flip imagery and guilloche tactile ridges with "D" and "C" latent images.
- Inspect background with a magnifier to verify the encrypted NanoCopy™ algorithm in body of document.
- Photocopying this document produces the word "VOID" across the face.