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Doc# 1734118077 Fee \$42.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 12/07/2017 02:44 PM PG: 1 OF 3

AFFIDAVIT

DECEASED JOINT TENANT AFFIDAVIT File: AT17924; 4848 N CENTRAL AVE UNIT 302 CHICAGO IL 60630

State of Illinois)

County of Cook)

The undersigned, Lynn F. Krutz, being first duly sworn and under penalty of perjury on oath states that he or she resides at 4813 Anyka Ln. County of Adams, State of IL

That he or she was acquainted with Quincy, IL 62305 Virginie Lucksinger, deceased, who, at the time of his or her death, was one of the owners of the land commonly known as 4848 N. Central Ave, Unit 302, Chicago, IL 60630 and as legally described in the legal description attached hereto and made a part hereof as Exhibit "A" and is the subject matter of Atima Title Commitment No. AT17924

That the deceased died on November 11, 2017, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will and Testament.
- Leaving a Last Will and Testament, a copy of which is attached hereto. The original of the unproven will is to be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will and Testament, which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois on _____.
- Leaving a Last Will and Testament which was probated in the Probate Division of the Circuit Court of _____ County, Illinois, on _____, _____ as Case # _____.

That from the Estate of the Deceased:

- All State Inheritance and/or Federal Estate Taxes which were due have been paid and evidence thereof is attached hereto.

File nr: AT 17924 lf3
After recording mail to:
 Altima Title, LLC.
 6444 N. Milwaukee Ave.
 Chicago, IL 60631
 Ph. 312-631-6070

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No State Inheritance and/or Federal Estate Taxes were due.

That the total value of the estate of the deceased, 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, does not exceed the sum of \$ 100,000 dollars.

Affiant makes this affidavit for the purpose of inducing **Old Republic National Title Insurance Company** to issue a Title Insurance Policy(s), describing the above mentioned property and/or referenced in the above mentioned Title Commitment/ Policy and agrees to indemnify said company or its assigns against any false statement(s) willfully made herein.

Date: 12/1/17

[Signature]

Affiant's Signature

Subscribed and Sworn before me this 1st day of December, 20 17.

My Commission Expires: 9-12-2020

[Signature]
Notary Public

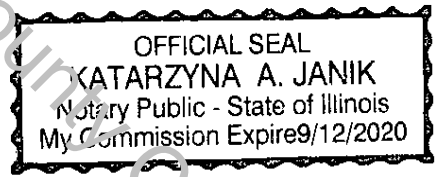
AFFIDAVIT PREPARED BY:

NAME: Alfred S. Dynia

COMPANY NAME: Czajka & Dynia, LLC

ADDRESS: 7521 W. Milwaukee Ave

CITY/STATE/ZIP: Niles, IL 60714



PARCEL 1:

UNIT 302, IN THE JEFFERSON COURTE CONDOMINIUM AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE:

LOTS 21 TO 25 IN BLOCK 5 IN FREE'S ADDITION TO VILLAGE OF JEFFERSON, A SUBDIVISION OF PART OF THE SOUTHEAST 1/4 OF SECTION 8, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, SOUTH OF THE INDIAN BOUNDARY LINE IN COOK COUNTY, ILLINOIS;

WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO THE DECLARATION OF CONDOMINIUM RECORDED DECEMBER 30, 1992 AS DOCUMENT 92981535, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, IN COOK COUNTY, ILLINOIS.

PARCEL 2:

THE EXCLUSIVE RIGHT TO THE USE OF PARKING SPACE 13 AND STORAGE SPACE 13, LIMITED COMMON ELEMENTS, AS DELINEATED ON THE SURVEY ATTACHED TO THE DECLARATION AFORESAID RECORDED AS DOCUMENT 92981535, IN COOK COUNTY, ILLINOIS.

CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

ADAMS COUNTY LOCAL REGISTRAR
QUINCY, ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2017 0090598

DATE ISSUED 11/22/2017

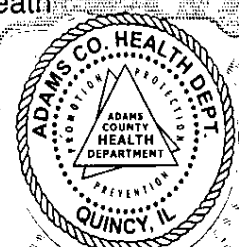
DECEDENT'S LEGAL NAME VIRGINIA MARIE LUCKSINGER		SEX FEMALE	DATE OF DEATH NOVEMBER 11, 2017	
COUNTY OF DEATH ADAMS	AGE AT LAST BIRTHDAY 90 YEARS	DATE OF BIRTH JUNE 22, 1927		
CITY OR TOWN QUINCY		HOSPITAL OR OTHER INSTITUTION NAME 4221 MAINE STREET		
PLACE OF DEATH ASSISTED LIVING FACILITY				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH NEVER MARRIED/NEVER IN CIVIL UNION	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 4813 ANYKA LANE	APT. NO.	CITY OR TOWN QUINCY	INSIDE CITY LIMITS? YES	
COUNTY ADAMS	STATE IL	ZIP CODE 62305	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION CHARLES LUCKSINGER	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ANNA MICHAL
INFORMANT'S NAME VIVIAN LUCKSINGER		RELATIONSHIP SISTER	MAILING ADDRESS 4813 ANYKA LANE, QUINCY, IL, 62305	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION MONTROSE CEMETERY CO.	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION NOVEMBER 16, 2017	
FUNERAL HOME LAWRENCE FUNERAL HOME, 4800 NORTH AUSTIN AVENUE, CHICAGO, IL, 60630				
FUNERAL DIRECTOR'S NAME MYUNG-KYUNG ANGELA CHA			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016595	
LOCAL REGISTRAR'S NAME JERROD C WELCH			DATE FILED WITH LOCAL REGISTRAR NOVEMBER 15, 2017	
CAUSE OF DEATH - PART I: CARDIO-RESPIRATORY FAILURE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Due to (or as a consequence of)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH HOURS
Due to (or as a consequence of)		Due to (or as a consequence of)		
Due to (or as a consequence of)		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 NOVEMBER 09, 2017	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 02:40 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED NOVEMBER 14, 2017	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR. STEVEN GINOS, PO. BOX 5007, QUINCY, ILLINOIS, 62301			PHYSICIAN'S LICENSE NUMBER 036-072864	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

HOLD UP TO LIGHT TO VERIFY TRUE WATERMARK

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.

Jerrod C Welch
Jerrod C. Welch
Adams County Registrar



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE