DECEASED JOINT TENANCY AFFIDAVIT STATE OF ILLINOIS SS COUNTY OF COOK Order No. ______ UNOFFICIAL COPY #1801706138* Doc# 1801706138 Fee \$42.00 SS COUNTY OF COOK Order No. ______ AREH A. YARBROUGH DOCK COUNTY RECORDER OF DEEDS DATE: 01/17/2018 12:36 PH PG: 1 OF 3

JOYCE HELWIG, being duly sworn, states that she resides at 201 Stratton, Mount Prospect, IL 60056.

That she was acqueinted with **JOHN HELWIG**, deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

SEE LEGAL DESCRIPTION ATTACHED . . .

That the deceased died December 3, 2017 as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

| X | Leaving no | Last Will | & | Testament. |
|---|------------|-----------|---|------------|
| | | | | |

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

County, Illinois.

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

That the total value of the estate of the deceased, including both real and rersonal 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 Two Hundred Thousand (\$ 200,000.00) Dollars.

Affiant's Signature

Subscribed and sworn to before me by the said JOYCE HELWIG, this day of day of

Notary Public

Law Office

PREPARED BY: KATHLEEN MEERSMAN MURPHY LLC
1100 West Northwest Highway, Suite 112
Mayort Propagat. H. 60056

Mount Prospect, IL 60056

(847) 259-3131

OFFICIAL SEAL
MAE K DIBENEDETTO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:07/21/21

alb

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UNOFFICIAL (LEGAL DESCRIPTION

LOT 178 IN SECOND ADDITION TO BLUETT'S FAIRVIEW GARDENS, BEING A SUBDIVISION OF PART OF THE WEST ½ OF THE EAST ½ OF THE SOUTHEAST 1/4 AND PART OF THE EAST ½ OF THE WEST ½ OF THE SOUTHEAST 1/4 OF SECTION 35, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY ILLINOIS.

P.I.N.: 03-35-415-001

Commonly known 25: 201 N. STRATTON, MOUNT PROSPECT, IL 60056

Cook County Clerk's Office

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IFICATION OF DEATH RECORD

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

| | | 984 | X4 244 | 100 | | |
|--------------------------------|--|-----|--------|-------|--------|---------|
| STATE FILE NUMBER 2017 0096861 | | | | 1 (1) | 110.00 | · · · D |

ATE ISSUED 12/6/2017 DATE OF DEATH DECEDENTS LEGAL NAME SEX MALE DECEMBER 03 2017 JOHN HELWIG COUNTY OF DEATH AGE AT LAST BIRTHDAY DATE OF BIRTH 59:YEARS MAY 04, 1958 COOK HOSPITAL OR OTHER INSTITUTION NAME CITY OR TOWN MT PROSPECT 201 N STRATTON PLACE OF DEATH DECEDENT'S HOME SOCIAL SECURITY NUMBER STATUS AT TIME OF DEATH SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME BIRTHPLACE CHICAGO, IL MARRIED JOYCE TATUM CITY OR TOWN INSIDE CITY LIMITS? RESIDENCE 201:N STRATTON MT PROSPECT YES FATHER/CO PARENTS NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ZIÉ CODE COUNTY GIZELA: BEKIER 30056 GERARD HELWIG COOK INFORMANT'S NAME RELATIONSHIP MAILING ADDRESS 201 STRATTON MT PROSPECT, IL 60056 JOYCE HELWIG WIFE METHOD OF DISPOSITION PLA'S OF DISPOSITION LOCATION - CITY OR TOWN AND STATE DATE OF DISPOSITION MCRCAN CREMATION SERVICES NORTHLAKE IL DECEMBER 07: 2017 CREMATION RIVER WOODS FUNERAL CHAPEL INC. 265 S.F. VER RD, DES PLAINES, IL, 60016 FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER UNERAL DIRECTOR'S NAME COLETTE M SEVERINO 034014823 LOCAL REGISTRAR'S NAME DATE FILED WITH LOCAL REGISTRAR DAVID ORR DECEMBER 6: 2017 CAUSE OF DEATH MYOCARDIAL INFARCTION FEW SECONDS IMMEDIATE CAUSE ARTERIAL SCIEROTIC HEART DISEASE: MANY YEARS PART.II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART.II. WAS AN AUTOPSY PERFORMED? NO DIABETES MELLITUS HYPERTENTION WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A FEMALE PREGNANCY STATUS N NNER OF DEATH NOT APPLICABLE ハムナビニムし DATE OF INJURY TIME OF INJURY PLACE OF INJURY INJURY AT WORK? LOCATION OF INJURY IF TRANSPORTATION INJURY, SPECIFY DESCRIBE HOW INJURY OCCURRED. TIME OF DEATH. ATTEND THE DECEASED? DATE LAST SEEN ALIVE WAS MEDICAL EXAMINER OR DATE PRONOUNCED YES OCTOBER 27, 2017 CORONER CONTACTED? 07:00 PM CERTIFIER DATE CERTIFIED **PHYSICIAN DECEMBER 05, 2017**

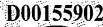


PAUL MEYER MD. ILLINOIS

NAME ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF 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.





PHYSICIAN'S LICENSE NUMBER

036092039

