

# UNOFFICIAL COPY

## DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois  
County of Cook

**Marilyn Peterson** Being duly sworn states that she resides at 3041 Phillips Ave, Steger, IL 60475. That she was married to **Kenneth Peterson** the deceased, who at the time of death, was one of the owners of land in Cook County, Illinois, described as follows:

LOTS 27 AND 28 IN BLOCK 8 IN KEENEY'S SUBDIVISION OF CHICAGO HEIGHTS, A SUBDIVISION OF THE EAST 1/2 OF THE SOUTHWEST 1/4 AND THE WEST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 33, TOWNSHIP 35 NORTH, RNGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

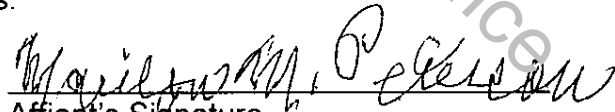
Address: 3041 Phillips St, Steger, IL 60475  
PIN: 32-33-304-053-0000

That the deceased died November 23, 2017, as evidenced by an original certified copy of the death certificate of the deceased, attached hereto.

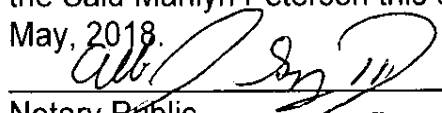
That the deceased died:

- 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 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 2013.

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 deceased, does not exceed the sum of \$ \_\_\_\_\_ Dollars.

  
Affiant's Signature

Described and Sworn to Before me by the Said Marilyn Peterson this 6 day of May, 2018.

  
Notary Public

Prepared by and Mail to:  
Albin J. Sporny, III - Attorney at Law  
PO Box 1048, Mokena, IL 60448



Doc# 1812957092 Fee \$40.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 05/09/2018 10:25 AM PG: 1 OF 2

# CERTIFICATION OF DEATH RECORD

## UNOFFICIAL COPY

WILL COUNTY LOCAL REGISTRAR  
 JOLIET, ILLINOIS  
 MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2017 0093246


DATE ISSUED 12/13/2017

DECEDENT'S LEGAL NAME KENNETH ALLEN PETERSON			SEX MALE	DATE OF DEATH NOVEMBER 23, 2017																							
COUNTY OF DEATH WILL		AGE AT LAST BIRTHDAY 78 YEARS	DATE OF BIRTH JANUARY 20, 1939																								
CITY OR TOWN CRETE		HOSPITAL OR OTHER INSTITUTION NAME ST JAMES WELLNESS REHAB VILLAS																									
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY																											
BIRTHPLACE HAMMOND, IN	SOCIAL SECURITY NUMBER 344-32-4238	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME MARILYN MUSSON	EVER IN U.S. ARMED FORCES? NO																							
RESIDENCE 3208 PHILLIPS AVE	APT. NO.	CITY OR TOWN STEGER	INSIDE CITY LIMITS? YES																								
COUNTY COOK	STATE IL	ZIP CODE 60475	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION CHESTER PETERSON	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION BERTHA HORNBY																							
INFORMANT'S NAME KIM HANTAK		RELATIONSHIP DAUGHTER	MAILING ADDRESS 955 EAST RICHTON, CRETE, IL, 60417																								
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION SKYLINE MEMORIAL PARK	LOCATION - CITY OR TOWN AND STATE MONEE, IL	DATE OF DISPOSITION DECEMBER 02, 2017																							
FUNERAL HOME STEGER MEMORIAL CHAPEL, 3045 CHICAGO RD, STEGER, IL, 60475																											
FUNERAL DIRECTOR'S NAME MELISSA L CHRISTENSEN			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016560																								
LOCAL REGISTRAR'S NAME SUSAN OLENEK			DATE FILED WITH LOCAL REGISTRAR NOVEMBER 27, 2017																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width: 15%; vertical-align: top;"> <b>CAUSE OF DEATH</b>                      IMMEDIATE CAUSE  <small>(Final disease or condition resulting in death)</small> </td> <td style="width: 10%; text-align: center;">PART I</td> <td style="width: 55%;">CEREBRAL INFARCTION</td> <td rowspan="3" style="width: 10%; text-align: center; vertical-align: middle;">APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH</td> <td style="width: 10%; text-align: center;">MONTHS</td> </tr> <tr> <td style="text-align: center;">a</td> <td style="text-align: center;">Due to (or as a consequence of)</td> <td style="text-align: center;">YEARS</td> </tr> <tr> <td style="text-align: center;">b</td> <td style="text-align: center;">HYPERTENSION</td> <td style="text-align: center;">Due to (or as a consequence of)</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: center;">c</td> </tr> <tr> <td colspan="5" style="text-align: center;">Due to (or as a consequence of)</td> </tr> </table>						<b>CAUSE OF DEATH</b> IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	PART I	CEREBRAL INFARCTION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	MONTHS	a	Due to (or as a consequence of)	YEARS	b	HYPERTENSION	Due to (or as a consequence of)		c					Due to (or as a consequence of)				
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	b	HYPERTENSION		Due to (or as a consequence of)																							
c																											
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PART II: Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I			WAS AN AUTOPSY PERFORMED? NO																								
FEMALE PREGNANCY STATUS NOT APPLICABLE			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 NOVEMBER 20, 2017	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 05:50 PM																							
CERTIFIER PHYSICIAN			DATE CERTIFIED NOVEMBER 24, 2017																								
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR. ANTHONY MATTERA, 1230 EAST 164TH STREET, SOUTH HOLLAND, ILLINOIS, 60473			PHYSICIAN'S LICENSE NUMBER 036039136																								

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.

  
 Susan Olenek  
 Executive Director and Local Registrar  
 Will County Health Department



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE