UNOFFICIAL COPY

AFFIDAVIT REGARDING DECEASED JOINT TENANT

· STATÉ OF ILLINOIS)
) ss.
COUNTY OF COOK)

Richard Alton, being first duly sworn, for the purpose of clearing title covering the property described below, deposes and says:



Doc# 1921217173 Fee \$93.00

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 07/31/2019 04:09 PM PG: 1 OF 3

- 1. That he resides at 166 N. Humphrey Ave., Unit 1N, Oak Park, Illinois.
- 2. That he was the pregistered domestic partner of Sally Stovall who died on May 21, 2019, as evidenced by the attached certified copy of her death certificate.
- 3. That decedent died testate, leaving a last will and testament.
- 4. That the decedent was one of the owners of the property known as:

UNIT 1N AND PARKING SPACE P10 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN HUMPHREY SUITES CONDOMINIUM, AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NUMBER 0020068046, IN THE EAST 1/2 OF THE EAST 1/2 OF SECTION 7, AND ALSO THE NORTHWEST 1/4 AND THE WEST 1/2 OF THE WEST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 8, TOWNSHIP 39 NORTH, R/NGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Numbers: 16-08-123-030-100, and 16-08-123-030-1016 Address of Real Estate: 166 N. Humphrey Ave., Unit 1N, Oak Fark County of Cook, State of Illinois

5. That the total value of said decedent's estate does not exceed the Said of Illinois Inheritance Tax

threshold of \$4,000,000.

Richard Alton

SUBSCRIBED AND SWORN to before me this / 1/2 th day of June 2019.

Notary Public

OFFICIAL SEAL
BEN NEIBURGER
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES OR MANAGE

This instrument was prepared by Ben A. Neiburger, Generation Law, Ltd., 747 N. Church Rd., Suite B4, Elmhurst, IL 60126.

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) Jan .

UNOFFICIAL COPY

MAIL TO:

Generation Law, Ltd. 747 N. Church Rd., Suite B4 Elmhurst, IL 60126 SEND SUBSEQUENT TAX BILLS TO:

Mr. Richard Alton 166 N. Humphrey Ave., Unit 1N Oak Park, IL 60302

COOK COUNTY RECORDER OF DEEDS

COOK COUNTY RECORDER OF BEEDS

COOK COUNTY
RECORDER OF DEEDS

COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

****						•
STATE	FII F	NUMBER	20	19 004	1732	:

STATE FILE NUMBER 2019 0041732		DATE ISSUED	5/28/2019
DECEDENTS LEGAL NAME SEX SALLY STOVALL FEMAL	(4) 44 12 h h h h h h	21, 2019	
COUNTY OF DEATH AGE AT LAST BIRTHDAY DATE OF BIRTH 70 YEARS APRIL 16, 1949			
CHICAGO HOSPITAL OR OTHER INSTITUTION NAME CHICAGO RUSH UNIVERSITY MEDICAL CEN	TER		
PLACE OF DEATH INPATIENT			
BIRTHPLACE SOCIAL SECURITY NUMBER STATUS AT TIME OF DEATH SURVIVING SPOUSEICIVIL UNIO EUNICE LA , DIVORCED FROM MARRIAGE	N PARTNER'S MAID	ENNAME EVER IN U.S. FORCES? N	
RESIDENCE APT NO CITY OR TOWN 166 N HUMPHREY AVE 1N OAK PARK		INSIDE CITY LIM YES	ITS?
소설로 트레이어 100 사이트 - 100 1 100 100 보고 100 100 100 100 100 100 100 100 100 10	PARENTS NAME P	RIOR TO FIRST MARRIAGE/CIV	IL UNION
RELATIONSHIP: MAILING ADDRESS POWER OF ATTORNEY 166 N HUMPHREY AVE AP	T IN OAK PARK	L, 60302	
METHOD OF DISPOSITION PLACE OF DISPOSITION LOCATION CITY OR TOWN CREMATION. HE CHT'S CREMATORY CHICAGO HEIGHTS.	1.5	DATE OF DISPOSITION MAY 24, 2019	
FUNERAL HOME PLANET GREEN CREMATIONS, 319 E GLENWOOD JL, 60425			
FUNERAL DIRECTOR'S NAME BRETT R MORELAND 03401		INOIS LICENSE NUMBER	
	D WITH LOCAL 24, 2019	REGISTRAR	
CAUSE OF DEATH PART I INTRACRANIAL HEMORRHAGE NON (FAUMATIC	I.E.	AN .	
(Final disease or condition Due to (or as a comprise of).	OX MA	ON ON	
Due to (or as a consequence of)	APPR	NSET	
C C C C C C C C C C C C C C C C C C C	1	ð	
Que 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 II.	WAS AN AUTO	PSY PERFORMED? NO	
	COMPLETE CA	SY FINDINGS USED TO AUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR	NATURAL	DEATH	
DATE OF INJURY PLACE OF INJURY		INJURY AT W	ORK?
LOCATION OF INJURY		G.	
DESCRIBE HOW INJURY OCCURRED	IF TR/	ANSPC OTATION INJURY S	PECIFY
ATTEND THE DECEASED? DATE LAST SEEN ALIVE WAS MEDICAL EXAMINER OR PART OF THE PROPERTY OF TH	Ō	TIME OF DEAT 04:27.PM	
a communica tien tien teet tien was teen de teen teen to teen teen tien teen teen teen teen teen	et. 1992		



PHYSICIAN

NAME ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH

AME ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH

DR. ANDREA STERENSTEIN, 1653 W.CONGRESS PKWY, CHICAGO (ILLINOIS) 60612

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





MAY 21, 2019

PHYSICIAN'S LICENSE NUMBER