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JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)



Doc# 2105019004 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 02/19/2021 09:14 AM PG: 1 OF 2

PIN #: 18-31-408-022-0000

MARIANNA A. WINDZIO a/k/a MARY WINDZIO, of 8607 Arizona Trail, Willow Springs Illinois, being first duly sworn, deposes and states that she is of legal age and that she is a resident of the Village of Willow Springs, Cook County, Illinois.

She further states that she is the surviving spouse of WALTER WINDZIO, deceased, who died testate on June 4, 2019, being a resident of Willow Springs, Cook County, Illinois, at the time of his death. She further states that she and her said husband acquired title to said property, as tenants by the entirety and legally described as follows:

Lot 1 in Willow Glen Subdivision, being a subdivision of part of the East 1/2 of the Southeast 1/4 of Section 31, Township 38 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

Affiant further states that there is no Federal Estate Tax due the United States Government and no Illinois Estate Tax due the State of Illinois by reason of the death of the decedent because there are insufficient assets subject to either of said taxes to result in either of said taxes being due by reason of his death.

Address: 8607 Arizona Trail, Willow Springs, IL 60480

Dated: 2/10, 2021

MARIANNA A. WINDZIO

This instrument was prepared by and should be returned to:

Jonathan D. Groll
Jonathan D. Groll, Ltd
830 North Blvd
Oak Park, IL 60301

Subscribed and sworn to before me this
10 day of February, 2021.



Notary Public

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COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 0044980

DATE ISSUED 6/6/2019

DECEDENT'S LEGAL NAME WALTER WINDZIO		SEX MALE	DATE OF DEATH JUNE 04, 2019	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 81 YEARS	DATE OF BIRTH MAY 28, 1938		
CITY OR TOWN LAGRANGE	HOSPITAL OR OTHER INSTITUTION NAME ADVENTIST LAGRANGE MEMORIAL HOSPITAL			
PLACE OF DEATH INPATIENT				
BIRTHPLACE GERMANY	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME MARY BUTKIEWICZ	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 8607 ARIZONA TRAIL	APT. NO.	CITY OR TOWN WILLOW SPRINGS	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60480	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ADOLF WINDZIO	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MINNA MARCOWKA
INFORMANT'S NAME MARY WINDZIO		RELATIONSHIP WIFE	MAILING ADDRESS 8607 ARIZONA TRAIL WILLOW SPRINGS, IL 60480	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION METANIA CEMETERY ASSOCIATION	LOCATION CITY OR TOWN AND STATE JUSTICE, IL	DATE OF DISPOSITION JUNE 10, 2019	
FUNERAL HOME HALLOWELL AND JAMES COUNTRYSIDE, 1025 W. 55TH STREET, COUNTRYSIDE, IL 60525				
FUNERAL DIRECTOR'S NAME HOWARD J EGGERT			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012221	
LOCAL REGISTRAR'S NAME KAREN A. YARBROUGH			DATE FILED WITH LOCAL REGISTRAR JUNE 5, 2019	
CAUSE OF DEATH PART I: CARDIOGENIC SHOCK				
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	CARDIAC ARREST WITH RETURN OF CIRCULATION	
			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 ANOXIC ENCEPHALOPATHY, CEREBRAL EDEMA			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 JUNE 04, 2019	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 05:12 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED JUNE 05, 2019	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH SUSMITA AYYAGERI, 120 NORTH OAK STREET, HINSDALE, ILLINOIS, 60521			PHYSICIAN'S LICENSE NUMBER 036131551	

0973574



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.

Karen A. Yarbrough
Karen A. Yarbrough
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM