NOFFICIAL COPY

JOINT TENANCY AFFIDA

PREPARED BY AND MAIL TO:

William F. Kelley KELLEY, KELLEY & KELLEY 1535 W. Schaumburg Rd., Suite 204 Schaumburg, IL 60194

Doc# 2121741041 Fee \$93.00

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

KAREN A. YARBROUGH COOK COUNTY CLERK

DATE: 08/05/2021 12:08 PM PG: 1 OF 3

RECORDER'S STAMP

JOINT TENANCY AFFIDAVIT

DECEDENT: JOHN M. HUCHI.O

C. LINDA HUCHRO, hereinafter referred to as the affiant deposes and states that the affiant resides at 733 Terrace Court in the Village of Schaumburg, State of Illinois;

That the decedent at the time of his death we's one of the owners of the property in Cook County, Illinois, legally described as follows:

SEE LEGAL DESCRIPTION ATTACHED HIRETO.

PERMANENT TAX NUMBER: 07-26-117-013-0000 ADDRESS OF REAL ESTATE: 733 Terrace Court, Schaumburg, IL 60193

> That said decedent died on August 19, 2012 leaving last will and testament;

That the total value of the estate of said decedent including his taxable interest in the above real estate is less than \$4,000,000.

That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

That if the decedent had a Will it was not a joint and mutual Will; nor was the survivor of the joint tenant allowed under said Will to elect to take any property in lieu of the joint tenancy.

That the affiant makes this Affidavit to induce the Cook County Recorder to file a Deed in Trust on the al

described property.

SUBSCRIBED and SWORN to before me this 64 day of July, , 2021

Notary Public

NOTARY PUBLIC, STA My Commission Expires 08/26/2021

2121741041 Page: 2 of 3

UNOFFICIAL COPY

LEGAL DESCRIPTION

733 TERRACE COURT SCHAUMBURG, IL 60193

PERMANENT INDEX NO. 07-26-117-013-0000

Lot 913 in Lancer Subdivision Unit 9, being a Subdivision in the Northwest quarter of Section 26, Township 41 North, Range 10, East of the Third Principal Meridian, according to Plat thereof registered in the Office of the Registrar of K Cour.

October Courney Clark's Office Titles of Cook County, Illinois on October 19, 1975 as Document Number 2,835,453.

COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

| STATE FILE NUMBER 2012 U | 001081 | | | | |
|---|-----------------------------------|--|---|--|---|
| DECEDENT'S LEGAL NAME JOHN M HUCHRO | | | | SEX MALE | DATE OF DEATH AUGUST 19, 2012 |
| COUNTY OF DEATH | | AGE AT LAST BIRTHDAY 62 YEARS | | E OF BIRTH OCTOBER 30, 1949 | |
| CITY OR TOWN SCHAUMBURG | | - Paris (1994) | OSPITAL OR OTHER INSTIT 733 TERRACE COUF | And the second of the second o | |
| PLACE OF DEATH DECEDENT'S HOME | | | | | |
| BIRTHPLACE CHICAGO, IL | SOCIAL SECURITY | NUMBER STATUS AT TIME OF MARRIED | 一次次 *********************************** | S SPOUSE/CIVIL UNION PARTNE A ANDERSON | FORCES? NO |
| RESIDENCE 733 TERRACE COUPT | | APT:NO. | CITY OR TOW SCHAUM | BURG | INSIDE CITY LIMITS? YES |
| COOK IL | ., . 1-1.000- | STANLEY HUCHRO | | OLGA DIDENI | NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION |
| INFORMANT'S NAME LINDA HUCHRO | | RELATIONSHIP WIFE | 773 T | | HAUMBURG, IL, 60193 |
| METHOD OF DISPOSITION ENTOMBMENT | 40.0 | OF DISPOSITION ORY GARDENS CEME | 100 Sec. 1400 | OF CITY OR TOWN AND ST. STON HEIGHTS, IL | ATE DATE OF DISPOSITION AUGUST 24, 2012 |
| FUNERAL HOME MATZ FUNERAL HOME | 410 E RAND RO | AD M) PROSPECT, IL, | 60056 | | |
| ALAN G ZAGORSKI | | | | 034011366 | PR'S ILLINOIS LICENSE NUMBER |
| DAVID ORR | | | | DATE FILED WITH AUGUST 21, | LOCAL REGISTRAR 2012 |
| CAUSE OF DEATH PART | I: CORONARY AR | TERY DISEASE | | | ATE WEEN EATH |
| (Final disease or condition resulting in death) | | Due to (or as a | ac nseque ce of): | | ROXIMA AL BET |
| | | Due to (or as a | a consequence or | | APP INTER ONSET |
| | c e | | | | |
| PART II: Enter other significant co. | nditions contributing | AN ONLY OF THE STATE OF THE STA | consequence of): | R I WAS A | N AUTOPSY PERFORMED? NO |
| | | | | | AUTOPSY FINDINGS USED TO ETE CAUSE OF DEATH? N/A |
| FEMALE PREGNANCY STATUS | | | | | R OF DEATH JRAL |
| DATE OF INJURY | T T | ME OF INJURY PL | ACE OF INJURY | | INJURY AT WORK? |
| LOCATION OF INJURY | | | | | |
| DESCRIBE HOW INJURY OCCURE | | | | | IF TRANSCOP, ATION INJURY: SPECIFY |
| | DATE LAST SEEN AU AUGUST 16, 2 | ·무화의 대의 비를 하는데 하다. | . 40 14 514 | DATE PRONOUNCED | TIME OF DEATH |
| CERTIFIER PHYSICIAN | | | | | DATE CERTIFIED AUGUST 20, 2012 |
| NAME ADDRESS AND ZIP CODE | OF PERSON COMPLE | TING CAUSE OF DEATH | | | PHYSICIAN'S LICENSE NUMBER |

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

