



Doc# 2130119013 Fee \$88.00

JOINT TENANCY AFFIDAVIT

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 10/28/2021 10:02 AM PG: 1 OF 2

Earl L. Fullenwider, hereby referred to as the affiant, states under oath that the affiant resides at 9715 S. Luella, Chicago, Illinois 60617 the State of Illinois.

The affiant was acquainted with Gwendolyn S. Fullenwider the decedent who, at the time of her death was one of the owners of the property located in Cook County, Illinois, described as:

Lot twenty seven (27) in block four (4) in Merrionette Manor being a subdivision in the east half (1/2) of the north east quarter (1/4) of section twelve (12) north of the Indian boundary line in township thirty seven (37), range fourteen (14) east of the third principal meridian according to the plat there recorded in the recorders office of Cook County, Illinois on August 20, 1947 as document #14127310.

Commonly known as 9715 S. Luella, Chicago, Illinois 60617

Permanent Real Estate Index Number: 25-12-221-009-0000

The decedent died on October 15, 2020, leaving no last will testament. (certified copy of the death certificate is attached).

The total value of said decedent's estate for State of Illinois Inheritance Tax/ and Federal Tax purposes does not exceed \$600,000.

Earl Fullenwider

Affiant's Signature

Subscribed and sworn to

Before me this 28th

Day of AUGUST

2021.

Kendall Hill

Notary Public



Prepared by: Kendall Hill, Atty
429 N. Wabber Rd #272
Romeoville, IL 60446

UNOFFICIAL COPY

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2020 0096751


DATE ISSUED 6/16/2021

DECEDENT'S LEGAL NAME GWENDOLYN S FULLENWIDER		SEX FEMALE	DATE OF DEATH OCTOBER 15, 2020	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 63 YEARS	DATE OF BIRTH MARCH 16, 1957		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME ADVOCATE TRINITY HOSPITAL		
PLACE OF DEATH INPATIENT				
BIRTHPLACE UTICA, NY	SOCIAL SECURITY NUMBER 333-56-1057	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME EARL FULLENWIDER	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 9715 S LUELLA AVE	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60617	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION FRANK HURD	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION SUSAN WILLIAMS
INFORMANT'S NAME EARL FULLENWIDER		RELATIONSHIP HUSBAND	MAILING ADDRESS 9715 S LUELLA AVE, CHICAGO, IL, 60617	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION THE LAKES CREMATORY	LOCATION - CITY OR TOWN AND STATE LAKE VILLA, IL	DATE OF DISPOSITION OCTOBER 26, 2020
FUNERAL HOME TRAVIS FUNERAL HOME LLC, 14338 S. INDIANA AVE, RIVERDALE, IL, 60827				
FUNERAL DIRECTOR'S NAME JOHN C TRAVIS			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014179	
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH			DATE FILED WITH LOCAL REGISTRAR OCTOBER 22, 2020	
CAUSE OF DEATH PART I: END STAGE RENAL DISEASE ON CHRONIC				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	2 YEARS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		b. HYPERTENSION	3 YEARS	
		c. DIABETES MELODIOSUS TYPE 2	3 YEARS	
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I HYPOTENSION, ANEMIA, PULMONARY EMBOLISM, OBESITY				
FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DATE OF INJURY			TIME OF INJURY	PLACE OF INJURY
LOCATION OF INJURY			INJURY AT WORK?	
DESCRIBE HOW INJURY OCCURRED				IF TRANSPORTATION INJURY, SPECIFY
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 02:10 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED OCTOBER 20, 2020	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH VANDERJACK, STACI, 9555 S 52ND AVE, OAK LAWN, ILLINOIS, 60453			PHYSICIAN'S LICENSE NUMBER 036136063	

1794015



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
 Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM