

UNOFFICIAL COPY



Doc# 2205916011 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 02/28/2022 10:48 AM PG: 1 OF 4

Prepared by/Mail to:
Dan Madsen
Solidifi
88 Silva Ln
Middletown RI 02842

AFFIDAVIT OF FACTS

STATE OF ILLINOIS

COUNTY OF COOK

BEFORE ME, the undersigned authority, on this 12TH day of JANUARY, 2022, personally appeared the undersigned affiant, who swore on oath that the following facts are true:

"1. My name is ROBERT WOODRIDGE, I am of sound mind, capable of making this affidavit, and fully competent to testify to the matters stated herein, and I have personal knowledge of each of the matters stated herein.

"2. That my spouse, **RACHENETTE WOODRIDGE** now deceased, and I were the record title holders of the following described property, as evidenced by that Deed DATED JUNE 2, 2021, RECORDED, JULY 26, 2021, IN INSTRUMENT NO.: 2120747023. IN THE OFFICIAL RECORDS OF COOK COUNTY, ILLINOIS to wit:

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE CITY OF CHICAGO, COUNTY OF COOK, STATE OF ILLINOIS, AND IS DESCRIBED AS FOLLOWS:

THE EAST 33 FEET OF THE WEST 96 FEET OF LOTS 13 AND 14 IN BLOCK 2 IN LANCASTER'S SUBDIVISION OF THE WEST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 22, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL ID: 20-22-301-016-0000

THIS BEING THE SAME PROPERTY CONVEYED TO ROBERT WOODRIDGE AND RACHENETTE WOODRIDGE, HUSBAND AND WIFE, AS TENANTS BY THE ENTIRETY FROM ROBERT WOODRIDGE, IN A DEED DATED JUNE 2, 2021, AND RECORDED JULY 26, 2021, AND IN DEED INSTRUMENT NUMBER 2120747023.

S ✓
P ✓
S ✓
MS ✓
SC ✓
E ✓
INT ✓

UNOFFICIAL COPY

FOR TITLE REFERENCE SEE DEED JUNE 2, 2021, RECORDED, JULY 26, 2021, IN INSTRUMENT NO.: 2120747023, IN THE OFFICIAL RECORDS OF COOK COUNTY, ILLINOIS

Commonly known as: 54 E 68th Street, Chicago, IL 60637

"3. That my spouse and I were married prior to JUNE 2, 2021, the date of our acquisition of title to the property described hereinabove, and we remained continuously married, without interruption by divorce from that date up to the date of my spouse's death [ENTER DECEASED SPOUSE'S DATE OF DEATH FROM DEATH CERT].

"4. That the value of my spouse's estate was insufficient to necessitate the filing of an estate tax return and that there are no state or federal estate or inheritance tax due as a result of his death.

"5. That Affiant gives this Affidavit for the purpose of inducing Fidelity National Title Insurance Company to issue its policy or policies insuring the title to said property without exceptions(s) to encumbrance(s) or vesting issues which could have possibly arisen in the event of divorce of the Affiant and Affiant's spouse; and said Affiant does hereby agree to indemnify and hold Fidelity National Title Insurance Company harmless of and from any and all loss, cost, damage and expense of every kind, including Attorneys' fees, which it may suffer or incur or become liable for under its said policy or policies arising directly or indirectly out of or on account of such an intervening divorce, or in connection with its enforcement of its rights under this agreement."

FURTHER THE AFFIANTS SAYETH NAUGHT.


ROBERT WOODRIDGE

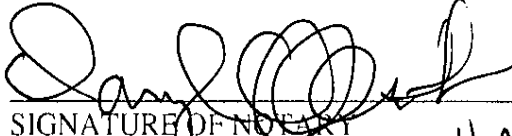
STATE OF ILLINOIS
COUNTY OF Cook

I, the undersigned, a Notary Public of the County and State aforesaid, CERTIFY that Robert Woodridge, personally

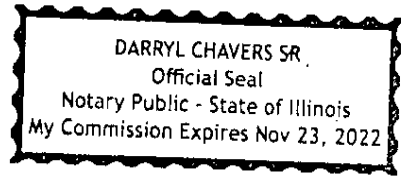
UNOFFICIAL COPY

known to me to be the same person(s) whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that he/she/they signed and delivered the instrument as their free and voluntary act for the uses and purposes therein set forth.

Given under my hand and seal this 12th day of JANUARY, 2021.


SIGNATURE OF NOTARY
MY COMMISSION EXPIRES ON: 11-23-22
MY COMMISSION NUMBER: 741534

(Notarial Seal)



Property of Cook County Clerk's Office

CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER 2021 0084006

MEDICAL EXAMINER'S CASE NUMBER ME2021-08784

DATE ISSUED 9/30/2021

DECEDENT'S LEGAL NAME RACHENETTE WOODRIDGE		SEX FEMALE	DATE OF DEATH SEPTEMBER 19, 2021													
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 63 YEARS	DATE OF BIRTH MAY 27, 1958														
CITY OR TOWN CHICAGO	HOSPITAL OR OTHER INSTITUTION NAME UNIVERSITY OF CHICAGO MEDICAL CENTER															
PLACE OF DEATH INPATIENT																
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 349-64-1491	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME ROBERT WOODRIDGE	EVER IN U.S. ARMED FORCES? NO												
RESIDENCE 54 EAST 68TH STREET	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES													
COUNTY COOK	STATE IL	ZIP CODE 60637	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION RICHARD HUNTER	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ANNA RUTH COOLEY												
INFORMANT'S NAME ROBERT WOODRIDGE		RELATIONSHIP HUSBAND	MAILING ADDRESS 54 EAST 68TH STREET, CHICAGO, IL 60637													
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION FESTIVALE CEMETERY	LOCATION - CITY OR TOWN AND STATE ALSIP, IL	DATE OF DISPOSITION OCTOBER 02, 2021													
FUNERAL HOME EVANS FUNERAL HOME LTD, 6453 SOUTH ASHLAND AVENUE, CHICAGO, IL, 60636																
FUNERAL DIRECTOR'S NAME DORIS MARIE YORK			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011728													
LOCAL REGISTRAR'S NAME KAREN A. YARBROUGH			DATE FILED WITH LOCAL REGISTRAR SEPTEMBER 24, 2021													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"> CAUSE OF DEATH PART I. PNEUMONIA IMMEDIATE CAUSE (Final disease or condition resulting in death) </td> <td style="width: 30%; text-align: center; vertical-align: middle;"> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH </td> </tr> <tr> <td colspan="2"> Due to (or as a consequence of): </td> </tr> <tr> <td colspan="2"> b. NOVEL CORONA (NOVEL CORONA COVID-19 VIRUS INFECTION) VIRAL INFECTION </td> </tr> <tr> <td colspan="2"> Due to (or as a consequence of): </td> </tr> <tr> <td colspan="2"> c. </td> </tr> <tr> <td colspan="2"> Due to (or as a consequence of): </td> </tr> </table>					CAUSE OF DEATH PART I. PNEUMONIA IMMEDIATE CAUSE (Final disease or condition resulting in death)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	Due to (or as a consequence of):		b. NOVEL CORONA (NOVEL CORONA COVID-19 VIRUS INFECTION) VIRAL INFECTION		Due to (or as a consequence of):		c.		Due to (or as a consequence of):	
CAUSE OF DEATH PART I. PNEUMONIA IMMEDIATE CAUSE (Final disease or condition resulting in death)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH															
Due to (or as a consequence of):																
b. NOVEL CORONA (NOVEL CORONA COVID-19 VIRUS INFECTION) VIRAL INFECTION																
Due to (or as a consequence of):																
c.																
Due to (or as a consequence of):																
PART II: Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I. HYPERTENSION, DIABETES MELLITUS			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?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED SEPTEMBER 19, 2021	TIME OF DEATH 03:46 PM												
CERTIFIER MEDICAL EXAMINER/CORONER				DATE CERTIFIED SEPTEMBER 23, 2021												
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PONNI ARUNKUMAR MD, 2121 W HARRISON ST, CHICAGO, IL, 60612				PHYSICIAN'S LICENSE NUMBER 1925219												

Order # 318701

CC Copy ID: 228408



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