

# UNOFFICIAL COPY

Doc#. 2208721001 Fee: \$98.00  
Karen A. Yarbrough  
Cook County Clerk  
Date: 03/28/2022 07:03 AM Pg: 1 of 3

## DECEASED JOINT TENANCY AFFIDAVIT

*Prepared By/Return To:*

Brian I. Warens  
Lavelle Law, Ltd.  
1933 N. Meacham Road, Suite 600  
Schaumburg, Illinois 60173

State of Georgia )  
) SS  
County of ~~Gwinnett~~)

Rukhsana A. Khwaja (hereinafter referred to as "Affiant"), being duly sworn, states that she resides at 2688 Autumn Ridge Lane, Lawrenceville, Georgia 30044, and that she was married to Abdulmajid S. Khwaja (hereinafter referred to as "Decedent") at the time of Decedent's death and was one of the owners of the land in Cook County, Illinois described as:

*Legal Description attached.*

**Permanent Real Estate Index Number:** 07-18-202-119-0000  
**Address of Real Estate:** 939 Banbury Court, Schaumburg, Illinois 60194

That the Decedent died on July 1, 2019, as evidenced by a redacted copy of death certificate of the Decedent attached hereto.

That the Decedent, at the time of his death, held his share of the aforementioned property as a joint tenant, and that the Decedent died:

Leaving no Last Will and Testament.

Leaving a Last Will & Testament, a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of Gwinnett County, Georgia.

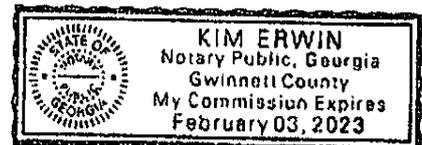
Leaving a Last Will & Testament, which was filed with the Clerk of the Probate Division of the Circuit Court of Gwinnett, County, Georgia and admitted to probate on January 9, 2020.

Affiant makes this Affidavit for the purpose of any individual or corporation who may be harmed by the Affiant's lack of veracity.

Subscribed and sworn to before me  
this 7 day of April, 2021.

  
\_\_\_\_\_  
Affiant's Signature

  
\_\_\_\_\_  
Notary Public



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## LEGAL DESCRIPTION

### PARCEL 1:

UNIT 4 AREA 22 LOT 5 IN SHEFFIELD TOWN UNIT 4, BEING A SUBDIVISION OF PARTS OF THE EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 18 AND THE WEST 1/2 OF THE NORTHWEST 1/4 OF SECTION 17, TOWNSHIP 41 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN ACCORDING TO THE PLAT THEREOF RECORDED NOVEMBER 4, 1971 AS DOCUMENT 21699881, IN COOK COUNTY, ILLINOIS (EXCEPT THAT PART TAKEN FOR BANBURY COURT).

### PARCEL 2:

EASEMENT APPURTENANT TO THE ABOVE DESCRIBED REAL ESTATE AS SET FORTH IN THE PLAT OF SUBDIVISION RECORDED NOVEMBER 4, 1971 AS DOCUMENT NUMBER 21699881 AND IN DECLARATION RECORDED OCTOBER 23, 1970 AS DOCUMENT NUMBER 21298600 AS AMENDED BY DOCUMENT 22944061 IN COOK COUNTY, ILLINOIS.

**Permanent Real Estate Index Number:** 07-18-202-179-0000

**Address of Real Estate:** 939 Banbury Court, Schaumburg, Illinois 60194

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Exhibit 1

**GEORGIA DEATH CERTIFICATE**State File Number **2019GA000040930**

1 DECEDENT'S LEGAL FULL NAME (First, Middle, Last) <b>ABDULMAJID SHAMSUDDEN KHWAJA</b>		1a. IF FEMALE, ENTER LAST NAME AT BIRTH		2 SEX <b>MALE</b>	2a. DATE OF DEATH (Mo., Day, Year) <b>ACTUAL DATE OF DEATH 07/01/2019</b>	
3 SOCIAL SECURITY NUMBER [REDACTED]	4a AGE (Years) <b>69</b>	4b UNDER 1 YEAR Mos.	4c UNDER 1 DAY Days	4d UNDER 1 DAY Hours	4e UNDER 1 DAY Mins.	5 DATE OF BIRTH (Mo., Day, Year) [REDACTED]
6 BIRTHPLACE <b>PAKISTAN</b>	7a RESIDENCE - STATE <b>GEORGIA</b>	7b. COUNTY <b>GWINNETT</b>		7c. CITY, TOWN [REDACTED]		
7d STREET AND NUMBER [REDACTED]		7e. ZIP CODE [REDACTED]	7f. INSIDE CITY LIMITS? <b>YES</b>		8. ARMED FORCES? <b>NO</b>	
8a USUAL OCCUPATION <b>OWNER</b>		8b. KIND OF INDUSTRY OR BUSINESS <b>GAS STATION</b>				
9 MARITAL STATUS <b>MARRIED</b>	10. SPOUSE NAME <b>RUKHSANA RATTANI</b>		11. FATHER'S FULL NAME (First, Middle, Last) <b>SHAMSUDDEN KHWAJA</b>			
12. MOTHER'S MAIDEN NAME (First, Middle, Last) <b>SAKINA VIRGEE</b>	13a. INFORMANT'S NAME (First, Middle, Last) <b>RUKHSANA KHWAJA</b>		13b. RELATIONSHIP TO DECEDENT <b>WIFE</b>			
13c. MAILING ADDRESS <b>26 AUTUMN RIDGE LAWRENCEVILLE GEORGIA 30044</b>			14. DECEDENT'S EDUCATION <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>			
15. ORIGIN OF DECEDENT (Italian, Mexican, French, English, etc.) <b>NO, NOT SPANISH/HISPANIC AT ALL</b>		16. DECEDENT'S RACE (White, Black, American Indian, etc.) (Specify) <b>ASIAN INDIAN</b>				
17a. IF DEATH OCCURRED IN HOSPITAL <b>EMERGENCY ROOM/OUTPATIENT</b>			17b. IF DEATH OCCURRED OTHER THAN HOSPITAL (Specify)			
18. HOSPITAL OR OTHER INSTITUTION NAME (if not in either give street and no.) <b>GWINNETT MEDICAL CENTER LAWRENCEVILLE</b>		19. CITY, TOWN OR LOCATION OF DEATH <b>LAWRENCEVILLE</b>		20. COUNTY OF DEATH <b>GWINNETT</b>		
21. METHOD OF DISPOSITION (specify) <b>BURIAL</b>		22. PLACE OF DISPOSITION <b>FLORAL HILLS MEMORY GARDENS 3000 LAWRENCEVILLE HWY TUCKER GEORGIA 30084</b>		23. DISPOSITION DATE (Mo., Day, Year) <b>07/03/2019</b>		
24a. EMBALMER'S NAME <b>WILLIE HENDRICK</b>		24b. EMBALMER LICENSE NO <b>4566</b>		25. FUNERAL HOME NAME <b>FLORAL HILLS FUNERAL HOME</b>		
25a. FUNERAL HOME ADDRESS <b>3150 LAWRENCEVILLE HIGHWAY TUCKER GEORGIA 30084</b>						
26a. SIGNATURE OF FUNERAL DIRECTOR <b>NORMAN F BURKETT</b>			26b. FUN. DIR. LICENSE NO <b>3798</b>	AMENDMENTS		
27. DATE PRONOUNCED DEAD (Mo., Day, Year) <b>07/01/2019</b>		28. HOUR PRONOUNCED DEAD <b>00:01 MILITARY</b>				
29a. PRONOUNCER'S NAME <b>LUTTRELL TOUSSAINT</b>		29b. LICENSE NUMBER <b>066091</b>		29c. DATE SIGNED <b>07/01/2019</b>		
30. TIME OF DEATH <b>00:01 MILITARY</b>		31. WAS CASE REFERRED TO MEDICAL EXAMINER <b>YES</b>				
32. Part I. Enter the chain of events-diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.					Approximate interval between onset and death	
IMMEDIATE CAUSE (Final disease or condition resulting in death)					<b>2.5 HOURS</b>	
A. <b>BLUNT FORCE INJURY</b> Due to, or as a consequence of						
B. Due to, or as a consequence of						
C. Due to, or as a consequence of						
D. Due to, or as a consequence of						
Part II. Enter significant conditions contributing to death but not related to cause given in Part I A. If female, indicate if pregnant or birth occurred within 90 days of death.			33. WAS AUTOPSY PERFORMED? <b>YES</b>		34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <b>YES</b>	
35. TOBACCO USE CONTRIBUTED TO DEATH <b>NO</b>		36. IF FEMALE (range 10-54) PREGNANT <b>NOT APPLICABLE</b>		37. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify) <b>ACCIDENT</b>		
38. DATE OF INJURY (Mo., Day, Year) <b>06/30/2019</b>	39. TIME OF INJURY <b>21:25 MILITARY</b>	40. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify) <b>ROADWAY</b>		41. INJURY AT WORK? (Yes or No) <b>NO</b>		
42. LOCATION OF INJURY (Street, Apartment Number, City or Town, State, Zip, County) <b>BUFORD DRIVE AND RIDGE ROAD LAWRENCEVILLE GEORGIA 30043 GWINNETT</b>						
43. DESCRIBE HOW INJURY OCCURRED <b>MOTOR VEHICLE COLLISION</b>				44. IF TRANSPORTATION INJURY <b>YES</b>		
45. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. Medical Certifier (Name, Title, License No.)			46. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. Medical Examiner/Coroner (Name, Title, License No.) <b>/S/ JAMES C U DOWNS MD</b>			
45a. DATE SIGNED (Mo., Day, Year)	45b. HOUR OF DEATH		45a. DATE SIGNED (Mo., Day, Year) <b>07/09/2019</b>	45b. HOUR OF DEATH <b>00:01 MILITARY</b>		
47. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH <b>JAMES C U DOWNS 320 HURRICANE SHOALS ROAD NE LAWRENCEVILLE GEORGIA 30046-4404</b>						
48. REGISTRAR (Signature) <b>/S/ CHRISTOPHER JP HARRISON</b>			49. DATE FILED - REGISTRAR (Mo., Day, Year) <b>07/09/2019</b>			