

Doc#. 2225012091 Fee: \$98.00
Karen A. Yarbrough
Cook County Clerk
Date: 09/07/2022 07:02 AM Pg: 1 of 2

PREPARED BY AND MAIL TO:

Matthew X. Kelley
KELLEY, KELLEY & KELLEY
1535 W. Schaumburg Rd., Suite 204
Schaumburg, IL 60194

JOINT TENANCY AFFIDAVIT

DECEDENT: AXEL K. BENSON

DATE: 8-17, 2022

EMILIE E. BENSON, hereinafter referred to as the affiant deposes and states that the affiant resides at 207 Cedar Circle in the Village of Streamwood, State of Illinois;

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

LOT 39 IN BLOCK 14 IN STREAMWOOD UNIT NO. 4 BEING A SUBDIVISION IN THE WEST 1/2 OF SECTION 23, TOWNSHIP 41 NORTH, RANGE 9, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED APRIL 23, 1958 AS DOCUMENT 17188252 IN COOK COUNTY, ILLINOIS.

PERMANENT TAX NUMBER: 06-23-307-039-0000

ADDRESS OF REAL ESTATE: 207 Cedar Circle, Streamwood, Illinois 60107

That said decedent died on 10-07-2002 leaving NO 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;

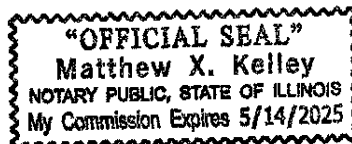
That if the decedent had a Will it was not a joint and mutual Will; nor was the survivor of the joint tenant allowed under said Will to elect to take any property in lieu of the joint tenancy.

That the affiant makes this Affidavit to induce the Cook County Recorder to file a Deed in Trust on the above described property.

Emilie E. Benson
EMILIE E. BENSON

SUBSCRIBED and SWORN to before me
this 17 day of AUGUST, 2022

Matthew X. Kelley
Notary Public



UNOFFICIAL COPY

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

DATE: OCTOBER 8, 2002

SIGNED: Margaret Valdes

at Cook County Department of Public Health

Official Title, Chief Deputy Registrar

REGISTRATION DISTRICT NO. <u>16.0</u>		STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH		STATE FILE NUMBER	
DECEASED-NAME 1. Cook		FIRST Axel	MIDDLE Kenneth	LAST Benson	SEX Male
COUNTY OF DEATH 4. Cook		AGE-LAST BIRTHDAY (YRS) 58		UNDER 1 YEAR MOS. DAYS HOURS	DATE OF BIRTH (MONTH DAY YEAR) July 27, 1937
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. Hoffman Estates		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER GIVE STREET AND NUMBER) 6b. St. Alexis Medical Center		F. HOSP. OR INST. INDICATE Q.O.A. (OTHER THAN A BENT (SPECIFY)) Inpatient	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Crystal Lake, IL		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married		NAME OF SURVIVING SPOUSE (MARRIEN NAME IF WIFE) 8b. Emilie Agnew	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION 11a. Maint. Foreman		KIND OF BUSINESS OR INDUSTRY 11b. Jewel Tea	
RESIDENCE (STREET AND NUMBER) 13a. 207 Cedar Circle		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. Streamwood		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 12	
STATE 13c. Illinois		ZIP CODE 13d. 60107		INSIDE CITY (YES/NO) 13c. Yes	
FATHER-NAME 15. Axel Bernard Benson		RELATIONSHIP 17b. Wife		MOTHER-NAME 16. Bessie M. Rugg	
INFORMANT'S NAME (TYPE OR PRINT) 17a. Emilie Benson		MARRIAGE ADDRESS (STREET AND NO OR R.F.D. CITY OR TOWN, STATE ZIP) 17c. 207 Cedar Cir. Streamwood, IL 60107		MIDDLE Bessie M. Rugg	
<p>18 PART I. Enter the diseases, or complications that caused the death. Do not use the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line resulting in death.</p> <p>Immediate Cause (Final disease or condition resulting in death) → (a) Sepsis Pneumonia, multi-Drug, Ultra</p> <p>CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STARTING THE UNDERLYING CAUSE LAST → (b) Anoxic Head Injury, Wetters</p> <p>CAUSE LAST → (c) DUE TO OR AS A CONSEQUENCE OF</p>					
PART II. Other significant conditions contributing to death but not resulting in a true dying cause (within PART I)					
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)	
20a. (DD) DID NOT ATTEND THE DECEASED (MC, TH, DAY, YEAR)		20b. (DD) DID NOT ATTEND THE DECEASED (MC, TH, DAY, YEAR)		19a. No	
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		19b. No	
22a. SIGNATURE		21c. HOUR OF DEATH		20c. IF FEMALE WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES/NO	
22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		21d. DATE SIGNED		20d. YES/NO	
22c. Peter Holteno 1575 Arranwood Rd. Suite 415		21e. 10/1/02		20e. YES/NO	
22d. NAME OF ATTENDING PH. SIC. IN OTHER THAN CERTIFIER (TYPE OR PRINT)		21f. ILLINOIS LICENSE NUMBER		20f. YES/NO	
22e. Peter Holteno 1575 Arranwood Rd. Suite 415		21g. 036765813		20g. YES/NO	
NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.					
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION	
23. Burial		24b. Memorial Park		24c. Woodstock, Illinois	
FUNERAL HOME		NAME		STREET AND NUMBER OR R.F.D.	
25a. Querhammer & Flagg Funeral Home		25b. Diane L. Knoth		25c. 500 W. Terra Cotta Ave. Crystal Lake, IL 60014	
FUNERAL DIRECTOR'S SIGNATURE		FURNERIAL DIRECTOR'S SIGNATURE		FURNERIAL DIRECTOR'S ILLINOIS LICENSE NUMBER	
25d. Diane L. Knoth		25e. Diane L. Knoth		25f. 034-015112	
LOCAL REGISTRAR'S SIGNATURE		LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR)	
26a. Margaret Valdes		26b. Margaret Valdes		26c. October 8 2002	



VR200 (Rev. 8/89)

Illinois Department of Public Health—Division of Vital Records

MADE IN U.S.A.