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Doc#: 2306841260 Fee: \$98.00
Karen A. Yarbrough
Cook County Clerk
Date: 03/09/2023 12:49 PM Pg: 1 of 2

JOINT TENANCY AFFIDAVIT

Prepared By & Return To:
Lynn M. Hickey
Hutchison, Anders & Hickey
7851 West 185th Street, Suite 105
Tinley Park, IL 60477

STATE OF ILLINOIS)
) SS
COUNTY OF WILL)

Ann D. Hebert, hereby referred to as the affiant, states under oath that the affiant resides 15709 Peggy Lane, #4, Oak Forest, IL 60452; that the affiant was known to **Joseph M. Hebert, Decedent**, at the time of the decedent's death, the decedent was one of the owners of a parcel of property by virtue of a properly recorded joint tenancy or tenancy by the entirety deed, said property located in COOK County, Illinois, and legally described as follows:

Unit 12-4 together with its undivided percentage interest in the common elements in Shibui South Condominium as delineated and defined in the declaration recorded as Document No. 93168945, as amended, in the West 3/4 of the West 1/2 of the Southeast 1/4 of the Southeast 1/4 of Section 17, Township 36 North, Range 13, East of the Third Principal Meridian in Cook County, Illinois.

Permanent Index Number(s): 28-17-416-009-1/36

Property Address: 15709 Peggy Lane, #4, Oak Forest, IL 60452

The decedent died on September 4, 2021;

The decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

The total value of decedent's estate, including the taxable interest in the above property, is unknown.

The State Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from the decedent's estate, has been paid in full;

Ann D. Hebert
Ann D. Hebert

Subscribed and sworn to before me this

3rd day of March, 2023
(Month) (Year)

Megan Malak
(Notary Public)

My commission expires: _____



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KANE COUNTY CLERK
GENEVA, ILLINOIS
MEDICAL CERTIFICATE OF DEATH EXHIBIT A

STATE FILE NUMBER 2021 0077738

DATE ISSUED 9/21/21

DECEDENT'S LEGAL NAME JOSEPH MONTGOMERY HEBERT			SEX MALE	DATE OF DEATH SEPTEMBER 04, 2021
COUNTY OF DEATH KANE	AGE AT LAST BIRTHDAY 63 YEARS	DATE OF BIRTH JANUARY 30, 1958		
CITY OR TOWN ST CHARLES		HOSPITAL OR OTHER INSTITUTION NAME 134 SAINT GERMAIN PLACE		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 336-56-2665	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME LINDA DICKSON	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 134 SAINT GERMAIN PLACE	APT. NO.	CITY OR TOWN ST CHARLES	INSIDE CITY LIMITS? YES	
COUNTY KANE	STATE IL	ZIP CODE 60175	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOSEPH OMER HEBERT	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ANN DISABATO
INFORMANT'S NAME LINDA HEBERT		RELATIONSHIP WIFE	MAILING ADDRESS 134 SAINT GERMAIN PLACE, ST CHARLES IL 60175	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION FOREST CREMATORY	LOCATION - CITY OR TOWN AND STATE HOMWOOD, IL	DATE OF DISPOSITION SEPTEMBER 07, 2021	
FUNERAL HOME CREMATION SOCIETY OF ILLINOIS - AURORA, 4255 WESTBROOK DRIVE, AURORA, IL, 60504				
FUNERAL DIRECTOR'S NAME MARK JOHN KAZLAUSKAS			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015610	
LOCAL REGISTRAR'S NAME JOHN ANDREW CUNNINGHAM			DATE FILED WITH LOCAL REGISTRAR SEPTEMBER 7, 2021	
CAUSE OF DEATH	PART I	LUNG CANCER		
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	Due to (or as a consequence of):		
	b.	Due to (or as a consequence of):		
	c.	Due to (or as a consequence of):		
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I:			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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 08:15 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED SEPTEMBER 07, 2021	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH SANJAY AMIN, 580 WATERS EDGE STE 100, LOMBARD, ILLINOIS, 60148			PHYSICIAN'S LICENSE NUMBER 036087155	

DECEDENT ALIAS
AKA: JOE M HEBERT

406984

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.

John A. Cunningham
John A. Cunningham
Kane County Clerk and Registrar

