UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

THIS INSTRUMENT PREPARED BY AND MAIL TO: David R. Stallter, Esq. Lillig & Thorsness, Ltd. 1900 Spring Road, Suite 200 Oak Brook, IL 60523



Doc# 2312816061 Fee \$93.00

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

KAREN A. YARBROUGH

DATE: 05/08/2023 03:46 PM PG: 1 OF 3

This space for recorder's use only

MARCIA A. PETRICIG, being duly sworn, states as follows:

That she resides at 1016 S. Spring Avenue, La Grange, Illinois 60525.

That she was the wife of MARK D. PETRICIG, deceased ("Decedent"), who at the time of his death was one of the owners of the land in Cook County, Illinois, described as:

LOT 209 AND THE NORTH 25 FEET OF LOT 210 IN SPRING GARDENS, BEING A SUBDIVISION OF THE EAST 1/2 OF THE WEST 1/2 OF THE NORTHWEST 1/4 AND THE EAST 1/2 OF THE NORTHWEST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 9, TOWNSHIP 38 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINO.S.

Permanent Index Nos.: 18-09-310-017 and 18-09-210-027

Property Address: 1016 S. Spring Avenue, La Grange, Illinois 60525

That MARK D. PETRICIG died on February 22, 2023, as evidenced by a copy of his death certificate attached hereto.

That MARK D. PETRICIG died:

____ Leaving no Last Will & Testament.
____ Leaving a Last Will & Testament.

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the IRC Section 2010 applicable exclusion amount and the IRC Section 2056 marital deduction for 2023.

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Affiant makes this affidavit for the purpose of confirming ownership of the above-referenced real estate as surviving joint tenant.

MARCIA A. PETRICIG

SWORN AND SUBSCRIBED to before me this 6th day of Ar.il, 2023.

NOTARY PUBLIC

OFFICIAL SEAL
DAVID R STALLTER
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:11/18/24

Coot County Clart's Office

GERULFICATION OF DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 001	5941					DATE ISSUED	2/27/2023
DECEDENT'S LEGAL NAME MARK D'PETRICIG				400,000,000		E OF DEATH BRUARY 22, 2023	
COUNTY OF DEATH		AGE AT LAST BIRTHDAY. 69 YEARS		DATE OF BIR			
CITY OR TOWN LAGRANGE			HOSPITAL OR OTHER 1016 S SPRING		AME TO THE TOTAL T	新麗斯斯	
PLACE OF DEATH DECEDENT'S HOME		27 57 55 22 22 5					10 (p)
BIRTHPLACE CHICAGO, IL	342-46-71	YNUMBER STATUS AT TIM 93 MARRIED	 15.6 F.S. San Land 	IRVIVING SPOUSE/ MARCIA STI	CIVIL UNION PARTNER'S MA METZ	DEN NAME EVER IN.U.S FORCES?	
RESIDENCE 1016 S SPRING AVE		APT.	ter a facilità de l'appropriate l'appropriat	R TOWN	調製養養	INSIDE CITY LII YES	VITS?
COOK STAT-	ZIP CODE 60525	FATHERICO PARENT'S NAME P			OTHER/CO PARENT'S NAME ANN GRUBIC	PRIOR TO FIRST MARRIAGE/C	NOINÚ BÍVIC
INFORMANTS NAME MARCIA PETRICIG		RELATIONSHIP WIFE		AILING ADDRES 1016 S SPRI	s NG AVE, LAGRAN	GE, IL, 60525	
METHOD OF DISPOSITION CREMATION		E OF DISPOSITION ARTLAND CREMATION S	1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	OMEOVILLE	OR TOWN AND STATE	DATE OF DISPOSITION FEBRUARY 25, 20)23
SUBURBAN FAMILY FUNERAL HOME, 5941 W. 21TH STREET, CICERO, IL 60804							
FUNERAL DIRECTOR'S NAME STANLEY JAN KULASIK					034011746	LLINOIS LICENSE NUMBER	* 3
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH					DATE FILED WITH LOCA FEBRUARY 24: 2		
CAUSE OF DEATH PART.1. IMMEDIATE CAUSE (Final disease or condition)	ACUTE MYOCA	ARDIAL INFARCTION	or as a consequence of loss		AANTE	DEATI-	INUTES
resulting in death) b.	CORONARY AI	RTERY DISEASE			N N N N N N N N N N N N N N N N N N N		EARS
	HYPOGLYCEM	liA	or as a consequence oi ;:			SNO Y	EARS
PART II. Enter other significant condi	itions contributing		or as a consequence of): the underlying cause give	n in PART I	WAS AN AUT	OPSY PERFORMED? NO)
						PSY FINDINGS USED TO	
FEMALE PREGNANCY STATUS NOT APPLICABLE					MANNER OF NATURA		######################################
DATE OF INJURY		TIME OF INJURY	PLACE OF INJURY			INJURY AT	WORK?
LOCATION OF INJURY							
DESCRIBE HOW INJURY OCCURRED	0.				IFT	RANSE OR ATION INJURY	SPECIFY:
The first transfer to the control of	ATE LAST SEEN AL JUNE 22, 202	- CONTROL (1987) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	EXAMINER OR NTACTED? YES	DATE PRO	ONOUNCED	TIME OF DEA 10:34 AM	
CERTIFIER PHYSICIAN						re certified EBRUARY 23, 2023	
NAME ADDRESS AND ZIP CODE OF DANIEL CHEN, 5201 WILL	Contract to the contract of th	ケン もいかん きばか さだり	SHLANDS, ILLINOIS	6, 60525		PHYSICIAN'S LICENSE NU	



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

