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Doc#. 2322713318 Fee: \$107.00

Karen A. Yarbrough Cook County Clerk

Date: 08/15/2023 12:39 PM Pg: 1 of 3

DOOP OX COOK **Deceased Joint Tenant Affidavit**

Recording Cover Page

Frepared By:

Frank M. Anselmo, Jr.

After Recording return to:

Frank M. Anselmo, Jr...

1280 Iroquois Avenue, Suite 100

--iue, IL 60563

UNOFFICIAL COPY

DECEASED JOINT TENANT AFFIDAVIT

STATE O	F ILLINOIS	}	
		}	SS
COUNTY	OF COOK	1	

Nicole Esper, being first duly sworn, deposes and says;

- 1. That she resides at 4850 W. Polk Street, Chicago, IL 60644.
- 2. That she is the surviving daughter of Charles Esper, now deceased, who was the surviving joint tenant of Rose Edna Esper of a Rose Esper, who died on October 21, 2009, as evidenced by the attached certified copy of the death certificate.
- 3. That said decedent was one of the owners of the land described as:

Lot 21 in Joseph B. Ford and Company's Resubdivision of Lots 1 to 20 inclusive in the Subdivision of Lot 161 (except the North 33 feet thereof) in School Trustees' Subdivision of the North part of Section 16, Township 39 North, Range 13, East of the Third Principal Meridian, also of Lots 1 to 20 inclusive in Allen's Subdivision of Lot 162 in the School Trustees' Subdivision of the North part of Section 16, Township 39 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Index Number: 16-16-407-080

Property Address: 4850 W. Polk Street, Chicago, IL 60644

4. That said decedent died leaving no last Will and Testament, and the total value of said decedent's estate for State of Illinois Inheritance Tax/Estate Tax and Federal Estate Tax purposes does not exceed \$200,000.00.

STATE OF ILLINOIS)
SS
COUNTY OF COOK)

I the undersigned a Natary Public in and for the County and State aforesaid

I, the undersigned, a Notary Public, in and for the County and State aforesaid, DO HEREBY CERTIFY that NICOLE ESPER, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and signed and delivered said instrument as her free and voluntary act for the uses and purposes therein set forth.

GIVEN under my hand and official seal this 21th day of July, 2023

NOTARY PUBLIC

soul Broken

NAME AND ADDRESS OF PREPARER: FRANK M. ANSELMO, JR. 1280 Iroquois Avenue, Suite 100 Naperville, IL 60563 OFFICIAL SEAL
FRANK M ANSELMO JR
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:06/13/24

Exhibit "A"

CATION OF DEATH RECORD

CHICAGO, ILLINOIS

TATE FILE NUMBER 2009			AMINER/CORON Calexamner & case			* 5.		DATE SSUED 02/16/20
DECEDENT'S LEGAL NAME ROSE EONA ESPER					, , , , , , , , , , , , , , , , , , ,	SEX FEMALE	DATE OF	10 100
COUNTY OF DEATH	ند. العود الموسرات المواددان	AGE AT LA	STEIRTHOAY ARS		OATE OF S APRIL	1942 29, 1942	** ' ₂₀ +	Special Control of the Control of th
CITY OR TOWN LYON'S TWO					MERTUTION Y HOSPITA			
PLACE OF DEATH INPATIENT		* * * * * * * * * * * * * * * * * * * *						
BIRTHPLACE CLEVELAND, MS	SOCIAL SECUR	ITY NUMBER	MARRIED	E OF DEATH		SPOUSES NAME LES ESPER		EVERINUS ARMED FORCES? YES
RESIDENCE 4850 W. POLK ST			APT. NO.		r toval AGO		ti na	MSIDE CITY LINETS?
COOK	7. TE ZIP 600 60644		erskame Athew James			MOTHERS NA CLAIR M	MERRIOR TO ARSHALL	FIRST MARRIAGE
INFORMANTS NAME CHARLES ESPER			TIONSHIP JSBAND		ILING ADDRE	ss LK ST, CHICA	\GO, JL, 60	0624
METHOD OF DISPOSITION		E OF DISPOS	(TION DEMETERY		CATION - CIT HLLSIDE, I			TE OF DISPOSITION CTOBER 31, 2009
FUNERAL HOME GATLING'S CHAPEL IN		, 7					1 - 4 - 4 - 4	
FUNERAL DIRECTOR'S NAME BRIDGETTE D BROWN				<u>_</u> .		FUNERAL DIRECT		DIS LICENSE NUMBER
LOCAL REGISTRAR'S NAME DAVID ORR			0			DATE FILED WIT OCTOBER		GISTRAR
CAUSE OF DEATH PAR MMEDIATE CAUSE (Final disease or quadition resulting in death)	OUADRIPLES b CERVICAL SP	ÎNE FRACTU	Due to (or as a conseque	2)//_		-	
PART II. Enter officer significant c	anditistin contribution	rito death had	Due to (or se a conseque		in PART	- Diais		Y PERFORMED? NO.
HYPERTENSIVE CARDIC					And the second	VOEF	E AUTOPSY PLETE CAUS	FINDINGS USED TO
DID TOBACCO USE CONTRIBUT	E TO DEATHS		HANCY STATUS" GNANT WITHIN LAS	T YEAR			NER DE DEA C'DENT	TH
DATE OF MURY AUGUST 27, 2009		TIME OF INJU				(7	INJURYAT WORK?
LOCATION OF INJURY 4850 WEPOLK ST. CHI		<u> </u>			====			
DESCRIBE HOW INJURY OCCUP FELL ON STAIRS	RRED:		के के जिसे की		* A'gara'		IF TRANS	POR ATION MUURY, SPECIFY
ATTEND THE DECEASED?	DATE LAST SEEN A		VAS MEDICAL EXAMINER OF CONTACTED?			OBER 21, 20)9	TINE OF SEATH
CERTIFIER MEDICAL EXAMINERA	CORONER				<u> </u>		DATE CE	RTIFIED OBER 22, 2009
NAME, ADDRESS AND ZIP CODE NANCY L JONES MD, 2					·		PHYS	ICIAN'S LICENSE NUMBER



This is to certify that this is a true and correct copy from the official death record filed with Illinois Department of Health.



