Doc# 2417709003 Fee \$88.00 ILRHSP FEE:\$18.00 RPRF FEE:\$1.00 CEDRIC GILES

COOK COUNTY CLERK'S OFFICE

DATE: 6/25/2024 10:04 AM

PAGE: 1 OF 5

County Clark's Office

DECEASED TENANTS BY THE ENTIRETY AFFIDAVIT

Deceased: Robert T. Wolff

Real Estate: 7123 W. C'eveland Street

Niles, IL 60714

PIN: 10-19-322-007-0000

Prepared by: Francis K. Tennant

33 N. Dearborn St., Ste. 860 Chicago, Illinois 60602

Return to: Francis K. Tennant

33 N. Dearborn St., Ste. 800 Chicago, Illinois 60602

2417709003 Page: 2 of 5

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DECEASED TENANTS BY THE ENTIRETY AFFIDAVIT

| STATE OF ILLINOIS |) |
|-------------------|-------|
| |) SS: |
| COUNTY OF COOK |) |

Virginia E. Wolff, being duly sworn, states that she resides at 7123 W. Cleveland Street, Niles, Illinois 60714.

That Virginia E. Wolff is the surviving spouse of Robert T. Wolff, deceased, who at the time of his death. we's one of the owners of the land in Cook County, Illinois, described as: 7123 W. Cleveland Street Niles, Illinois 60714.

That Robert T. Wolff died on October 13, 2016, as evidenced by a certified copy of death certificate of the deceased attached hereto.

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, did not exceed the sum of One Hundred Seventy-five Thousand (\$175,000.00) tate 1. Dollars, and no State Inheritance Tax or Federal Estate Tax was due on the decedent's estate.

Dated: /pune /8, 2024

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Signature: <u>Vaganix E. Wolff</u>
Virginia E. Wolff

SUBSCRIBED AND SWORN

__day of <u>JUNE</u>, 2024.

NOTARY PUBLIC

OFFICIAL SEAL FRANCIS KOWNACKI TENNANT Notary Public, State of Illinois N. Sperm or Cook County Clerk's Office Commission No 985860 My Commission Expires January 19, 2028

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LEGAL DESCRIPTION

LOT 7 IN STOLTZNER'S THIRD ADDITION TO EVERGREEN ESTATES, BEING A SUBDIVISION OF PART OF THE SOUTH ½ OF THE SOUTHWEST ¼ OF SECTION 19, TOWNSHIP 41 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING WEST OF THE CENTER OF WAUKEGAN (NORTH BRANCH) ROAD; EXCEPTING THEREOF THE SOUTH 24 ACRES, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office

GERTHICATION OF DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS

MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

| STATE FILE NUMBER 26 | 016 008 | 0023 | MED | ICAL EXAMI | NER'S CASE I | NUME | ER 2016-049 |)23 | | DATE | ISSUED 10 | 7/19/2016 |
|---|---|----------------|---|--|---|--|----------------------------------|---|---|------------|--------------------------------------|-----------|
| DECEDENT'S LEGAL NAME ROBERT T WOLFF | | | | | | | | SEX MALE | | OBER 1 | 13, 2016 | |
| COUNTY OF DEATH | | | 1 | AST BIRTHDAY | | | DATE OF SEPT | BIRTH EMBER 04, 194 | 1 | | - | |
| CITY OR TOWN PARK RIDGE | | | <u> </u> | | | | IEA INSTITUTIOI LUTHERAN (| N NAME GENERAL HOSE | PITAL | | | |
| PLACE OF DEATH INPATIENT | | | | | | | | 4 | | | | |
| BIRTHPLACE CHICAGO, IL | | SOCIAL SECURIT | | | | SURVIVING SPOUSE/CIVIL UNION PARTNERS VIRGINIA ROHRICH | | | S MAIDEN NAME EVER IN U.S. ARMED FORCES? NO | | | |
| RESIDENCE 7123 W CLEVELAN | P ST | '' | | <u> </u> | . NO. | | Y OR TOWN | | | 1 | INSIDE CITY LIMITS YES | S? |
| COUNTY COOK | _ | ZIP CODE | l" | PARENTS NAME T WOLFF | PRIOR TO FIRST A | | | MOTHER/CO-PARENT | | PRIOR TO F | | . UNION |
| INFORMANT'S NAME VIRGINIA WOLFF | <u> </u> | 10 | RELATIONSHIP MAILING ADDRESS 7123 W CLEVELAND ST. | | | | | NILES. IL. 60714 | | | | |
| METHOD OF DISPOSITION | METHOD OF DISPOSITION | | | OF DISPOSITION | | | | LOCATION - CITY OR TOWN AND STATE DES PLAINES, IL | | | DATE OF DISPOSITION OCTOBER 17, 2016 | |
| BURIAL AINTS CATHOLIC CEMETERY DES PLAINES, IL OCTOBER 17, 2016 FUNERAL HOME SKAJA TERRACE FUNERAL HOME, 7812 N M'L'AUKEE AVENUE, NILES, IL, 60714 | | | | | | | | | | | | |
| | | | | | | | TOR'S ILLINOIS LICENSE NUMBER | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | | I LOCAL REGISTRAR 14, 2016 | | | | | |
| CAUSE OF DEATH | PART I. | HYPERTENSI | /E CARDIC | OVASCULAH | UN EASE | | , | | ונ הרדי | AT. | UNK | NOWN |
| (Final disease or condition resulting in death) | b. | | | Due to | (or as a c visequent | co of): | | | OXIMA PETW | AND DE | | |
| | | | | Due to | (or as a consequent | C20 (0).1: | | | APPE | ONSET | | |
| | C. | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , | 12 | | | Ü | | |
| | | - | | | (or as a consequent | | | | | | | |
| PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PAR. WAS AN AUTOPSY PERFORMED? NO DIABETES MELLITUS, COMPLICATIONS OF FEMUR FRACTURE DUE TO FALL WERE AUTOPSY FINDINGS USED TO | | | | | | | | | | | | |
| FEMALE PREGNANCY STAT | TUS | <u>','</u> | | | | | | COM | | AUSE OF | DEATH? N/A | |
| NOT APPLICABLE | | | | | -T | | | 100 | CIDEN | <u> </u> | I | - |
| DATE OF INJURY SEPTEMBER 30, 20 | 016 | <u>.</u> | 06:45 P | | HOME | WURY | | | <u>()</u> | <u></u> | NO NO | HK7 |
| LOCATION OF INJURY 7123 W CLEVELAN | ID ST, | NILES, IL, 607 | 714 | ı | _ | | | 1 | | 2 | ı | |
| DESCRIBE HOW INJURY OF | CCURRE | D; | | | ." | | | | FTA | anstor i | ATION INJURY, SP | 'ECIFY: |
| ATTEND THE DECEASED? | ATTEND THE DECEASED? DATE LAST SEEN ALIVE | | | WAS MEDICAL EXAMINER OR CORONER CONTACTED? | | | DATE PRONOUNCED OCTOBER 13, 2016 | | | | TIME OF DEATH 06:07 AM | |
| CERTIFIER MEDICAL EXAMINE | ER/CO | RONER | | | | | • | | | CTOBE | ED R 14, 2016 | |
| NAME, ADDRESS AND ZIP O | | | | | O, IL, 60612 | | | 1 | Р | HYSICIAN | 'S LICENSE NUMBI | ER |



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.



