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STATE OF ILLINOIS
COUNTY OF WILL

2013 021999
SMALL ESTATE AFFIDAVIT

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 MAR 25 PM 12:48

MICHAEL B. BROWN
RECORDER

ESTATE of Judith M. Henning Deceased.

I, Gerald E. Henning, on oath state:

1. a My post office an residence address is 25905 S. Princess Lane, Crete, IL 60417
2. The decedent's name is: Judith M. Henning
3. The date of the decedent's death was November 27, 2011, and I have attached a copy of the death certificate hereto.
4. The decedent's place of residence immediately before her death was 25905 S. Princess Lane, Crete, IL 60417.
5. No letters are outstanding on the decedent's estate and no petition for letters is contemplated or pending in Illinois or in any other jurisdiction to my knowledge.
6. The gross value of the decedent's entire personal estate, including the value of all property passing to any party either by intestacy or under a will, does not exceed \$100,000 in value, and consists of:

Item	Value
Annuity # GLC0018566 Original Policy No #GL0015904 (Ruth E. Wahl)	approx. \$2592.96
Lot 3 in Mohawk Campgrounds, Lake and Newton County, IN	approx. \$45,0000
Used and outmoded furnishings, clothing and personal effects, of no cash value.	

7. The amount of the unpaid funeral expenses and the name and post office address of each person entitled thereto are as follows: None
8. There are no unpaid claimants or contested claims against the decedent, except those that are included within paragraph 7 herein.
9. There is a surviving spouse, and no minor or adult dependent child, of the decedent.
10. The decedent left a will, which has been filed with the clerk of an appropriate court. A certified copy of the will on file is attached. To the best of my knowledge and belief the will on file is the decedent's last will and was signed by the decedent and the attesting witnesses as required by law and would be admitted to probate. The names and places of residence of the legatees and the portion of the estate, if any, to which each legatee is entitled are as follows:

Name, Relationship and Place of Residence	Age of Minor	Portion of Estate
Scott M. Henning, son 23707 Euclid POB 274 Secneider, IN 46376		Lot 3, Mohawk Campgrounds Lake County

AMOUNT \$ 16
 CASH CHARGE
 CHECK# 007152
 Overage
 COPY
 NON-CONF ✓
 DEPUTY ad

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Gerald E. Henning, spouse
25905 S. Princess Lane
Crete, IL 60417

Annuity GLC0018566
100% of residue

Affiant is unaware of any dispute or potential conflict as to the heirship or will of the decedent.

11. The property described in paragraph 6 of the Affidavit should be distributed as follows:

Name	Specific Sum or Property to be Distributed
Gerald E. Henning	100% of Annuity
Scott M Henning	Mohawk Campground Lot 3

The foregoing statement is made under the penalties of perjury.

Gerald E. Henning, Affiant

I, Janet L. Schwieters, am an attorney, duly licensed to practice law in the State of Illinois. I have prepared the foregoing affidavit on behalf of the party signing it. Further, based upon the information supplied to me, which I have no reason to believe is not true and accurate, paragraphs 9 through 11 correctly reflect the appropriate heirship and distribution under the applicable law and any will.



CERTIFICATION OF DEATH RECORD

**WILL COUNTY LOCAL REGISTRAR
JOLIET, ILLINOIS
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2011 0088343

DATE ISSUED 11/30/2011

DECEDENT'S LEGAL NAME JUDITH M HENNING		SEX FEMALE	DATE OF DEATH NOVEMBER 27, 2011	
COUNTY OF DEATH WILL	AGE AT LAST BIRTHDAY 65 YEARS	DATE OF BIRTH AUGUST 26, 1946		
CITY OR TOWN CRETE	HOSPITAL OR OTHER INSTITUTION NAME 25905 PRINCESS LANE			
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE SANDUSKY, OH	SOCIAL SECURITY NUMBER 280-42-8343	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME GERALD E HENNING	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 25905 PRINCESS LANE	APT. NO.	CITY OR TOWN CRETE	INSIDE CITY LIMITS? YES	
COUNTY WILL	STATE IL	ZIP CODE 60417	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LLOYD WAHL	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION RUTH DODDS
INFORMANT'S NAME GERALD E HENNING		RELATIONSHIP HUSBAND	MAILING ADDRESS 25905 PRINCESS LANE, CRETE, IL, 60417	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION SKYLINE MEMORIAL PARK	LOCATION - CITY OR TOWN AND STATE MONEE, IL	DATE OF DISPOSITION NOVEMBER 29, 2011	
FUNERAL HOME CRETE FUNERAL HOME, 1182 MAIN STREET, CRETE, IL, 60417				
FUNERAL DIRECTOR'S NAME JOHN J PARZYGNOT			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011846	
LOCAL REGISTRAR'S NAME JOHN J CICERO			DATE FILED WITH LOCAL REGISTRAR NOVEMBER 29, 2011	
CAUSE OF DEATH	PART I. ENDOMETRIAL CANCER			
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	Due to (or as a consequence of)		MONTHS
	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	
FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	MANNER OF DEATH NATURAL	
LOCATION OF INJURY			INJURY AT WORK?	
DESCRIBE HOW INJURY OCCURRED.			IF TRANSPORTATION INJURY, SPECIFY.	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE NOVEMBER 16, 2011	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 06:25 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED NOVEMBER 29, 2011	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH TREVOR MARCOTTE, 15900 W 101ST AVE, DYER, INDIANA, 46311			PHYSICIAN'S LICENSE NUMBER 036110052	

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 J. Cicero, M.H.A.
John J. Cicero, M.H.A.
Executive Director and Local Registrar
Will County Health Department



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE