



**AFFIDAVIT OF PERSON CLAIMING  
SENIOR CITIZENS ASSESSMENT FREEZE HOMESTEAD EXEMPTION  
DUE A DECEASED TAXPAYER**

STATE OF ILLINOIS  
COUNTY OF COOK

I, \_\_\_\_\_, on oath state:

- 1. My post office address is: \_\_\_\_\_  
My residence address is: \_\_\_\_\_

I understand that, if I am an out-of-state resident, I submit myself to the jurisdiction of Illinois courts for all matters related to the preparation and use of this affidavit. My agent for service of process in Illinois is:

*Name* \_\_\_\_\_ *Address* \_\_\_\_\_

*City/Zip Code* \_\_\_\_\_ *Telephone* \_\_\_\_\_

I understand that if no person is named above as my agent for service or, if for any reason, service on the named person cannot be effectuated, the Clerk of the Circuit Court of Cook County, Illinois is recognized by Illinois law as my agent for service of process.

- 2. The deceased taxpayer's name is \_\_\_\_\_.

- 3. The date of the deceased taxpayer's death was \_\_\_\_\_, 20\_\_\_\_ and I have attached a copy of the **death certificate** hereto.

- 4. The deceased taxpayer immediately before death either was the owner of record of or had a legal or equitable interest in his/her place of residence located at:

Street Address \_\_\_\_\_

PIN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.

- 5. The names of all members of the deceased taxpayer's residential household in the subject year were:

<i>Name</i>	<i>Relationship</i>
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a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

(If needed, attach names/relationships of additional household members on separate sheet of paper.)

6. The total income of all members of the deceased taxpayer's household in the year of his/her death did not exceed \$65,000 and I have attached copies of all **Federal income tax returns** filed by all members of the deceased taxpayer's household hereto.

7. I have a legal interest in the deceased taxpayer's residence as follows (initial one):

\_\_\_\_\_ Heir of Deceased Taxpayer

\_\_\_\_\_ Legatee of Deceased Taxpayer (*attach copy of will*)

\_\_\_\_\_ Court-appointed or certified Personal Representative of Estate (*attach **Letters of Office***)

\_\_\_\_\_ Trustee (*attach first, last and pertinent pages of **trust document** that refer to the property*)

8. My relationship to the deceased taxpayer is as follows:

\_\_\_\_\_.

I declare under penalties of perjury as defined in Section 32-2 of the Illinois Criminal Code of 2012 that I have examined this affidavit and, to the best of my knowledge and belief, it is true, correct, and complete. I hereby waive the statute of limitations for any such offense so that the period of limitation is extended to 3 years beyond the expiration of the period otherwise applicable.

\_\_\_\_\_  
*Signature of Affiant*

Signed and sworn before me on \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public