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2002-10-30 13:39:54

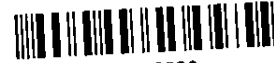
Cook County Recorder

30.50

JOINT TENANCY AFFIDAVIT

STATE OF Illinois)
COUNTY OF Cook) SS

Thomas A. Nobile,
hereby referred to as the affiant, states under
oath that the affiant resides at 3738 S.
Wolcott



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In the City of Chgo,
State of Illinois;

that the affiant was acquainted with
Katherine L. Nobile

the decedent, at the time of death, the
decedent was one of the owners of property
by virtue of a properly recorded joint
tenancy deed, said property located in
Cook County, State of
Illinois, and legally
described as follows:

The decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

The decedent died on 10/24/98, leaving no/a last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ 70,000, and that the value of the above property individually was \$ 50,000

The State and Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from the decedent's estate, has been paid in full;

The affiant makes this affidavit to induce Attorneys' Title Guaranty Fund, Inc. (ATG) to issue its policy of title insurance on the above described property.

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JOINT TENANCY AFFIDAVIT

(continued)

The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignees, to forever full indemnify, protect, defend and hold ATG harmless and to reimburse ATG for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature that ATG may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of Katherine L. Nobile, the decedent;
2. State Estate/Inheritance Tax and Federal Estate Tax that may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

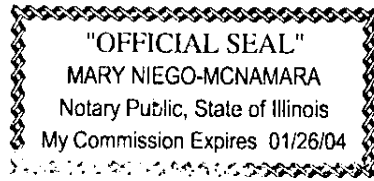
X. Thomas A. Nobile (Seal)

_____ (Seal)

Subscribed and sworn to before me this

11th day of October, 2002
(Month) (Year)

Mary Niego-McNamara
(Notary Public)



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Note: If the decedent left a will, it will be necessary that the original or certified copy thereof be presented to ATG for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

This instrument prepared by:

MARY NIEGO-McNAMARA
(Name)

6441 S. TRIPP AVE
(Address)

CHICAGO, IL 60629
(City, State, Zip)

Return to:

SAME
(Name)

(Address)

(City, State, Zip)

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DAVID D. ORR, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David D. Orr
County Clerk

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

BIRTH NO.	REGISTRATION DISTRICT NO. 16.0	REGISTERED NUMBER
DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)		
1. Katherine L. Nobilio Female October 24, 1998		
COUNTY OF DEATH	AGE—LAST BIRTHDAY (YRS) 5a. 57	UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) 5b. August 3, 1941
4. Cook	5a. 57	5b. August 3, 1941
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)
6a. Oaklawn	6b. Christ Hospital	6c. Inp.
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
7. Trenton, N.J.	8a. Married	8b. Thomas A. Nobilio
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY
10. 139-32-9484	11a. Receptionist	11b. Insurance Co.
EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	RESIDENCE (STREET AND NUMBER)	CITY, TOWN, TWP. OR ROAD DISTRICT NO.
12. 12	13a. 3738 S. Wolcott	13b. Chicago
INSIDE CITY (YES/NO)	STATE	ZIP CODE
13c. yes	13e. Illinois	13f. 60609
COUNTY	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
13d. Cook	14a. White	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:
FATHER—NAME FIRST MIDDLE LAST	MOTHER—NAME FIRST MIDDLE LAST	(MAIDEN) LAST
15. Frank Hoff	16. Ann	U/A
INFORMANT'S NAME (TYPE OR PRINT)	RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
17a. Thomas A. Nobilio	17b. Husband	17c. 3738 S. Wolcott Chgo, IL.
18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		
Immediate Cause (Final disease or condition resulting in death)	(a) <i>Carcinoma of lung</i>	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	(b) <i>Chronic obstructive pulmonary disease</i>	
	(c)	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		
DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
20a.	20b.	20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
1 (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	HOUR OF DEATH
21a. 10-24-98	21b. YES	21c. 4:27 P. M.
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		
22a. SIGNATURE	NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)	DATE SIGNED (MONTH, DAY, YEAR)
<i>[Signature]</i>	ADEL RABBAT M. D. 2645 W. 51 CHGO IL	22b. 10/26/98
22c. 2645 W. 51 CHGO IL	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)	ILLINOIS LICENSE NUMBER
		22d. 36 45971
NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION CITY OR TOWN STATE
24a. Cremation	24b. Woodlawn	24c. Forest Pk., IL.
FUNERAL HOME	NAME	STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
25a. Sourek Funeral Home	3756 S. Paulina St.	Chgo, IL, 60609
FUNERAL DIRECTOR'S SIGNATURE	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	
25b. <i>Charles J. Sourek Jr.</i>	25c. 034-010571	
LOCAL REGISTRAR'S SIGNATURE	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
26a. <i>Karen L. Sullivan, M.D.</i> REGISTRAR	26b. October 27, 1998	

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LOT 16 IN HARLAND SUBDIVISION OF THE EAST 1/2 OF BLOCK 32 IN CANAL TRUSTEE'S SUBDIVISION OF THE EAST 1/2 OF SECTION 31, TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

17-31-117-038

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