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JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF COOK) SS



Doc#: 0324602067
Eugene "Gene" Moore Fee: \$30.00
Cook County Recorder of Deeds
Date: 09/03/2003 08:48 AM Pg: 1 of 4

HELEN SHERRY
hereby referred to as the affiant, states under
oath that the affiant resides at
8313 W. COBURN ST

IL
in the City of PALOS HILLS,
State of ILLINOIS;

that the affiant was acquainted with
LEONARD SHERRY,
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 7-16-2002, leaving NO last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ 0, and that the value of the above property individually was \$ 205,000.00

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 fully 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 LEONARD SHERRY, 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.

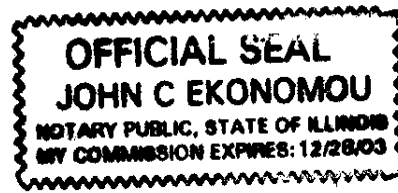
John Sherry (Seal)

(Seal)

Subscribed and sworn to before me this

23RD day of July, 2003
(Month) (Year)

[Signature]
(Notary Public)



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:

John C. Ekonomou Ally
(Name)
10546 S. ROBERTS RD
(Address)
PALOS HEIGHTS, IL 60465
(City, State, Zip)

Return to:

John Ekonomou
(Name)
10546 S. ROBERTS RD
(Address)
PALOS HEIGHTS, IL 60465
(City, State, Zip)

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THE EAST 65 FEET OF LOT 2 IN FRANK DELUGACH'S 103RD STREET HIGHLANDS, A SUBDIVISION OF THE WEST ½ OF THE NORTHWEST ¼ OF THE NORTHEAST ¼ OF SECTION 14, TOWNSHIP 37 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No. 23 - 14 - 219 - 040 - 0000

Commonly known as: 8313 West 103rd Street, Palos Hills, Illinois

Property of Cook County Clerk's Office

STATE OF ILLINOIS
County of Cook)**UNOFFICIAL COPY**

DAVID ORR, County Clerk

JUL 24 2003

I, David 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 THEREOF, 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 Orr
COUNTY CLERK

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO.	STATE OF ILLINOIS		STATE FILE NUMBER
		16.0	MEDICAL CERTIFICATE OF DEATH		
		REGISTERED NUMBER			
<p>Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS</p>					
<p>DECEASED</p>					
<p>PARENTS</p>					
<p>CAUSE</p>					
<p>CERTIFIER</p>					
<p>DISPOSITION</p>					
1. DECEASED-NAME FIRST MIDDLE LAST		2. SEX		3. DATE OF DEATH (MONTH, DAY, YEAR)	
Leonard Sherry		Male		July 16, 2002	
4. COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)		DATE OF BIRTH (MONTH, DAY, YEAR)	
COOK		5a. 73		5d. March 29, 1929	
6a. 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. OF EMER. RM, INPATIENT (SPECIFY)	
Palos Heights		Manor Care West		6c. Inpatient	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
Chicago, IL		8a. Married		8b. Helen Badowski	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY	
10. 361-16-2415		11a. Truck Driver		11b. Food Industry	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	
13a. 8313 W. 103rd Street		13b. Palos Hills		13c. Yes	
STATE		ZIP CODE		COUNTRY	
13e. IL		13f. 60465		13d. Cook	
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)			
14a. White		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:			
FATHER—NAME FIRST MIDDLE		MOTHER—NAME FIRST MIDDLE		(MAIDEN) LAST	
15. Anthony Vysnauskas		16. Mariana Janciaus			
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)	
17a. Helen Sherry		17b. Wife		17c. 8313 W. 103rd Street Palos Hills, IL 60465	
<p>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.</p>					
Immediate Cause (Final disease or condition resulting in death)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
(a) Lung Cancer					
DUE TO, OR AS A CONSEQUENCE OF					
(b)					
DUE TO, OR AS A CONSEQUENCE OF					
(c)					
<p>PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.</p>					
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)	
20a.		20b.		19a. No	
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		WHERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)			
20c. YES <input type="checkbox"/> NO <input type="checkbox"/>		19b.			
I (DID) (OR I HAD) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH	
21a. 7-16-02		21b. NO		21c. 6:30 P.M.	
<p>TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.</p>					
22a. SIGNATURE		DATE SIGNED		(MONTH, DAY, YEAR)	
22b. [Signature]		22b. 7/17/02			
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER			
22c. John F. Chivert, MD, 17148 S. Hartem, Tinley Park, IL 60477		22d. 036-073886			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
23.					
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE	
24a. Burial		24b. Lithuanian National		24c. JUSTICE, Illinois	
FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE ZIP	
25a. Hills Funeral Home Ltd. 10201 S Roberts Rd Palos Hills IL 60465					
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
25b. Frank J. Leonard FRANK J. LEONARD		25c. 34-010273			
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
26a. REGISTRAR Karen L. Scott, M.D.		26b. July 18 2002			