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Doc#: 0325518069  
Eugene "Gene" Moore Fee: \$28.50  
Cook County Recorder of Deeds  
Date: 09/12/2003 11:53 AM Pg: 1 of 3

**JOINT TENANCY AFFIDAVIT**

1276875 B

STATE OF ILLINOIS )  
 ) SS  
COUNTY OF COOK )

THOMAS P. FLEMING

hereby referred to as the affiant, states under oath that the affiant resides at  
14011 S. Laramie  
Crestwood Illinois 60445

In the City of Crestwood,  
State of Illinois;

that the affiant was acquainted with Joseph Montville,

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 SOUTH 41 FEET OF LOT 9 IN BLOCK 81 IN FREDERICK H. BARTLETT'S SIXTH ADDITION TO BARTLETT'S HIGHLANDS, A SUBDIVISION OF THE NORTHWEST QUARTER OF SECTION 18, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N. 19-18-114-043-0000

PROPERTY ADDRESS: 5619 South New England, Chicago, Illinois 60638

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 July 25, 1993, leaving no/a last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ 60,000.00, and that the value of the above property individually was \$ 60,000.00

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.

ATGF, INC.

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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 Joseph Montville, 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.

Thomas P. Fleming (Seal)

\_\_\_\_\_ (Seal)

Subscribed and sworn to before me this

7 day of May, 2003  
(Month) (Year)  
Bernard B. Kash  
(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:

Bernard B. Kash  
(Name)

6545 West Archer Avenue  
(Address)

Chicago, Illinois 60638  
(City, State, Zip)

Return to:

Bernard B. Kash  
(Name)

6545 West Archer Avenue  
(Address)

Chicago, Illinois 60638  
(City, State, Zip)

# UNOFFICIAL COPY

STATE OF ILLINOIS )  
County of Cook )

DAVID ORR, County Clerk

APR 09 2002

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

REGISTRATION DISTRICT NO. <b>16.10</b>		STATE OF ILLINOIS		STATE FILE NUMBER		
RELIGION		<b>MEDICAL CERTIFICATE OF DEATH</b>				<b>613849</b>
DECEASED		FIRST MIDDLE LAST		SEX		
1. <b>JOSEPH I. MONTVILLE</b>		2. <b>MALE</b>		3. DATE OF DEATH: MONTH, DAY, YEAR		
4. COUNTY OF DEATH: <b>COOK</b>		AGE LAST BIRTHDAY (YEAR, MONTH, DAY)		DATE OF BIRTH: MONTH, DAY, YEAR		
5. CITY, TOWN, TWP. OR ROAD DISTRICT		HOSPITAL OR OTHER INSTITUTION (NAME IF NOT IN EITHER, ONE STREET AND NUMBER)		IF HOSP. OR INST. INDICATE D.O.A. (OVERSEER, P.M.A. DEPARTMENT (SPECIFY))		
6. <b>CHICAGO</b>		7. <b>5619 S. NEW ENGLAND</b>		8. <b>HONE</b>		
9. BIRTHPLACE, CITY AND STATE OR FOREIGN COUNTRY		10. MARRIAGE (MARRIED, WED., DIVORCED (SPECIFY))		11. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIDOW)		
10. <b>CHGO. ILLINOIS</b>		11. <b>MARRIED</b>		12. <b>MARY RADOSEVICH</b>		
13. SOCIAL SECURITY NUMBER		14. USUAL OCCUPATION		15. EDUCATION (SPECIFY DEGREE, HIGHEST GRADE COMPLETED)		
10. <b>339-07-3048</b>		11. <b>PRINTING</b>		12. <b>9</b>		
13a. RESIDENCE (STREET AND NUMBER)		13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO.		13c. COUNTY		
13a. <b>5619 S. NEW ENGLAND</b>		13b. <b>CHICAGO</b>		13c. <b>COOK</b>		
13d. STATE		13e. ZIP CODE		13f. RACE (WHITE, BLACK, AM. INDIAN, HAWAIIAN, OTHER SPECIFY)		
13d. <b>ILLINOIS</b>		13e. <b>60638</b>		13f. <b>WHITE</b>		
14. FATHER-NAME FIRST MIDDLE LAST		14. MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
15. <b>THEODORE MONTVILLE</b>		16. <b>SOPHIE NEVARDAUSKAS</b>				
17a. INFORMANT'S NAME (TYPE OR PRINT)		17b. RELATION		17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)		
17a. <b>MARY MONTVILLE</b>		17b. <b>WIFE</b>		17c. <b>5619 S. NEW ENGLAND CHGO. ILLINOIS</b>		
18. PART I						
(a) Immediate Cause (Final disease or condition resulting in death) <b>Prostate Cancer</b> (b) DUE TO, OR AS A CONSEQUENCE OF: (c) CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.						
PART II. Clear clinical conditions contributing to death but not resulting in the underlying cause shown in PART I.						
19a. DATE OF OPERATION, IF ANY		19b. MAJOR FINDINGS OF OPERATION		19c. IF PLACED, WAS THERE A PREGNANCY IN PAST TWELVE MONTHS? YES <input type="checkbox"/> NO <input type="checkbox"/>		
20a. (DID/DID NOT) ATTEND THE DECEASED AND LAST SEEN (NUMBER ALIVE ON)		20b. MONTH, DAY, YEAR		20c. HOUR OF DEATH		
21a. <b>approx June 93</b>		21b. <b>NO</b>		21c. <b>3:15 A.M. M.</b>		
22a. SIGNATURE <i>Richard H. Geiger D.O.</i>				22b. DATE SIGNED (MONTH, DAY, YEAR)		
22a. <b>RICHARD H. GEIGER D.O., 15300 WEST AVENUE, ORLAND PARK, IL</b>				22b. <b>7/25/93</b>		
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)				22d. ILLINOIS LICENSE NUMBER		
22c. <b>RICHARD H. GEIGER D.O., 15300 WEST AVENUE, ORLAND PARK, IL</b>				22d. <b>36-071213</b>		
23a. BURIAL OR CREMATION (SPECIFY)		23b. CEMETERY OR CREMATORIA NAME		23c. LOCATION (CITY OR TOWN, STATE)		
24a. <b>BURIAL</b>		23b. <b>ST. MARY'S</b>		23c. <b>EVERGREEN PK., ILLINOIS</b>		
24b. FUNERAL HOME		24c. STREET AND NUMBER (CITY OR TOWN, STATE)		24d. DATE (MONTH, DAY, YEAR)		
24b. <b>FORAN FUNERAL HOME, LTD.</b>		24c. <b>5725 S. PULASKI ROAD, CHICAGO, ILLINOIS</b>		24d. <b>7-28-93</b>		
24e. FUNERAL DIRECTOR'S SIGNATURE		24f. STREET AND NUMBER (CITY OR TOWN, STATE)		24g. ILLINOIS LICENSE NUMBER		
24e. <i>Andrew E. Derin</i>		24f. <b>7300 WEST ARCHER AVE., SUMMIT, ILLINOIS 60501</b>		24g. <b>011087</b>		
25a. LOCAL HEALTH DEPARTMENT'S SIGNATURE		25b. DATE FILED BY LOCAL HEALTH DEPARTMENT (MONTH, DAY, YEAR)		25c. LOCAL HEALTH DEPARTMENT'S SIGNATURE		
25a. <i>Dugan Parker, M.D.</i>		25b. <b>JUL 27 1993</b>		25c. <i>Dugan Parker, M.D.</i>		