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JOINT TENANCY AFFIDAVIT



Doc#: 0401504171
Eugene "Gene" Moore Fee: \$30.00
Cook County Recorder of Deeds
Date: 01/15/2004 11:16 AM Pg: 1 of 4

STATE OF Illinois)
COUNTY OF COOK) SS

James Redwood,
hereby referred to as the affiant, states under
oath that the affiant resides at
5045 W Napole

In the City of Chicago,
State of IL;

that the affiant was acquainted with
Betty Redwood,
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
5045 COOK County, State of
IL, and legally
described as follows:

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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 March 11, 1990, leaving no a last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ 2, and that the value of the above property individually was \$ 2.

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.

ATG Search
33 N. Dearborn
#650
Chicago, Illinois 60602

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JOINT TENANCY AFFIDAVIT (continued)

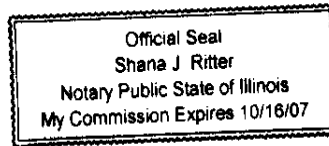
The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATG harmless and to reimburse ATG for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature 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 Betty Redwood, 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.

James Redwood by (Seal)
Kristal Rivers P.O.A. (Seal)

Subscribed and sworn to before me this

19th day of December, 2013
(Month) (Year)



Shana J Ritter
(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:

Kristal Rivers
(Name)

1507 E. 53rd #804
(Address)

Chicago, IL 60615
(City, State, Zip)

Return to:



Same
(Name)

Same
(Address)

Same
(City, State, Zip)

STATE OF ILLINOIS
County of Cook

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DAVID ORR, County Clerk DEC 19 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

DISTRICT NO. 200		REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH		NUMBER 004937	
DECEASED-NAME FIRST MIDDLE LAST Betty Redwood				SEX 2 FEMALE	DATE OF DEATH (MONTH DAY YEAR) 3 MARCH 11-1990		
COUNTY OF DEATH 4 COOK		AGE-LAST BIRTHDAY (YRS) 5a 52	UNDER 1 YEAR 5b	UNDER 1 DAY 5c	DATE OF BIRTH (MONTH DAY YEAR) 5d FEB 4-1938		
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a CHICAGO		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER GIVE STREET AND NUMBER) 6b Illinois Masonic			IF HOSP. OR INST. INDICATE D.O.A. OP-EMER. RM. INPATIENT (SPECIFY) 6c Inpatient		
BIRTHPLACE (CITY AND STATE IF FOREIGN COUNTRY) 7 STAMPS, ARK		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a MARRIED	NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) 8b JAMES Redwood		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES-NO) 9 NO		
SOCIAL SECURITY NUMBER 10 432-68-3147		USUAL OCCUPATION 11a Housewife	KIND OF BUSINESS OR INDUSTRY 11b HOME		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary Secondary (0-12) College (1-4 or 5-) 12 1		
RESIDENCE (STREET AND NUMBER) 13a 5045 W. MAYPOLE AVE.		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b Chicago		INSIDE CITY (YES-NO) 13c YES	COUNTY 13d COOK		
STATE 13e Illinois		ZIP CODE 13f 60644	RACE (WHITE, BLACK, AMERICAN INDIAN, etc. (SPECIFY)) 14a BLACK	OF HISPANIC ORIGIN? (SPECIFY NO OR YES. IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b NO LIVES SPECIFY			
FATHER'S NAME FIRST MIDDLE LAST 15 FRED THOMAS			MOTHER'S NAME FIRST MIDDLE (MAIDEN) LAST 16 ELLEN GAINES				
DECEASED'S NEAREST RELATIVE (NAME) 17a JANN Tubey			RELATIONSHIP 17b Hosp. Rec'd				
MARRIAGE ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN STATE ZIP) 17c 836 W. Wellington Chicago, Ill. 60657							
PART I Enter the disease(s) or complication(s) that caused the death. Do not enter the mode of dying, such as cardiac or respiratory shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (if not increase or condition resulting in death) (a) ATHEROSCLEROTIC HEART DISEASE DUE TO OR AS A CONSEQUENCE OF (b) DIABETES KETOACIDOSIS DUE TO OR AS A CONSEQUENCE OF (c) PNEUMONIA CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST							
PART II Multiple cerebral vascular accidents 18a NO							
DATE OF DEATH (MONTH DAY YEAR) 20a 3/11/90			MARRIAGE ENDINGS OF DECEASED 20b		IF FEMALE, WAS SHE PREGNANT IN PAST THREE MONTHS? 20c YES () NO (X)		
21a SIGNATURE B.K. SHAIH			21b WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES-NO) NO		21c HOUR OF DEATH 6:15A.M.		
22a NAME AND ADDRESS OF CERTIFIER B.K. SHAIH M.D. 836 W. Wellington St. Chicago, Ill. 60657			22b DATE SIGNED (MONTH DAY YEAR) 3/11/90		22c ILLINOIS LICENSE NUMBER 36-068419		
23 NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.							
24a BURIAL (CREMATION) REMOVAL (SPECIFY) BURIAL		24b CEMETERY OR CREMATORY NAME OAKRIDGE		24c LOCATION CITY OR TOWN STATE Hillside, Illinois		24d DATE (MONTH DAY YEAR) MAR 17-1990	
25a FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP Wallace Westend Funeral Home 207 N. Cicero Ave. Chicago, Ill. 60640			25b FUNERAL DIRECTOR'S SIGNATURE V. Wallace				
25c FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 6023			26a LOCAL REGISTRAR'S SIGNATURE James M. McInerney M.P.H.				
26b DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) MAR 12 1990							

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Lot 2 in Wm. H. Barry's Subdivision of Lots 17 to 20 and the West 15 feet of Lot 16 in Block 5 in Derby's Addition to Chicago, being a Subdivision of part of C.J. Hulls Subdivision of the West 1/2 of the Southeast 1/4 of Section 9, Township 39 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

PERMANENT INDEX NUMBER: 16-09-415-005

Property of Cook County Clerk's Office