# **UNOFFICIAL COPY**

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JOINT TENANCY AFFIDAVIT	)
STATE OF ILLINO(1)	Doc#: 0405629198 Eugene "Gene" Moore Fee: \$30.00
STATE OF	Cook County Recorder of Deeds Date: 02/25/2004 12:31 PM Pg: 1 of 4
RUBERT A. ANDERSON	
hereby referred to as the affiant, states under oath that the affiant resides at	
In the City of Chicago, State of Lilinois;	
that the affiant was acquainted with Ethel Kathurn Anderson,	
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  Liling S, and legally  described as follows:	
Illmois, and legally	
described as follows:	
The decedent had no interest in any business or partnership, nor held any power of appearance.	
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40x.	
The decedent had no interest in any business or partnership, nor held any power of appe	ointment at death, nor created any remainder
interests in property by transfer with retention of a life interest therein or the creation enjoyment after death;	I of finerests to take effect in possession of
The decedent died on May 21, 2000, leaving no/a last will and	testament;
The total value of decedent's estate, including the taxable interest in the above property v	was \$ 200,000, and
that the value of the above property individually was \$ 35,000	$ O_{c}$
The State and Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from	m the decedent's state, has been paid in full;
The affiant makes this affidavit to induce Attorneys' Title Guaranty Fund, Inc. (ATG above described property.	
a doore described property.	
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<b>₽</b> ^	7100

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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 Ethel Kathry	In Anderson, 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.	<i>(</i> , )
<b>A</b>	(Seal)
	(Seal)
· O.	
Subscribed and sworn to before me this	and the second s
Q all a	OFFICIAL SEAL'
$\int \frac{day}{day} \frac{dy}{day} = \frac{1}{2} \frac$	D. SIMON KEANE
(Year)	Notary Public, State of Illinois
11/2/2011	My Commission Exp. 08/16/2004
W All leve	(iii) common -
(Notary Public)	

Note: If the decedent left a will, it will be recessary 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:

Aldon W. Patt

120 W. Madison #1100

Chicago IL (2003)

Chicago IL (2003)

Return to:

(Name)
(Name)
(Address)

Chycoco (City, State, Zip) (2010)

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#### **LEGAL DESCRIPTION**

UNIT 2021 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN 4310-4322 NORTH CLARENDON CONDOMINIUM AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NUMBER 24521051, AS AMENDED FROM TIME TO TIME, IN THE EAST ½ OF THE SOUTHEAST ¼ OF SECTION 17, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPLE MERIDIAN, IN COOK COUNTY, ILLINOIS.

**P.I.N.** 14-17 -07-055-1034 VOLUME 479

PROPERTY ADDRESS: 4320 NORTH CLARENDON, UNIT 2021, CHICAGO, ILLINOIS 60613

0405629198 Page: of 4 4 DA EOF FUNERAL DIRE FUNERAL HOME BURIAL, CREMATION NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER NAME AND ADDRESS OF CERTIPLER OCAL REGISTRAR'S SIGNATURE 22a. SIGNATURE ▶ TO THE BUST OF MY KNOWLEDGE, DEATH OCCURRED AT THE MAGNATIVE RISE TO
MAGNATE CAUSE (a)
STATING THE UNDEALYING
CAUSE LAST. SOCIAL SECURITY NUMBER CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER COUNTY OF DEATH DECEASED-NAME REGISTERED HURZ HUDY BY HOLD NEEDED TO CAST SAW HIM/HER ALIVE ON SIDENCE (STREET AND NUMBER) PERATION, IF ANY Oner significant conditions contributing to death but not resulting in the underlying cause given in PARTI ONS, IF ANY in death) te Cause (Final COUNTRY) or condition NAME (TYPE OR PRINT) BERF IAGO 6-6524 LICAGO SHOTANOWS S. 7/1/2 တ OOLEN Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respirator; arryst shock, or heart failure. List only one cause on each line. 131.606391 GRANK DUETO, ORAS A CONSEQUENCE OF (b)
DUE TO, OR AS A CONSEQUENCE OF 0 R (TYPEORPHINT) MAJOR FINDINGS OF OPERATION USUAL OCCUPATION ΏЯ СЯЕМАТОЯΥ*−NAME* UNITED PAREL ZINERA MONTH, DAY, YEAR! MEDICAL CERTIFICATE OF DEATH DIVORCED (SPICIFY) RACE (WHITE, BLACK, AMERICAN BIRTHDAY (YRS) HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) U ANDER SON AUC 200 HEVI MIDDLE STREET AND NUMBER OR A F.O. Q S IA RPIE (TYPE C RPRINT) DATE AND PLACE AND LUE TO THE CAUSE(S) STATED. Ð <del>မှ</del> CITY, TOWN, TWP, OR ROAD DISTRICT NO. 175.000 7100 11b. BELLEKS KIND OF BUSINESS OR INDUSTRY NAME OF SURVIVING SPOUSE (MAIDENNAME IF WIFE) HCCIDENT LOCATION MOTHER-NAME OF HISPANIC ORIGIN? (SPECIFY NO DRIVES-IF YES SPECIFY CUBAN, MEXICAN, 14b. RSM CHIC AGO X NO EXAMINER NOTIFIED? 0000 CITY OR TOWN Ź EDUCATION (SPECIFY ONLY DATEFILEDBY FUNERAL DIRECTOR'S ILLINOIS LICENSE 3 CA CONSELL BIRTH (MONTH, DAY, YEAR) SPECIFY: NSIDE CITY DATE OF DEATH (MONTH, DAY, YEAR) MIDDLE (YES NO) 013E10 クショウ ģ 11.LINOIS LICENSE NUMBER 210 HAEE MONTHS? FEMALE, WAS THERE A PREGNANCY IN PAST DATE SIGNED HOUR OF DEATH MUST BE NOTIFIED. DEATH THE CORONER OR MEDICAL EXAMINER AV 21, 2000 NOTE: IF AN INJURY WAS INVOLVED IN THIS YES | NO D 336-052028 13d HIGHEST GRADE COMPLETED: College (1-4 or 5 ~ ) OP EMER. AM, INPATIENT (SPECIFY) 196 WERE AUTOPSY FAIONOS AVALAME PRIOR TO COLANE TOWN OF CAUSE OF DEATH 1/YES HOL DATE S APPROXIMATETHTEHVAL (MONTH, DAY, YEAR) (MONTH DAY YEAR) 364 DAY, YEARI 330AM 4461 ATIENI 24-2000 LSA 90. ANCAM ME SIP 6065 6063

> MULTICOLOR SIGNATURE SEAL IS THIS CERTIFICATE COPY VALID WHEN

LOCAL REGISTRAR in Rom

## BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF AND DEATHS FOR THE CITY OF CHICAGO SHEET IS A TRUE COPY OF A RECORD ACCOMPANYING CERTIFICATE ON THIS THE RECORDS OF BIRTHS, STILLBIRTHS KEPT BY ME IN ORDINANCE OF SAID

THE CITY OF CHICAGO; THAT THE

LAW AND ORDINANCES.

CERTIFY THAT I AM THE KEEPER OF

THE CITY OF CHICAGO, DO HEREBY REGISTRAR OF VITAL STATISTICS OF

SHEILA LYNE, RSM, LOCAL

CITY OF CHICAGO STATE OF ILLINOIS COUNTY OF COOK MAY 2 5 2000

REGISTRATION A DISTRICT NO.

STATE OF ILLINOIS

STATE FILE

#### DEPARTMENT OF PUBLIC HEALTH CITY OF CHICAGO