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Doc#: 0405629198
Eugene "Gene" Moore Fee: \$30.00
Cook County Recorder of Deeds
Date: 02/25/2004 12:31 PM Pg: 1 of 4

JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK) SS

by RECORDER

ROBERT A. ANDERSON
hereby referred to as the affiant, states under
oath that the affiant resides at 1841
N. Halsted

In the City of Chicago,
State of Illinois;
that the affiant was acquainted with
Ednel Kathryn 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
Illinois, and leg all
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 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 was \$ 200,000, and that the value of the above property individually was \$ 35,000.

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.

ATGF, INC.

HKY

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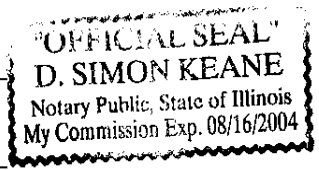
JOINT TENANCY AFFIDAVIT (continued)

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 Kathryn 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.

[Signature] (Seal)
 _____ (Seal)

Subscribed and sworn to before me this
 _____ day of 11/29/04 (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:
Aldon W. Patt (Name)
120 W. Madison #1100 (Address)
Chicago IL 60602 (City, State, Zip)

Return to:
Aldon W. Patt (Name)
120 W. Madison #1100 (Address)
Chicago IL 60602 (City, State, Zip)

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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

Property of Cook County Clerk's Office

REGISTRATION DISTRICT NO. 16.10 REGISTERED NUMBER

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH STATE FILE NUMBER 608316

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

MAY 25 2000

1. SHEILA LYNE, RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS FOR THE CITY OF CHICAGO AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.

Sheila Lyne RSM LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

DECEASED-NAME: ETHEL RATHER W ALBERSOHN 2 FEMALE 9. MAY 21. 2000. COUNTY OF DEATH: COOK. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: CHICAGO. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): CHICAGO. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): NEVER MARRIED. SOCIAL SECURITY NUMBER: 222.36.6524. RESIDENCE (STREET AND NUMBER): 6141 W. GRAND. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: CHICAGO. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.): WHITE. OF HISPANIC ORIGIN? (SPECIFY OR NO): NO. MOTHER-NAME: ANITA GREEN. INFORMANT'S NAME (TYPE OR PRINT): JOHN C. ANDERSON 17b. SEX: FEMALE. DATE OF BIRTH (MONTH, DAY, YEAR): MAY 21. 2000. DATE OF DEATH (MONTH, DAY, YEAR): MAY 18. 1944. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT NEITHER, GIVE STREET AND NUMBER): ALDEN RESURS HOME. NAME OF SURVIVING SPOUSE (Maiden name if wife): ZUPATIENT. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): Elementary Secondary (8-12). INSIDE CITY (YES/NO): YES. COUNTY: COOK. DEATH CERTIFICATE NUMBER: 608316. DEATH DATE: MAY 18. 1944. DEATH TIME: 3:30 AM. CAUSE OF DEATH: CEREBRO-VASCULAR ACCIDENT (STROKE) (c). IMMEDIATE CAUSE (a): STROKE. UNDERLYING CAUSE (b): CEREBRO-VASCULAR ACCIDENT (STROKE) (c). DATE OF OPERATION: NONE. MAJOR FINDINGS OF OPERATION: N/A. SIGNATURE: JAMES DUBOK W 464 G N HARPOLE DR CHICAGO IL 60640. FUNERAL HOME: COOLEY FUNERAL HOME 3552 S. 54th St CHGO IL 60657. LOCAL REGISTRAR'S SIGNATURE: Sheila Lyne RSM.