

# UNOFFICIAL COPY



## JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS )  
 ) SS  
COUNTY OF COOK )

Doc#: 0414029234  
Eugene "Gene" Moore Fee: \$28.00  
Cook County Recorder of Deeds  
Date: 05/19/2004 12:05 PM Pg: 1 of 3

Kathleen Lanigan,  
hereby referred to as the affiant, states under  
oath that the affiant resides at \_\_\_\_\_  
10340 S. Linder

In the City of Oak Lawn,  
State of Illinois;

that the affiant was acquainted with  
Richard Fitzgerald,

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:

Lot 24 and the West 1/3 of Lot 23 in Block 13 in W. F. Kaiser and  
Company's Ardale Park Subdivision, being a Subdivision of the East 1/2  
of the Northwest 1/4 of Section 15, Township 38 North, Range 13 East  
of the Third Principal Meridian, in Cook County, Illinois.

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 April 14, 1989, leaving no ~~last~~ will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ 50,000, and  
that the value of the above property individually was \$ 100,000.

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.

Property Address: 4554 W. 59th Street  
Chicago, Illinois 60629

Permanent Tax No: 19-15-125-027-0000 v. 392

131817313

AGTF, 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 Richard Fitzgerald 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.

*Kathleen J. O'Rourke* (Seal)  
 Kathleen J. O'Rourke (Seal)

Subscribed and sworn to before me this

3 day of April 2014  
 (Month) (Year)  
*Kathleen J. O'Rourke*  
 (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:

Return to:

Kathleen J. O'Rourke  
 (Name)  
4239 W. 63rd Street  
 (Address)  
Chicago, IL 60629  
 (City, State, Zip)

Kathleen J. O'Rourke  
 (Name)  
4239 W. 63rd Street  
 (Address)  
Chicago, IL 60629  
 (City, State, Zip)

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STATE OF ILLINOIS  
REGISTRATION DISTRICT NO. 16.10  
REGISTERED NUMBER

STATE FILE NUMBER  
607246

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS  
APR 2 8 1989

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

DECEASED-NAME: RICHARD FITZGERALD  
1. COUNTY OF DEATH: COOK  
4. COOK  
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: CHICAGO  
6a. CHICAGO  
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): CHICAGO IL.  
7. CHICAGO IL.  
SOCIAL SECURITY NUMBER: 335-14-6860  
10. 335-14-6860  
RESIDENCE (STREET AND NUMBER): 4554 W. 59TH

13a. 4554 W. 59TH  
STATE: ILLINOIS  
13b. CHICAGO  
13c. CHICAGO  
14a. WHITE  
14b. X NO YES SPECIFY: MOTHER-NAME FIRST MIDDLE LAST  
15. PATRICK FITZGERALD  
16. MARGARET DOLAN  
17a. HELEN FITZGERALD  
17b. WIFE  
17c. 176554 W. 59TH, CHGO, IL 60629

18. PART I. Enter the disease, injury, or complication that caused the death. Do not enter the mode of dying, such as cardiac, or respiratory, or shock, or entrapment. List only one cause on one of the following:  
(a) Immediate Cause (Final disease or condition resulting in death)  
(b) DUE TO OR AS A CONSEQUENCE OF  
(c) DUE TO OR AS A CONSEQUENCE OF  
Malignant Disease to Lung, Bronchus, and Pleura  
Carcinoma of Prostate  
3 Months  
9 Months

19. PART II. Check significant conditions contributing to the death but not resulting in the underlying cause given in PART I.  
MAJOR FINDINGS OF OPERATION  
20b. 4-8-89  
20c. YES NO  
20d. 4-15-89  
20e. 11:50 AM  
20f. 4-15-89  
20g. 036-065000-1

21. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED.  
22a. SIGNATURE: [Signature]  
22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): DR. RICHARD FARRELL, 5650 W. 97TH OAK LAWN, IL. 60453  
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT):

23. BURIAL, CREMATION, REMOVAL (SPECIFY): HOLY SEPULCHRE  
24a. BURIAL  
24b. HOLY SEPULCHRE  
24c. WORTH  
24d. 4-17-89  
24e. IL.  
24f. 60655  
25a. ROBERT J. SHEEHY & SONS FUNERAL HOME, 10415 SO. KEDZIE AVE. CHGO. IL. 60655  
25b. [Signature]  
25c. 8817  
25d. APR 16 1989  
25e. [Signature]

26a. LOCAL REGISTRAR'S SIGNATURE: [Signature]  
26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): APR 16 1989  
26c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 8817  
26d. DATE OF DEATH (MONTH, DAY, YEAR): 4-17-89  
26e. CITY OR TOWN: WORTH  
26f. STATE: IL.  
26g. ZIP: 60655

JAMES W. MASTERSON, M.P.H. LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO. DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS OF 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 AS A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED