

UNOFFICIAL COPY

JOINT TENANCY AFFIDAVIT

STATE OF Illinois)
) SS
COUNTY OF Cook)



Doc#: 0420122132
Eugene "Gene" Moore Fee: \$28.00
Cook County Recorder of Deeds
Date: 07/19/2004 01:00 PM Pg: 1 of 3

1324797 2/5

Roberta J. Nelson,
hereby referred to as the affiant, states under
oath that the affiant resides at
711 S. River Road, #214

In the City of Des Plaines,
State of Illinois;

that the affiant was acquainted with
Edna Corell,

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:

BUILDING NO. 3, UNIT NO. 203A TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN DANA POINT CONDOMINIUM, AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NO. 24618528, AS AMENDED FROM TIME TO TIME, IN THE NORTHEAST 1/4 OF SECTION 10 AND THE NORTHWEST 1/4 OF SECTION 11, TOWNSHIP 41 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

08-10-201-024-1262

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 December 7, 2003, leaving ~~no~~ last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ less than \$600,000⁰⁰, and that the value of the above property individually was \$ less than \$40,000.00.

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:

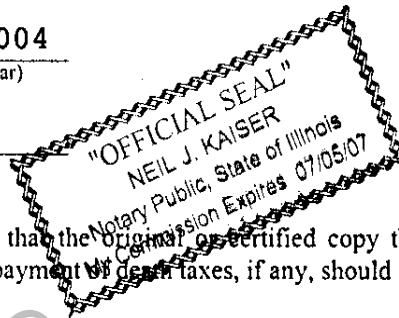
1. Claims against the estate of Edna Corell, the decedent;
2. State Estate/Inheritance Tax and Federal Estate Tax that may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

X Robert J. Melton (Seal)
 _____ (Seal)

Subscribed and sworn to before me this

24th day of June, 2004
 (Month) (Year)

Neil J. Kaiser
 (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:

Neil J. Kaiser
 (Name)

716 Lee Street
 (Address)

Des Plaines, IL 60016
 (City, State, Zip)

Return to:

Neil J. Kaiser
 (Name)

716 Lee Street
 (Address)

Des Plaines, IL 60016
 (City, State, Zip)

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STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

DEC 10 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 WHEREOF, 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

DECEASED NAME 1. Edna 2. Female 3. December 7, 2003		STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH		STATE FILE NUMBER	
REGISTRATION DISTRICT NO. 16.0		REGISTERED NUMBER		COUNTY OF DEATH 4. Cook	
AGE - LAST BIRTHDAY (Y/M/D) 5a. 91		UNDER 1 YEAR 5b. 26		DATE OF BIRTH (MONTH, DAY, YEAR) 5c. 27 March 1912	
HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN CITY, DIV. STREET AND NUMBER) 6a. Arlington Heights 6b. Northwest Community Hospital		IF HOSP. OR INST. INDICATE (1) A. OPER. OR (2) B. INPATIENT (SPECIFY) 6c. Inpatient		WAS DECEASED EVER IN U.S. ARMY OR FLEET (Y/N/G/N) 7. No	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Hartford, WI		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Widowed		NAME OF SURVIVING SPOUSE (MAJOR NAME, B. WIFE) 8b.	
SOCIAL SECURITY NUMBER 10. 337-14-9462		USUAL OCCUPATION 11a. Secretary		KIND OF BUSINESS OR INDUSTRY 11b. Property Management	
EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 10		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13a. 1415 E. Central, #203A 13b. Arlington Heights		INSIDE CITY (Y/N/G) 13c. Yes	
STATE 13d. Illinois		ZIP CODE 13e. 60005		COUNTY 13f. Cook	
FATHER NAME - FIRST MIDDLE LAST 15. Edward Schelby		MOTHER NAME - FIRST MIDDLE LAST (MAIDEN) 16. Anno Boulanger		OF HISPANIC ORIGIN? (SPECIFY YES OR NO) 14a. White	
INFORMANT'S NAME (TYPE OR PRINT) 17a. John Corell		RELATIONSHIP 17b. Son		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 17621 Panarama Tr., Trophy Club, TX 76262	
PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		(a) Sclerotic Cardiac myopathy (b) DUE TO, OR AS A CONSEQUENCE OF (c)		AUTOPSY (Y/N/G) 19a. No	
DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20. YES/NO/XX	
(100) (NAME) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. 12-7-03		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (Y/N/G) 21b. Yes		TIME OF DEATH 21c. 11:15 A.M.	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 22a. SIGNATURE NAME AND ADDRESS OF CERTIFIER 22c. Dr. Franger, 1300 Central Rd., Arlington Heights, IL 60005		DATE SIGNED (MONTH, DAY, YEAR) 22b. 12-9-03		ILLINOIS LICENSE NUMBER 22d. 036-043468	
BURIAL CREMATION, REMOVAL (SPECIFY) 24a. Cremation		CEMETERY OR CREMATION - NAME 24b. Acacia Park		LOCATION - CITY OR TOWN, STATE 24c. Chicago, Illinois	
FUNERAL HOME - NAME 25a. G.L. Hills Funeral Home, 745 Graceland Ave., Des Plaines, Illinois 60016		STREET AND NUMBER OF R.F.D. 25b.		CITY OR TOWN, STATE, ZIP 25c. Dec. 11, 2003	
LOCAL HEALTH OFFICER'S SIGNATURE 26a. David Orr		DATE OF LOCAL HEALTH OFFICER'S SIGNATURE (MONTH, DAY, YEAR) 26b. December 10, 2003		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	