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0420122133

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Eugene "Gene" Moore Fee: \$28.00
Cook County Recorder of Deeds
Date: 07/19/2004 01:02 PM Pg: 1 of 3

JOINT TENANCY AFFIDAVIT

STATE OF Illinois)
) SS
COUNTY OF Cook)

3/5
1324797

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
Arthur R. 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 1, 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 March 12, 1998, 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 Arthur R. 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. Nelson (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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ESTATE: The Social Security # is held by this state agency in order to carry out its statutory responsibility. Disclosure here will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

Form with fields for: 1. DECEASED-NAME (Arthur R. Corell), 2. SEX (Male), 3a. TIME OF DEATH (5:15 PM), 3b. DATE OF DEATH (March 12, 1998), 4. SOCIAL SECURITY NUMBER (340-09-6865), 5a. AGE (87), 6. DATE OF BIRTH (November 01, 1910), 7. BIRTHPLACE (Winnetka IL), 10. MARITAL STATUS (Married), 11. SURVIVING SPOUSE (Edna Shelby), 12a. DECEASED'S USUAL OCCUPATION (Craftsman), 13a. RESIDENCE (Illinois), 13b. COUNTY (Cook), 13c. CITY, TOWN, OR LOCATION (Arlington Heights), 13d. STREET AND NUMBER (1415 E. Central), 13e. ZIP CODE (60005), 14. CITIZEN OF WHAT COUNTRY (U.S.A.), 15. WAS DECEASED OF HISPANIC ORIGIN? (No), 16. RACE (Caucasian), 17. DECEASED'S EDUCATION (06), 18. FATHER'S NAME (Albert Salvesson), 19. MOTHER'S NAME (Nellie Grace Woodworth), 20a. INFORMANT'S NAME (Lois Pitts), 20b. MAILING ADDRESS (2447 Wildwood Tr. Warsaw, IN 46580), 20c. Relationship (Daughter), 21a. METHOD OF DISPOSITION (Cremation), 21b. DATE AND PLACE OF DISPOSITION (March 16, 1998, Hoosier Crematory), 21c. LOCATION (Akron, Indiana), 22a. EMBALMER'S NAME (ALAN E. EARL), 22b. EMBALMER'S LICENSE NO. (29500101), 23. WAS DEATH REPORTED TO CORONER? (No), 24a. SIGNATURE OF FUNERAL DIRECTOR (Alan E. Earl), 24b. LICENSE NUMBER (29500101), 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME (Titus Funeral Home Inc., 83007102, 2000 East Sheridan St., Warsaw, Indiana, 46580), 26. PART I. Enter the diseases, injuries, or complications that caused the death. (Pneumonia - aspiration, CVA), 26. PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. (Malnutrition, Bleeding Ulcer), 27. WAS DECEASED PREGNANT OR 90 DAYS POSTPARTUM? (No), 28a. WAS AN AUTOPSY PERFORMED? (No), 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (No), 29a. CERTIFIER (Lois Pitts), 29b. HEALTH OFFICER (Gary M. Pitts), 29c. MEDICAL LICENSE NO. (01043021), 29d. DATE SIGNED (3/16/98), 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Gary M. Pitts, 2235 Du Bois Drive Warsaw, Indiana 46580), 31. HEALTH OFFICER'S SIGNATURE (Gary M. Pitts), 32. DATE FILED (MAR 16 1998), 33. MANNER OF DEATH (Natural), 34a. DATE OF INJURY, 34b. TIME OF INJURY, 34c. INJURY AT WORK (Yes or no), 34d. DESCRIBE HOW INJURY OCCURRED, 34e. PLACE OF INJURY, 34f. LOCATION, 34g. DATE PRONOUNCED DEAD, 34h. MOTOR VEHICLE ACCIDENT.

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT. I hereby certify that this copy is an exact reproduction of the certificate of death for the person named therein as it now appears in the permanent records of the KOSCIUSKO COUNTY DEPARTMENT OF PUBLIC HEALTH, WARSAW, INDIANA.

NOT VALID UNLESS STAMPED WITH OFFICIAL RAISED SEAL. Date Issued: 3/16/98. Registrar: Kay Salvey, Kosciusko County Health Officer.