

JOINT TENANCY AFFIDAVIT

UNOFFICIAL COPY



STATE OF ILLINOIS)
COUNTY OF COOK) SS

Doc#: 0424029047
Eugene "Gene" Moore Fee: \$28.00
Cook County Recorder of Deeds
Date: 08/27/2004 11:26 AM Pg: 1 of 3

William J. DiGirolamo,
hereby referred to as the affiant, states under
oath that the affiant resides at
11 W. Willow Road

In the City of Prospect Heights
State of Illinois;
that the affiant was acquainted with

Betty M. DiGirolamo,
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:

32822

Lot 5 in Smith and Dawson Country Club Acres, being an Owner's Division in
the Southwest 1/4 of Section 22, Township 42 North, Range 11, East of the
Third Principal Meridian, in Cook County, Illinois.

Permanent tax no. 03-22-303-002

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 November 16, 2002, leaving no last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ 500,000.00, and
that the value of the above property individually was \$ 300,000.00

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.

ATG Search
33 N. Dearborn
#650
Chicago Illinois 60602

CW3

JOINT TENANCY AFFIDAVIT
(continued) **UNOFFICIAL COPY**

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 Betty M. DiGirolamo, 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.

William J. DiGirolamo (Seal)
 WILLIAM J. DIGIROLAMO (Seal)

Subscribed and sworn to before me this

4th day of August, 2004
(Month) (Year)

Nancy L. Seils
(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:

John C. Haas, Attorney at Law
(Name)

115 S. Emerson Street
(Address)

Mt. Prospect, IL 60056
(City, State, Zip)

Return to:

John C. Haas, Attorney at Law
(Name)

115 S. Emerson Street
(Address)

Mt. Prospect, IL 60056
(City, State, Zip)

File No. 11060

UNOFFICIAL COPY

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.0

REGISTERED NUMBER

DECEASED-NAME **Betty** **M. DiGirolamo** **Female** DATE OF DEATH (MONTH, DAY, YEAR) **3. November 16, 2002**

1. COUNTY OF DEATH **Cook** DATE OF BIRTH (MONTH, DAY, YEAR) **5d. June 14, 1923**

4. CITY, TOWN, TWP. OR ROAD, DISTRICT NUMBER **Arlington Heights** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **Northwest Community Hospital**

6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **Detroit, Michigan** 8a. MARRIED **8c. Inpatient**

7. SOCIAL SECURITY NUMBER **344 24 9079** 11a. HOUSEWIFE

10. RESIDENCE (STREET AND NUMBER) **11 W. Willow Road** 13b. **Prospect Heights** 13c. **Yes** 13d. **Cook**

13a. STATE **Illinois** 13f. **60070** 14a. **White**

13e. FATHER-NAME FIRST MIDDLE LAST **Charles Durand**

15. MOTHER-NAME FIRST MIDDLE LAST **Blanche Bearss**

16. RELATIONSHIP **Husband** 17b. **11 W. Willow Rd. Prospect Hts., Il.**

17a. INFORMANT'S NAME (TYPE OR PRINT) **William J. DiGirolamo**

18. PART I. Enter the diseases, 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.

(a) Immediate Cause (Final disease or condition resulting in death) **Pneumonia**

(b) DUE TO, OR AS A CONSEQUENCE OF

(c) DUE TO, OR AS A CONSEQUENCE OF

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

20a. DATE OF OPERATION, IF ANY

20b. MAJOR FINDINGS OF OPERATION

20c. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (YES/NO) **No**

20d. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? **NO**

20e. HOUR OF DEATH **5:45 A.M.**

20f. DATE SIGNED (MONTH, DAY, YEAR) **NOV. 18, 2002**

20g. ILLINOIS LICENSE NUMBER **036-096146**

20h. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **Dt. G. G. Shah, 1700 W. Central Rd., Arl. Hgts., IL 60004**

20i. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)

21. BURIAL, CREMATION, REMOVAL (SPECIFY) **24a. Cremation** 24b. **Acacia Park Cemetery** 24c. **Norwood Pk. Township, IL** 24d. **Nov. 21, 2002**

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

SIGNED: *Margaret Valabek*

DATE: **NOVEMBER 20, 2002**

Official Title, Chief Deputy Registrar

at Cook County Department of Public Health