

UNOFFICIAL COPY

JOINT TENANCY AFFIDAVIT

STATE OF Illinois)
) SS
COUNTY OF Cook)



Doc#: 0501239076
Eugene "Gene" Moore Fee: \$28.50
Cook County Recorder of Deeds
Date: 01/12/2005 01:01 PM Pg: 1 of 3

LISA GRACE GARIOTA,
hereby referred to as the affiant, states under
oath that the affiant resides at _____
5127 N. Neva

In the City of Chicago,
State of Illinois;

that the affiant was acquainted with
CAMILLE PADAVONIA,

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 49 in William Zelosky Subdivision of Blocks 1, 2, 3, and 4
in Ridgeland South 1/2 of Northeast 1/4 of Southwest 1/4 of South
1/2 of Northwest 1/4 of Southeast 1/4 of Section 7, Township 40
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 22 SEPTEMBER 2004, leaving no/a last will and testament;

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

PIN: 13-07409019

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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 CAMILLE PADAVONIA 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.


 LISA GRACE GARIOTA

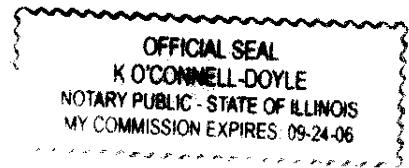
(Seal)

(Seal)

Subscribed and sworn to before me this

19th day of November, 2009
(Month) (Year)

K O'Connell - Doyle
(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:

W. Lee Newell, Jr.
(Name)

134 Pulaski Road
(Address)

Calumet City, IL. 60409
(City, State, Zip)

Return to:

W. Lee Newell, Jr.
(Name)

134 Pulaski Road
(Address)

Calumet City, Illinois 60409
(City, State, Zip)

REGISTRATION DISTRICT NO. 16.10 REGISTERED NUMBER MEDICAL CERTIFICATE OF DEATH STATE OF ILLINOIS STATE FILE NUMBER 113345

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR) CAMILLE L. PADAVONIA 2 FEMALE 3 SEPTEMBER 22, 2004

COUNTY OF DEATH COOK CITY, TOWN, TWP. OR ROAD/DISTRICT NUMBER 4 CHICAGO AGE-LAST BIRTHDAY (MOS, DAYS, HOURS, MIN) 5a. 86 5b. 5c. 5d. January 24, 1918

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 6a. CHICAGO, IL MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 6b. RESURRECTION MEDICAL CENTER 6c. INPATIENT

SOCIAL SECURITY NUMBER 7. CHICAGO, IL RESIDENCE (STREET AND NUMBER) 10. 341-10-2283 11a. Housewife 11b. Own Home 12. 12 13c. Cook

STATE IL ZIP CODE 13a. 60656 14a. White 14b. X NO 14c. YES SPECIFY: 15. Joseph Antonelli 16. Mae Aducci

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST 17a. Lisa Garlota 17b. Neice 17c. Neva Chicago, IL 60656

18. PART I. Immediate Cause (Final disease or condition resulting in death) CHRONIC OBSTRUCTIVE PULMONARY DISEASE

19. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. CHRONIC OBSTRUCTIVE PULMONARY DISEASE

20a. NAME OF OPERATOR, IF ANY MAJOR FINDINGS OF OPERATION 20b. NAME AND ADDRESS OF CERTIFIER (TYPE PRINT) 20c. SIGNATURE

21. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 21a. ASHOK D. SAWLANI MD 7447 W. TALCOTT CHICAGO, IL 60631

22. BURIAL, CREMATION, REMOVAL (SPECIFY) 23a. Burial 23b. Queen of Heaven 23c. Hillside, IL 23d. DATE (MONTH, DAY, YEAR) Sept 27, 2004

24. FUNERAL HOME 24a. Salermo's Galewood Chapels 1857 N. Harlem Chicago, IL 60707

25. FUNERAL DIRECTOR'S SIGNATURE 25a. John A. DeLanna 25b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) SEP 24 2004

26. LOCAL REGISTRAR'S SIGNATURE 26a. John A. Wilhelm, M.D. 26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) SEP 24 2004

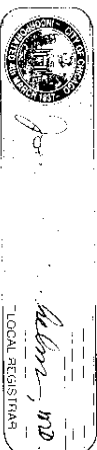
27. LOCAL REGISTRAR'S SIGNATURE 27a. John A. Wilhelm, M.D. 27b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) SEP 24 2004

28. LOCAL REGISTRAR'S SIGNATURE 28a. John A. Wilhelm, M.D. 28b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) SEP 24 2004

29. LOCAL REGISTRAR'S SIGNATURE 29a. John A. Wilhelm, M.D. 29b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) SEP 24 2004

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO SEP 24 2004

JOHN L. WILHELM M.D., 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 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.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.