

# UNOFFICIAL COPY

## JOINT TENANCY AFFIDAVIT

STATE OF Illinois )  
COUNTY OF Cook ) SS



0515920038

Doc#: 0515920038  
Eugene "Gene" Moore Fee: \$30.00  
Cook County Recorder of Deeds  
Date: 06/08/2005 11:54 AM Pg: 1 of 4

Elizabeth Keys,  
hereby referred to as the affiant, states under  
oath that the affiant resides at  
7430 S. Luella

In the City of Chicago,  
State of Illinois,  
that the affiant was acquainted with

J. Marie Keys,  
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:

See, Legs, Attached

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 1/22/99, leaving no/a last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ 00.00, and  
that the value of the above property individually was \$ 200,000.00.

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.

4K2

ATGF, INC.

1350900

**UNOFFICIAL COPY****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 Jimmie Keys, 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.

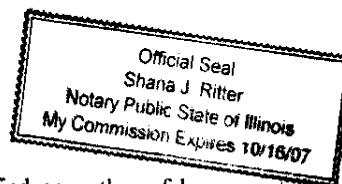
x Elizabeth Keys (Seal)

\_\_\_\_\_ (Seal)

Subscribed and sworn to before me this

23rd day of May, 2005  
(Month) (Year)

Shana J. Ritter  
(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:

Jay Gauthier  
(Name)  
400 E. Randolph #3416  
(Address)  
Chicago IL 60601  
(City, State, Zip)

Return to:

Jay Gauthier  
(Name)  
400 E. Randolph #3416  
(Address)  
Chicago IL 60601  
(City, State, Zip)

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## LEGAL DESCRIPTION

LOT 9 (EXCEPT THE SOUTH 16 2/3 FEET) IN RESUBDIVISION OF LOTS 11 TO 15 (EXCEPT THE SOUTH 120 FEET) IN BLOCK 8 IN STAVE AND KLEMM'S SUBDIVISION OF THE NORTHEAST 1/4 OF SECTION 25, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office

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## MEDICAL CERTIFICATE OF DEATH

NUMBER

601412

DISTRICT NO. 1010		REGISTERED NUMBER		DECEASED-NAME		FIRST		MIDDLE		LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
1. COUNTY OF DEATH		Jimmie		KEYS		2. Male		3. January 22, 1999							
4. Cook		CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		6a. Chicago		6b. South Shore Hospital		6c. Inpatient							
5a. 73		AGE-LAST BIRTHDAY (YRS)		5b. 73		5c. 73		5d. November 22, 1925							
6a. Chicago		BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		6b. Elizabeth Black		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		9. Yes							
7. Mississippi		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		8a. Married		8b. Elizabeth Black		EDUCATION (SPECIFY ON HIGHEST GRADE COMPLETED)							
8. 426-30-0374		SOCIAL SECURITY NUMBER		11a. Janitor		11b. CHA		12. 8							
10. 426-30-0374		RESIDENCE (STREET AND NUMBER)		13a. 7430 S. Luella		13b. Chicago		13c. Yes							
13a. 7430 S. Luella		STATE		13b. Chicago		13c. Cook									
13e. Illinois		ZIP CODE		14a. Black		14b. X NO		14c. YES							
13e. Illinois		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		14b. X NO		14c. YES									
15. Alf		FATHER-NAME		16. Keys		16. Sarah									
17a. Elizabeth Keys		MOTHER-NAME		17b. Wife		17c. 7430 S. Luella Chgo., Ill.									
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) Sepsis													
		(b) Pneumonia													
		(c)													
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		MAJOR FINDINGS OF OPERATION		20b. Decubitus Ulcer											
21a. I did attend January 20, 1999		I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		21b. NO											
22a. SIGNATURE		NAME AND ADDRESS OF CERTIFIER		22b. Hee Han Kim											
22c. Hee Han Kim M.D. 7531 Secny Island Chgo., Ill. 60649		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER		22d. 36-054891											
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		23a. Lincoln											
24a. Burial		STREET AND NUMBER OR R.F.D.		24b. Chicago, Illinois											
25a. Unity Funeral Parlor, Inc. 414 South Michigan Ave. Chgo. Ill. 60653		FURNERAL HOME		25b. 34-11559											
25c. 34-11559		FURNERAL DIRECTOR'S SIGNATURE		25d. 34-11559											
26a. 25b. 34-11559		FURNERAL DIRECTOR'S SIGNATURE		26b. JAN 25 1999											

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

JAN 25 1999

SHEILA LYNE, RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS FOR THE CITY OF CHICAGO 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 LAWS AND ORDINANCES.

CITY OF CHICAGO  
DEPARTMENT OF PUBLIC HEALTHTHIS CERTIFIED COPY VALID WHEN  
MULTICOLOR SIGNATURE SEAL IS  
AFFIXED.