

UNOFFICIAL COPY

JOINT TENANCY AFFIDAVIT



Doc#: 0521511021
Eugene "Gene" Moore Fee: \$28.00
Cook County Recorder of Deeds
Date: 08/03/2005 08:53 AM Pg: 1 of 3

Carole A. Drehobl, hereinafter referred to as the affiant, states under oath that the affiant resides at 551 E. Granville, in the City of Roselle, Illinois; that the affiant was acquainted with Theodosia F. Sosnowski, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of properly recorded joint tenancy warranty deed, said property located in, County, Illinois, and legally described as follows:

See attached

That 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;

That the decedent died on December 14, 2004, leaving no last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$230,000; and

That the value of the above property individually was \$230,000.

P.N.T.N.

EDX

That the affiant makes this affidavit to induce ATTORNEYS' TITLE INSURANCE FUND, INC. to issue its policy of title insurance on the above described property.

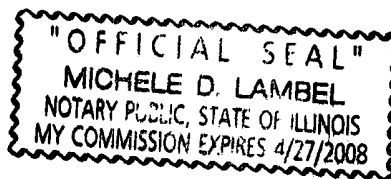
The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATTORNEYS' TITLE INSURANCE FUND, INC., harmless and to reimburse the Fund for all loss, costs, damages, suites, attorney's fees and expenses and every kind and nature which the fund 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 Theodosia F. Sosnowski, the decedent;
2. Illinois State Inheritance Tax and Federal Tax which may be charges against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights to contribution.

Carole A. Drehobl (Seal)
Carole A. Drehobl

STATE OF ILLINOIS)
 Wine) SS
COUNTY OF ~~DU PAGE~~)

Subscribed and Sworn to before me
this 7th day of July, 2005
Carole A. Drehobl
Notary Public



UNOFFICIAL COPYSTATE OF ILLINOIS)
County of Cook)

DAVID ORR, County Clerk

DEC 21 2004

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 THEREOF, 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

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.0	STATE OF ILLINOIS		STATE FILE NUMBER
		REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH		
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		DECEASED NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Theodosia F. Sosnowski				2. FEMALE	DECEMBER 14, 2004
COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)
4. COOK		5a. 94	MOS. DAYS	HOURS MIN.	5d. NOVEMBER 22, 1910
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM, INPATIENT (SPECIFY)
6a. ELK GROVE VILLAGE		6b. ARDEN COURT NURSING HOME			6c. INPATIENT
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
7. JERSEY CITY NJ		8a. WIDOWED	8b.		9. NO
SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
10. 1818-03-0046		11a. HOMEMAKER	11b. OWN HOME	12. 12 Elementary/Secondary (0-12) College (1-4 or 5+)	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	COUNTY
13a. 260 MOHAVE		13b. HOFFMAN ESTATES		13c. YES	13d. COOK
STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)	
13e. ILLINOIS		13f. 60194	14a. WHITE	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
FATHER—NAME FIRST MIDDLE LAST		MOTHER—NAME FIRST MIDDLE LAST (MAIDEN) LAST			
15. STANLEY KWIATKOWSKI		16. STELLA RUDEWICZ			
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)		
17a. CAROLE DREHOBL		17b. DAUGHTER	17c. 551 E GRANDVILLE ROSELLE IL 60172		
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.				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Immediate Cause (Final disease or condition resulting in death)		(a) Lung mass			
		DUE TO, OR AS A CONSEQUENCE OF			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b)			
		DUE TO, OR AS A CONSEQUENCE OF			
		(c)			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
5. Congestive Heart Failure		19. NO		19b.	
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?	
20a.		20b.		20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
I (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH	
21a. 12/10/04		21b. NO		21c. 12:00 PM	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR)		ILLINOIS LICENSE NUMBER	
22a. SIGNATURE B Chhabra MD		22b. 12/20/04		22d. 036081295	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
22c. B CHHABRA MD 810 BIESTERFIELD RD ELK GROVE VILLAGE IL 60007		23.			
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE	DATE (MONTH, DAY, YEAR)
24a. CREMATION		24b. NORTHWEST CREMATORY		24c. BARTLETT ILLINOIS	24d. DEC 22 2004
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP		FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	
25a. COUNTRYSIDE FUNERAL HOME 333 S ROSELLE RD ROSELLE IL 60172		25b. <i>[Signature]</i>		25c. 14907	
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
26a. <i>[Signature]</i>		26b. DEC 21 2004			

UNOFFICIAL COPY

LOT 14, BLOCK 63 IN HOFFMAN ESTATES V, BEING A SUBDIVISION OF PART OF THE WEST HALF OF THE NORTHWEST QUARTER OF SECTION 22 AND EAST HALF OF THE NORTHEAST QUARTER OF SECTION 21, TOWNSHIP 41 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS AS SHOWN ON THE PLAT THEREOF REGISTERED JULY 24, 1957 AS DOCUMENT LR1750156 IN THE OFFICE OF REGISTRAR OF TITLES OF COOK COUNTY, ILLINOIS.

PIN: 07-22-106-012

260 Mohave, Hoffman Estates IL 60194

Return to prepared by
John Pankau
105 E Irving Park Rd.
Itasca, IL 60143

Property of Cook County Clerk's Office