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JOINT TENANCY AFFIDAVIT

STATE OF IL)
COUNTY OF Cook) SS



Doc#: 0527202122 Fee: \$30.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 09/29/2005 10:00 AM Pg: 1 of 4

2/4
135910

_____ hereby referred to as the affiant, states under oath that the affiant resides at 520 Roslyn Rd

In the City of Kennelworth, State of IL;

that the affiant was acquainted with Elizabeth Malott, 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 ATTACHED LEGAL DESCRIPTION

4c

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 5/18/03, leaving no ~~a~~ last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ 3,000,000, and that the value of the above property individually was \$ 3,000,000.

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.

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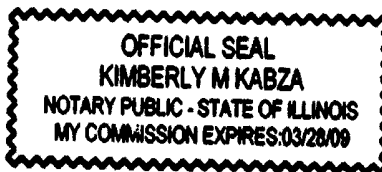
JOINT TENANCY AFFIDAVIT (continued)

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 Elizabeth H. Malott, 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.

Robert H. Malott (Seal)
Elizabeth H. Malott (Seal)

Subscribed and sworn to before me this
12 day of September, 2005
(Month) (Year)
K. Kabza
(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:
RSBM, LLC
(Name)
20 S. Clark, St. 500
(Address)
Chicago, IL 60603
(City, State, Zip)

Return to:
RSBM, LLC
(Name)
20 S. Clark, St. 500
(Address)
Chicago, IL 60603
(City, State, Zip)

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LEGAL DESCRIPTION

Lot 8 in Block 21 in Kenilworth Company's Addition to Kenilworth, being a Subdivision of part of Section 28, Township 42 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Index Number(s): 05-28-215-011-0000

Property Address: 520 Roslyn Road, Kenilworth, IL 60043

Property of Cook County Clerk's Office

STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY
DAVID ORR, County Clerk

AUGUST 22, 2005

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. 16.23		STATE OF ILLINOIS		STATE FILE NUMBER	
		REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH			
Type or Print in PERMANENT INK on Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		DECEASED NAME		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
1. ELIZABETH H. MALOTT		2. FEMALE		3. MAY 18, 2003			
4. COUNTY OF DEATH COOK		AGE - LAST BIRTHDAY (YRS)		UNDER 1 YEAR		DATE OF BIRTH (MONTH, DAY, YEAR)	
		5a. 72		5b. 5c.		5d. AUGUST 6, 1930	
6a. EVANSTON		6b. EVANSTON HOSPITAL		IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)		6c. EMER RM.	
7. DULUTH, MN		8a. MARRIED		8b. ROBERT H. MALOTT		9. NO	
10. 047-24-0265		11a. HOME MAKER		11b. OWN HOME		12. 4	
13a. 520 ROSLYN		13b. KENILWORTH		13c. YES		13d. COOK	
13e. ILLINOIS		13f. 60043		14a. WHITE		14b. YES	
15. RICHARD HUBERT		15. CLARA ELIZABETH BALDWIN		17a. HUSBAND		17b. 520 ROSLYN, KENILWORTH, IL 60043	
18. PART I		Enter the diseases, or complications that caused the death. Do not enter the mode of death, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
(a) RENAL CELL CANCER		DUE TO, OR AS A CONSEQUENCE OF		3 MO			
(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.				19a. NO		19b.	
20a. (DID/DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		20b. (MONTH, DAY, YEAR)		20c. YES		20d. NO	
21a. 5/19/03		21b. YES		21c. 6:35 a.m.		21d.	
22a. SIGNATURE		22b. 5/19/05		22c. 036-081254		22d.	
22a. Dr. Walter M. Stadler, 5841 S. Maryland Ave., Chicago, IL		22b.		22c.		22d.	
23.		24a. CREMATION		24b. K&S CREMATORY		24c. HIGHLAND PARK, ILLINOIS	
24a.		24b.		24c.		24d. MAY 20, 2003	
25a. N.H. SCOTT & HEBBLETHWAITE, 1240 WAUKEGAN RD., GLENVIEW, IL 60025		25b. Jantyne Scott Reeves		25c. 034-015001		25d.	
25a.		25b.		25c.		25d.	
26a.		26b. May 20 2003		26c.		26d.	