1262-4-7

UNOFFICIAL COPY

JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF COOK)
LOIS L. MILLER ,
hereby referred to as the affiant, states under oath that the affiant resides at 6133 W. 83rd St.
In the City of BURBANK ,
State of ILLINOIS;
that the affiant was acquainted with PAUL HODUL
the decedent, at the time of death, the decedent was one of the owners of property, by virtue of a property recorded joint tenancy deed, said property located in
COOK County State of
ILLINOIS , and legally
described as follows:



Doc#: 0530416020 Fee: \$30.00 Eugene "Gene" Moore RHSP Fee: \$10.00

Cook County Recorder of Deeds Date: 10/31/2005 08:49 AM Pg: 1 of 4

SEE LEGAL DESCRIPTION ATTACHED AS EXHIBIT A

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 OCTOBER 19, 2003 , leaving no/a last will and restaurent;

The total value of decedent's estate, including the taxable interest in the above property was \$\\$10,000 that the value of the above property individually was \$200,000

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.

AND FORM 3007 P ATG (REV. 1400)

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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:

Claims against the estate of PAUL HODUL	, 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.	
T, Adjino of Control	Lais of Miller (Seal)
	Jas //fuller (Seal)
	(Seal)
Subscribed and sworn (5b) fore me this	
Subscribed and sworn 30 role inc ans	CM000000000000000000000000000000000000
29 day of Spile 11/1/1 , 2005	"OFFICIAL SEAL"
O(9) day of $O(1)$ day of $O(1)$ day of $O(1)$	FI FANODA C. JONES
	ELEANORA S. JONES NOTARY PUBLIC STATE OF ILLINOIS
MIM MA HAV	My Commission Expires 06/17/2008
(Notary Yublie)	CAPITES 00/17/2008
Note: If the decellent 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	of death taxes, if any, should accompany this affidavit.
inspection, it death certainence, together with	
This instrument prepared by:	Return to:
This histoment prepared by:	
VINCENT BRIZGYS	VINCENT BRIZGYS
(Name)	(Name)
(1.00110)	
188 W RANDOLPH ST., SUITE 1750	188 W RANDOLPH ST. SUITE 1750
(Address	(Address)
(11001000	· CA
CHICAGO, IL 60601	CHICAGO, IL 69001
(City, State, Zip)	City, State, Zip)
(City, State, 72p)	0.
	(C)

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EXHIBIT A

Lot 40 (except the South10 feet thereof) and the South half of Lot 41 in Block 5 in Frederick H. Bartlett's Highlands being a subdivision of the Southwest quarter (except East half of East half thereof) of Section 8, Township 38 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

PIN: 19-08-301-055-0000

Property of Cook County Clark's Office

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	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the recor-	d for the person named and that this record was established
and filed in my office in accordance with the provisions of the Illinois Statutes r	alotic at a the registration of hirthe etillhirthe and deaths
and filed in my office in accordance with the provisions of the Illinois Statutes r	elating to the registration of births, stillbarths, and deaths.
and fired it my out to be a second of the se	

DATE: 0CT 24 2003 SIGNED: Cabell C. Sechous

AT: BERWYN, ILLINOIS OFFICIAL TITLE: REGISTRAR

The original record is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. Local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of this record by the Department of Public Health or the local registrar shall be prima facie evidence in all courts and places of the facts therein.

		Р	RINTED BY AUTHORITY OF THE STATE OF ILLIN	IOIS	
	DISPOSITION	C TA	PARENTS 2 2 CAUSE N	A DECEASED B C D	DECEDENT'S BIRTH NO. Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for
VR200 (Rev. 5/89)	e Funer Toposionari	DICIDINOTIATTEND THE DECO	TATHER-NAME PHIST NOT AVAILABLE INFORMANTS NAME TYPE OR PRINT) 15. NOT AVAILABLE IN IT PROPERTY	P, OR HOAD DISTRI YII ITYANDSTATE OR O, II. TYNUMBER 8-4895 REET AND NUMBER S. Mulli ZIPC DOLS 131.	702
Illinois Department of Public He	Ressurrectic	(MONTH DAY, YEAR) (OCCURRED AT THE TIME (TYPE OR PRINT) 3223 S. HC RITHAN CERTIFIER.	MIDDLE NOT AVAILAB Microstrations that cause In an ullure. List only one cause on JETO, ORAS A CONSEQUENCE OF JETO, ORAS A CONSEQUENCE OF MAJOR FINDINGS OF OPERATION	ACT 146	F C
C Health Qivision of Vital Records	LOCATION EETY24C JUSTI BERORRED. IT AVENUE	PAVE BOTWYN	Te 16 Not 1 RELATIONSHIP MAILING ADD 17b. Wife 17c.5117 Ithe death. Do not enter the mode of dyin each line.	HOSP TALL TOULSE PA TOUSINESSORINDUSTE OF SUSINESSORINDUSTE Manufacturin TWP, OR ROAD DISTRICT Chicago OFHISPANICORIGI 14b. [XNO]	ATE OF ILLINOIS RTIFICATE O LAST HOUL HOUL BERT YEAR UNDER DAY SE DAYS HOURS MIN.
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BASED ON 1989 U.S. STANDARD CERTIFICA	Y YEAF 200	HOUR OF DEATH HOUR OF DEATH 2:08 a.m. 21c. MATE SIGNED (MONTH, DAY, YEAR 22b. (MONTH, DAY, YEAR 22b. (MONTH) DAY 22b. (MONTH	Not Available H.F.D., CHYOR TOWN, STATE, ZIP) L, Chicago, II. 6063 atory arrest. L. L. L. L. L.	F HOSP, OR NOT, INDICATE D.O.J. OPENIER MA, INPATIENT (SPECIF 6. INPAT 1 ent WASDECGASEDEVER, AMEDICANDEST (YE. 9. YES HIGHEST GRADE COMPLETED) COMPRETED COUNTY 13d. COOK IFY CUBAN, MEXICAN, PUERTO RICAN IFY CUBAN, MEXICAN, PUERTO RICAN IMAIDEN) LAST	MONTH, DAY, YEAR) 19, 2003 AR)