

UNOFFICIAL COPY

JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS
COUNTY OF DuPAGE)

J. MICHAEL SMITH
hereby referred to as the affiant, states under
oath that the affiant resides at
132 Iroquois Dr.

In the City of Clarendon Hills,
State of Illinois;
that the affiant was acquainted with
PATRICIA A. SMITH,
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 4 AND THE SOUTH 1/2 OF LOT 5 IN KENNINGS SUBDIVISION OF THE EAST 1/2 OF THE
WEST 1 ACRE OF THE EAST 6 ACRES OF THE SOUTH 8 ACRES OF THE WEST 1/2 OF THE SOUTH
WEST 1/4 OF SECTION 33, TOWNSHIP 39 NORTH, RANGE 12 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 1-23-00, leaving no/a last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ 150,000, and
that the value of the above property individually was \$ 50,000.

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.

ATG Search
33 N. Dearborn
#650
Chicago, Illinois 60602

1371470

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Doc#: 0530835349 Fee: \$28.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 11/04/2005 01:35 PM Pg: 1 of 3

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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 PATRICIA A. SMITH, 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.

J. Michael Smith (Seal)
~~PATRICIA A. SMITH~~
J. MICHAEL SMITH (Seal)

Subscribed and sworn to before me this

 day of , (Month) (Year)
Mark F. White
 (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:

William F. White/WHITE & WHITE
 (Name)
5330
5100 Main Street, Suite 200
 (Address)
Downers Grove, IL 60515
 (City, State, Zip)

Return to:

William Lebe
 (Name)
5330 Main Street A200
 (Address)
Downers Grove IL 60515
 (City, State, Zip)

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STATE OF ILLINOIS)
County of Cook)

DAVID ORR, County Clerk

AUG 15 2002

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 WHEREOF, 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

BIRTH NO.	REGISTRATION DISTRICT NO. 16.0	STATE OF ILLINOIS				STATE FILE NUMBER
		MEDICAL CERTIFICATE OF DEATH				
1.	DECEASED-NAME FIRST MIDDLE LAST PATRICIA ANN SMITH			SEX Female	DATE OF DEATH (MONTH, DAY, YEAR) 3. January 23, 2000	
4.	COUNTY OF DEATH Cook	AGE-LAST BIRTHDAY (YRS) 5a. 51	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. December 5, 1948	
6a.	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER La Grange Park			HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 308 No. Stone Ave.		6c. IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)
7.	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago, Ill.	MARRIED, NEVER MARRIED, WIDOWED, OR FORCED (SPECIFY) 8a. Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. J. Michael Smith		9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) NO	
10.	SOCIAL SECURITY NUMBER 326-42-2596	USUAL OCCUPATION Medical Transcriptionist	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 12 Elementary/Secondary (0-12) College (1-4 or 5+)		
13a.	RESIDENCE (STREET AND NUMBER) 308 No. Stone Ave.		CITY, TOWN, TWP, OR ROAD DISTRICT NO. La Grange Park	INSIDE CITY (YES/NO) 13c. Yes	COUNTY 13d. Cook	
13e.	STATE Illinois	ZIP CODE 1360526	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. White	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY: OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)		
15.	FATHER-NAME FIRST MIDDLE LAST Walter Lempa	MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST Loretta Chylinski		17. MARRIAGE ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 308 No. Stone La Grange Park, Ill.		
17a.	INFORMANT'S NAME (TYPE OR PRINT) J. Michael Smith		RELATIONSHIP Husband	17b. MARRIAGE ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 308 No. Stone La Grange Park, 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.					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Immediate Cause (Final disease or condition resulting in death)	(a) BREAST CANCER				28 months
	CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	(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.						19. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19a. No 19b.
20a.	DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION			20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a.	1 (DID) (DO NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 01/13/2000			21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) NO	21c. HOUR OF DEATH 4:23 P.M.	
22a.	TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.					22b. DATE SIGNED (MONTH, DAY, YEAR) 1/26/2000
22c.	SIGNATURE <i>Michael B. McColhan</i>				22d. ILLINOIS LICENSE NUMBER 036082736	
22c.	NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) Michael B. McColhan, MD 1325 Memorial Drive LaGrange IL					NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
22c.	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)					
24a.	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	CEMETERY OR CREMATORY-NAME 24b. St. Casimir		LOCATION CITY OR TOWN STATE 24c. Chicago, Illinois	DATE (MONTH, DAY, YEAR) 24d. 1-26-00	
25a.	FUNERAL HOME NAME Hallowell & James			STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 40 So. Ashland Ave. La Grange, Ill. 60525		
25b.	FUNERAL DIRECTOR'S SIGNATURE <i>Richard P. James</i>				25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 9991	
26a.	LOCAL REGISTRAR'S SIGNATURE KAREN L. SCOTT, M.D.				26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) January 26, 2000	
26a.	REGISTRAR					(BASED ON 1989 U.S. STANDARD CERTIFICATE)