

# UNOFFICIAL COPY

## JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS )  
 ) SS  
COUNTY OF COOK )



Doc#: 0606143267 Fee: \$30.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 03/02/2006 10:00 AM Pg: 1 of 4

hereby referred to as the affiant, states under oath that the affiant resides at

Sharon K Brazel, EUGENE KYLE JR.  
John T Kyle.

In the City of CHICAGO & EVERGREEN PK.  
State of \_\_\_\_\_;

that the affiant was acquainted with \_\_\_\_\_

X MARY ANN KYLE  
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:

ATTACHE T.

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 September 2, 2004, leaving ~~no~~ a last will and testament.

The total value of decedent's estate, including the taxable interest in the above property was \$ \_\_\_\_\_, and that the value of the above property individually was \$ 265,000.00 (SALE PRICE OF PROPERTY.)

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:

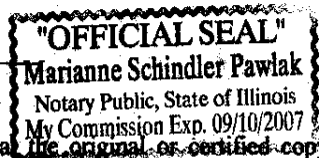
1. Claims against the estate of Mary Ann Kelly, the decedent;
2. State Estate/Inheritance Tax and Federal Estate Tax that may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

[Signature] (Seal)  
[Signature] (Seal)  
[Signature]

Subscribed and sworn to before me this

9 day of Sept 2007  
(Month) (Year)

[Signature]  
(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:

Mary Niego-McNamara  
 (Name)  
6441 S. Tripp Ave.  
 (Address)  
Chgo, IL 60629  
 (City, State, Zip)

Return to:

Mary Niego-McNamara  
 (Name)  
6441 S. Tripp Ave.  
 (Address)  
Chgo, IL 60629  
 (City, State, Zip)

**UNOFFICIAL COPY**  
ATTORNEYS' TITLE GUARANTY FUND, INC.

**LEGAL DESCRIPTION**

**Legal Description:**

LOT 21 IN BLOCK 3 IN SOUTH CHICAGO LAND AND BUILDING ASSOCIATION SUBDIVISION OF THE WEST HALF OF THE NORTH HALF OF THE SOUTH HALF OF THE SOUTH WEST QUARTER OF SECTION 4, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

FAC# 1349629

**Permanent Index Number:**

Property ID: 20-04-319-043

**Property Address:**

4550 S. Union Avenue  
Chicago, IL 60609

Property of Cook County Clerk's Office

REGISTRATION DISTRICT NO. 16-10 REGISTERED NUMBER

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 612452

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

SEP 7 2004

DECEASED-NAME FIRST MARY ANN MIDDLE KYLE LAST

1. COUNTY OF DEATH COOK 2. SEX Female DATE OF DEATH (MONTH, DAY, YEAR) 3. September 1, 2004

4. CITY, TWP, OR ROAD DISTRICT NUMBER COOK 5a. 5b. 5c. 5d. November 24, 1929 5e. DATE OF BIRTH (MONTH, DAY, YEAR)

6a. Chicago 6b. 4550 S Union Ave. 6c. home/hospice 6d. IF HOSE, OR INST. INDICATE D.O.A. OPERMTR, RM, JUPPATENT (SPECIFY)

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. WIDOWED 8b. none 9. WAS DECEASED EVER IN U.S. ARMED SERVICES? (YES/NO)

SOCIAL SECURITY NUMBER 10347-22-4426 10. USUAL OCCUPATION 11. Meat Packer 11b. Signal Koshner 11c. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. Elementary/secondary (0-12) 13. College (13 or 5+)

RESIDENCE (STREET AND NUMBER) 13a. 4550 S Union Ave. Chi Il. 13b. Chicago 13c. Chicago 13d. Cook 13e. COUNTY

STATE Illinois 13f. ZIP CODE 1360609 13g. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) 14a. White 14b. YES 14c. NO 14d. SPECIFY: 14e. MOTHER-NAME FIRST MIDDLE LAST

FATHER-NAME FIRST MIDDLE LAST 15. MOTHER-NAME FIRST MIDDLE LAST 16. MARY ELLEN MCNULTY

17. DECEASED'S NAME (TYPE OR PRINT) 17a. Sharon Brazel 17b. daughter 17c. 4191 S Lowe Ave. Chi Il. 60609

18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respir. arrest, shock, or heart failure. List only one cause on each line. (a) Chronic obstructive pulmonary disease 15 yrs (b) (c)

19. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) (c)

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

20. DATE OF OPERATION, IF ANY 20a. MAJOR FINDINGS OF OPERATION 20b. AUTOPSY (YES/NO) 19a. NO 19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)

21. (a) (b) (c) 21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 21b. NO 21c. HOUR OF DEATH 10:30 P M

22. SIGNATURE 22a. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22b. DATE SIGNED (MONTH, DAY, YEAR) 22c. ILLINOIS LICENSE NUMBER 22d. 036-0704-05

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23a. NAME 23b. DATE (MONTH, DAY, YEAR) 23c. 23d.

BURIAL CREMATION, REMOVAL (SPECIFY) 24a. St Marys 24b. Evergreen Pk 111 24c. STATE 24d. SEPT 8, 2004

FUNERAL HOME NAME 25a. Thomas McInermey's Sons FH 4635 S Wallace St Chi Il 60609 25b. STATE ZIP

FUNERAL DIRECTOR'S SIGNATURE 25c. 034011924 25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) SEP 7 2004

LOCAL REGISTRAR'S SIGNATURE 26a. 26b. (BASED ON 1989 U.S. STANDARD CERTIFICATE)

John L. Wilhelm, MD LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.