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Doc#: 0616020010 Fee: \$30.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 06/09/2006 08:22 AM Pg: 1 of 4

JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

MARGARET A. CALLAGHAN,
hereby referred to as the affiant, states under
oath that the affiant resides at
5213 WOODLAND AVE.

In the City of WESTERN SPRINGS,
State of ILLINOIS;

that the affiant was acquired with
GEORGE P. CALLAGHAN,
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:

LEGAL DESCRIPTION IS
ATTACHED HERETO AND
MADE A PART HEREOF
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 NOVEMBER 15, 2005, leaving no a last will and testament,

The total value of decedent's estate, including the taxable interest in the above property was \$ 300,000.00, and that the value of the above property individually was \$ 155,000.00.

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 60607

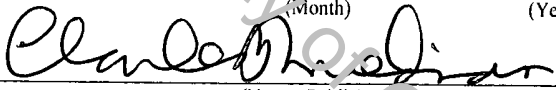
UNOFFICIAL COPY**JOINT TENANCY AFFIDAVIT
(continued)**

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 GEORGE P. CALLAGHAN, 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.

Margaret A. Callaghan (Seal)
MARGARET A. CALLAGHAN (Seal)

Subscribed and sworn to before me this

25th day of MAY, 2006
(Month) (Year)


 (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:

CHARLES B. FRIEDMAN
 (Name)

39 S. LASALLE ST. # 808
 (Address)

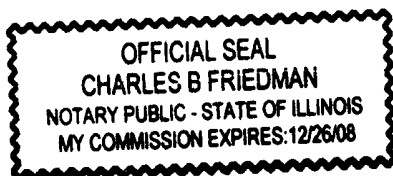
CHICAGO, ILL. 60603
 (City, State, Zip)

Return to:

CHARLES B. FRIEDMAN
 (Name)

39 S. LASALLE ST. # 808
 (Address)

CHICAGO, ILL. 60603
 (City, State, Zip)



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STATE OF ILLINOIS

DEPARTMENT OF PUBLIC HEALTH - DIVISION OF VITAL RECORDS
STATE OF ILLINOIS

REGISTRATION DISTRICT NO. **16.0**

REGISTERED NUMBER

STATE FILE NUMBER
2005 074303

MEDICAL CERTIFICATE OF DEATH

1. DECEASED NAME: **George P. Callaghan** 2. SEX: **Male** 3. DATE OF DEATH: **November 15, 2005**

4. COUNTY OF DEATH: **Cook** 5a. AGE - LAST BIRTHDAY (YRS): **64** 5b. UNDER 1 YEAR: **MO. / DAYS** 5c. UNDER 1 DAY: **HOURS / MIN.** 5d. DATE OF BIRTH (MONTH, DAY, YEAR): **September 15, 1941**

6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: **Western Springs** 6b. HOSPITAL OR OTHER INSTITUTION NAME: **5213 Woodland** 6c. IF HOSP. OR INST. INDICATE D.O.A. (OPER. RM, INPATIENT (SPECIFY))

7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **Chicago, IL** 8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **Married** 8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): **Margaret A. Sullivan** 9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): **yes**

10. SOCIAL SECURITY NUMBER: **[REDACTED]** 11a. USUAL OCCUPATION: **Vice President of Sales Insurance** 11b. KIND OF BUSINESS OR INDUSTRY: **Insurance** 12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **12** (Elementary/Secondary (0-12) / College (1-4 or 5+))

13a. RESIDENCE (STREET AND NUMBER): **5213 Woodland** 13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO.: **Western Springs** 13c. INSIDE CITY (YES/NO): **yes** 13d. COUNTY: **Cook**

13e. STATE: **Illinois** 13f. ZIP CODE: **60558** 14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.): **White** 14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): **XX NO**

15. FATHER - NAME: **George P. Callaghan, Sr.** MOTHER - NAME: **Bernice Hunt**

17a. INFORMANT'S NAME (TYPE OR PRINT): **Margaret A. Callaghan** 17b. RELATIONSHIP: **Wife** 17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): **5213 Woodland, Western Springs, IL 60558**

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: **2 months**

Immediate Cause (Final disease or condition resulting in death) (a) **Metastatic adenocarcinoma of the lung**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF

(c) DUE TO, OR AS A CONSEQUENCE OF

STATING THE UNDERLYING CAUSE LAST.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. 19a. AUTOPSY (YES/NO): **NO** 19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)

20a. DATE OF OPERATION, IF ANY 20b. MAJOR FINDINGS OF OPERATION 20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? **NO**

21a. (I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: **10/25/05** 21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **NO** 21c. HOUR OF DEATH: **8:50 A. M.**

22. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 22a. SIGNATURE: **[Signature]** 22b. DATE SIGNED (MONTH, DAY, YEAR): **11/15/05**

22c. NAME AND ADDRESS OF CERTIFIER: **Michael B. McWhan, MD 1375 Menard Drive, Liberty, IL 60558** 22d. ILLINOIS LICENSE NUMBER: **036052736**

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): **[Signature]** NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): **Burial** 24b. CEMETERY OR CREMATORY - NAME: **Holy Sepulchre** 24c. LOCATION: **Alsip, Illinois** 24d. DATE (MONTH, DAY, YEAR): **November 18, 2005**

25a. FUNERAL HOME: **Hallowell & James 1025 W. 55th Street Countryside Illinois 60525** 25b. FUNERAL DIRECTOR'S SIGNATURE: **[Signature]** 25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **14466**

26a. LOCAL REGISTRAR'S SIGNATURE: **[Signature]** 26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **NOV 16 2005**

VR200 (Rev. 5/89) Illinois Department of Public Health - Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

268989

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

DATE ISSUED
January 20, 2006

Eric E. Whitaker, M.D.
ERIC E. WHITAKER, M.D.
STATE REGISTRAR

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EXHIBIT A

LEGAL DESCRIPTION

UNIT 1304 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN PARKVIEW CONDOMINIUM AS DELINEATED AND DEFINED IN THE DECLARATION OF CONDOMINIUM OWNERSHIP RECORDED JULY 28, 1978 AS DOCUMENT NO. 24558738 AS AMENDED FROM TIME TO TIME, IN SECTION 33, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PROPERTY ADDRESS: 1660 NORTH LASALLE STREET, UNIT 1304, CHICAGO, IL 60614

PERMANENT INDEX NUMBER: 14-33-423-048-1136

Property of Cook County Clerk's Office