1084

ATTORNEYS' TITLE GUARANTY FUND, INC.

0623726011

Doc#: 0623726011 Fee: $30.00
Eugene "Gene" Moore RHSP Fee:$10.00
Cook County Recorder of Deeds
Date: 08/25/2006 09:19 AM Pg: 1 of 4

0603744003O

JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

Cynthia A. Smith, hereby referred to as the affiant, states under oath that the affiant resides at 1319 Superior Avenue, Calumet City, IL 60409; that the affiant was acquainted with Jonathan Caleb Smith; at the time of the decedent's death, the decedent was one of the owners of a parcel of property by virtue of a properly recorded joint tenancy or tenancy by the entirety deed, said property located in COOK County, Illinois, and legally described as follows:

LOT 6 IN BLOCK 1 IN HOOVER SCHOOL ADDITION, A SUBDIVISION OF PART OF THE EAST 646.72 FEET OF THE WEST HALF OF THE EAST HALF OF THE NORTH EAST QUARTER OF SECTION 19, TOWNSHIP 36 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING SOUTH OF MICHIGAN CITY (SCHRUM ROAD), IN COOK COUNTY, ILLINOIS.
Permanent Index Number(s): 30-19-214-006
Property Address: 1319 Superior Avenue, Calumet City, IL 60409

The decedent died on December 28, 2000, leaving no last will and testament;

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 State 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.

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 Jonathan Caleb Smith, deceased, 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.

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

x Cynthia A. Smith
Cynthia A. Smith

4Kg

JOINT TENANCY AFFIDAVIT
(continued)

Subscribed and sworn to before me this

7th day of August (Month), 2006 (Year)

(Notary Public)

My commission expires: 7/21/09

"OFFICIAL SEAL"
TARA L. PARKER
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 7/21/2009

Note: If the decedent left a will, a certified copy thereof must be presented to ATG for inspection, along with a certified copy of the death certificate and evidence of payment of death taxes, if any.

This instrument prepared by:
Bruna Corso & Associates, P.C.
870 East Higgins Road, Suite 137
Schaumburg, IL 60173

Return to:
Bruna Corso & Associates, P.C.
870 East Higgins Road, Suite 137
Schaumburg, IL 60173

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 1637

THIS RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

THIS CERTIFIES THE FOREGOING IS A TRUE COMPLETE COPY OF DEATH ON FILE WITH HAMMOND HEALTH DEPARTMENT.

Jan 3, 2001
Date Issued

Hammond Health Commissioner

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last)			2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Year)
J.	C.	SMITH	MALE	9:50P	DECEMBER 28, 2000

4. SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR (Months, Days)	5c. UNDER 1 DAY (Hours, Minutes)	6. DATE OF BIRTH (Mo., Day, Yr.)	7. BIRTHPLACE (City and State or Foreign Country)
488-48-9176	55			DECEMBER 11, 1945	PORTAGEVILLE, MISSOU

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9. PLACE OF DEATH (Check only one. See instructions)
YES	1974	HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Other (Specify) ☐ Residence

9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN, OR LOCATION OF DEATH	9c. COUNTY OF DEATH
ST. MARGARET-MERCY HEALTHCARE CENTER	HAMMOND	LAKE

10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b. KIND OF BUSINESS/INDUSTRY
MARRIED	CYNTHIA MOORE	MACHINIST	MANUFACTURING

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
ILLINOIS	COOK	CALUMET CITY	1319 SUPERIOR

13e. ZIP CODE	13f. INSIDE CITY LIMITS?	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
						Elementary/Secondary (0-12)	College (1-4 or 5+)
60409	☐ No ☒ Yes	☐ No ☐ Yes	U.S.A.		WHITE	12	2

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)	
R. E. SMITH	RUBY LEE	NEAL

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
CYNTHIA A. SMITH	1319 SUPERIOR; CALUMET CITY, ILLINOIS 60409	WIFE

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION—City or Town, State
☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	JANUARY 3, 2001 OAKLAND MEMORY LANES	DOLTON, ILLINOIS

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
NONE	DNA	☐ No ☒ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (Or Language)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
[signature]	29300133	830028 MCCOY FUNERAL CHAPEL 5713 HOHMAN AV HAMMOND, IN FOR HENNESSY-NOWAK FUNE HOME CALUMET CITY, ILLINOIS

CAUSE OF DEATH

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter terminal events, 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. Respiratory failure secondary to Pneumonia	24 hr
Conditions, if any, which gave rise to the immediate cause (a) stating the underlying cause last	b. Pneumonia	24 hr
	c. Septic Shock	24 hr
	d.	

PART II. Other significant conditions - Conditions contributing to death but not resulting in the underlying cause given in Part I: End Stage Renal failure liver failure

27. WAS DECEDENT PREGNANT ON OR WITHIN 90 DAYS PRIOR TO DEATH? (Yes or No)	28a. WAS AN AUTOPSY PERFORMED? (Yes or No)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)
No	No	DNA

CERTIFIER

29a. CERTIFIER (Check only one)

☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) stated.

☐ HEALTH OFFICER On the basis of investigation and/or investigation in my opinion, death occurred at the time, date, and place, and due to the cause(s) stated.

☐ CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER	29c. MEDICAL LICENSE NO	29d. DATE SIGNED (Month, Day, Year)
[signature]	01045972	01-02-200 (January)

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): DR. NOGHNOGH 4320 FIR ST.; EAST CHICAGO, INDIANA 46312

31. HEALTH OFFICER'S SIGNATURE	32. DATE FILED (Month, Day, Year)
Franklin J. Sprenda M.D.	January 3, 2001

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or No)	34d. DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				

34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

34g. DATE PRONOUNCED D/A/D (Month, Day, Year)	34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.

ATTORNEYS TITLE GUARANTY FUND, INC.

LEGAL DESCRIPTION

Legal Description:

LOT 6 IN BLOCK 1 IN HOOVER SCHOOL ADDITION, A SUBDIVISION OF PART OF THE EAST 646.72 FEET OF THE WEST HALF OF THE EAST HALF OF THE NORTH EAST QUARTER OF SECTION 19, TOWNSHIP 36 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING SOUTH OF MICHIGAN CITY (SCHRUM ROAD), IN COOK COUNTY, ILLINOIS.

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