UNOFFICIAL COPY

2627.748067

Doc#: 0627548067 Fee: \$28.50 Eugene "Gene" Moore RHSP Fee: \$10.00

Cook County Recorder of Deeds
Date: 10/02/2006 03:48 PM Pg: 1 of 3

STATE OF ILLINOIS)	
COUNTY OF COOK)	
JOINT TENANCY AFFIDAVIT	
Norman Rakowski , hereinafter referred to as the affiant, states under oath that the affiant resides	at
10626 Vicky Lane in the City of Palos Hills , Illinois; that the affiant was acquainte	
with Carol M. Rakowski, the decedent; that at the time of death, the decedent was one of the owners of the propert	
by virtue of properly recorded joint tenancy we ranty deed, said property located in <u>Cook</u> County, Illinois, and legal	
described as follows: see Exhibit A actached	
That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created at remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possessic or enjoyment after death; That the decedent died on 7-27-06, Verying ma/a-last will and testament;	Эn
That the total value of decedent's estate, including the taxable interest in the above property was \$ 300,000; and	
That the value of the above property individually was \$ 300,000. That the affiant makes this affidavit to induce ATTORNEYS' TITLE LISUKANCE FUND, INC. to issue its policy of tit insurance on the above described property. the affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATTORNEYS' TITLE INSURANCE FUND, INC. harmless and to reimburse the Fund for all loss, costs, damages, suits, attorney's fees and expenses and every kind and nature which which the Fund may suffer, expend or income.	er or
by reason of the issuance of said policy free and clear of the following objections:	
 Claims against the estate of <u>Carol M. Rakowski</u>, the decedent; Illinois State Inheritance Tax and Federal Tax which may be charged against the estate of card decedent; Legacies, if any, created by the will of said decedent; Rights to contribution. 	
Horun Toho, row (Sea	17
1	٠,
Subscribed and Swore to before me this OH day of Sept Gold Notary Public	(1

Note: If the decedent left a will, it will be necessary that the original or a certified copy thereof be presented to us for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

This document prepared by and please return to: Nancy Siedlecki, 5300 Main St., Downers Grove, 11.60515

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Exhibit A Joint Tenancy Affidavit

LOT 91 IN OAKWOOD HILLS FOURTH ADDITION, A SUBDIVISION OF PART OF THE NORTHWEST ¼ OF SECTION 13, TOWNSHIP 37 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS

PIN: 23-13-113-043

Property of County Clerk's Office

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County of Cook)

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 THEREOF, 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.

Haid Un

	in the state of th	COUNTY CLERK
DISPOSITION	2 2 3 3 9 CAUSE P CERTIFIER	Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS A DECEASED B C C D PARENTS
VAL (SPECIFY) VAL (SPECIFY) 3AL HOME 3AL DIRECTOR'S SIGNATUR REGISTRAPS SIGNATUR HEGISTRAPS SIGNATUR HEGISTRA	17a. NOTMAN Rakows 18. PARTI. 18. PARTI. Immediate Cause (Final disease or condition resulting in death) CONDITIONS, IF ANY WHICH GIVE RISE TO META, OF CAUSE LAST. CAUSE LAST. DATE OF OPERATION, IF ANY COUSE LAST. DATE OF OPERATION, IF ANY DATE OF OPERATION, IF ANY COUSE LAST. TO THE BEST OF ITY 'NOV LEDGE, DEATHOO PAME AND ADDRESS OF CERTIFIER TO THE BEST OF ITY ON LEDGE, DEATHOO 22a. SIGN, IT, RE NAME AND ADDRESS OF CERTIFIER NAME ADDRESS OF CERTIFIER NAME AND ADDRESS OF CERTIFIER NAME ADDRESS OF	TAND NUMBER TA
INOTE: ANTE: LOCATION CITYOR TOWN STATE	Ski s, or complications that caused me death. Do not enterthyllure. List only one caused me death. Do not enterthyllure. List only one caused me death fine. AYCINDEOF ANS ACONSECTINGEOF AND ANS ACONSECUENCE OF IN OUT not resulting in the underlying cause given in PARTI. FINDINGS OF OPERATION (MONTH, DAY FEAT) CUBREDATT BETIME, DATE AND PRICE AND DUE SEOR PRINT)	MEDICAL CERTIFICATE OF DEATH FIRST MIDDLE LAST RAKOWS K.I. SARTHONY (PRS) SARTHONY (PRS)