



ATTORNEYS' TITLE GUARANTY FUND, INC.



Doc#: 0627502067 Fee: \$30.00 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds Date: 10/02/2006 08:49 AM Pg: 1 of 4

JOINT TENANCY AFFIDAVIT

STATE OF Ill) COUNTY OF DuPage) SS

Corinth Hobson, hereby referred to as the affiant, states under oath that the affiant resides at 2304 S. 9th Ave., Broadview, IL 60155; that the affiant was acquainted with ALMA J. HOBSON; 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 12 and 13 in Block 11 in Western Addition, being a Subdivision of the West half (1/2) of the South East Quarter (1/4) of Section 15, Township 39 North, Range 12 East of the Third Principal Meridian, in Cook County, Illinois. Permanent Index Number(s): 15-15-417-035; 036-0000 Property Address: 2022 S. 15th Ave, Broadview, IL 60155

The decedent died on 3-4-06, leaving/not leaving a 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 total value of decedent's estate, including the taxable interest in the above property, is \$ 186,000.00, and that the value of the above property individually is \$186,000.00;

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, 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.

Corinth Hobson
Corinth Hobson

Handwritten signature/initials

Attorneys' Title Guaranty Fund, Inc. 135 Wacker Dr., STE 2400 Chicago, IL 60606-4650 Attn: Search Department

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JOINT TENANCY AFFIDAVIT (continued)

Subscribed and sworn to before me this

11th day of September, 2006
(Month) (Year)

Larise Renee Scott
(Notary Public)



My commission expires: _____

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:
Mary Lou McLennan
Law Offices of Haas and McLennan
209 Naperville Rd.
Wheaton, IL 60187

Return to: *Mary Lou McLennan*
209 Naperville Rd
Wheaton, IL 60187

Property of Cook County Clerk's Office

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ATTORNEYS' TITLE GUARANTY FUND, INC.

LEGAL DESCRIPTION

Legal Description:

Lot 12 and 13 in Block 11 in Western Addition, being a Subdivision of the West half (1/2) of the South East Quarter (1/4) of Section 15, Township 39 North, Range 12 East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Index Number:

Property ID: 15-15-417-035; 036-0000

Property Address:

2022 S. 15th Ave
Broadview, IL 60155

Property of Cook County Clerk's Office

UNOFFICIAL COPY

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DECEASED'S BIRTH NO. _____
 REGISTRATION DISTRICT NO. 1635
 REGISTERED NUMBER 107

STATE OF ILLINOIS
 MEDICAL CERTIFICATE OF DEATH
 STATE FILE NUMBER _____

Type or Print In
 PERMANENT INK
 See Funeral Directors,
 Hospital, or Physicians
 Handbook for
 INSTRUCTIONS

DECEASED-NAME FIRST Alma MIDDLE _____ LAST Hobson SEX Female DATE OF DEATH (MONTH, DAY, YEAR) March 4, 2006

1. COUNTY OF DEATH Alma

4. COOK CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER _____

AGE-LAST BIRTHDAY (YRS) 76 UNDER 1 YEAR MO UNDER 1 DAY MIN DATE OF BIRTH (MONTH, DAY, YEAR) JANUARY 7 1930

5a. 76 5b. _____ 5c. _____ 5d. _____ 5e. _____

HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Westlake Hospital

6a. Melrose Park 6b. Westlake Hospital

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7 DYERSBURG, TENN 6a. WIDOWED, DIVORCED 6b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Inpatient

8. SOCIAL SECURITY NUMBER 494-36-1901 11a. ADMINISTRATOR D. H. S. 11b. _____ 11c. _____ 11d. _____

RESIDENCE (STREET AND NUMBER) 2022 SO. FIFTEENTH AVE 13b. BROADVIEW 13d. COOK

13a. 2022 SO. FIFTEENTH AVE 13b. BROADVIEW 13c. EYES 13d. COOK

STATE ILLINOIS 13f. ZIP CODE 60155 14a. XX NO 14b. YES SPECIFY: _____

13e. ILLINOIS 13f. 60155 14a. XX NO 14b. YES SPECIFY: _____

FATHER-NAME FIRST DAVID MIDDLE TIDWELL MOTHER-NAME FIRST LJLLA MIDDLE _____

15. INFORMANT'S NAME (TYPE OR PRINT) BARBARA JEAN CARTER RELATIONSHIP DAUGHTER MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 1 BAUGHTER RD #49 SPRINGMINT CT: BOLINGBROOK

DECEASED

PARENTS

CAUSE

1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 N. _____
 P. _____

17a. BARBARA JEAN CARTER 17b. DAUGHTER 17c. 49 SPRINGMINT CT: BOLINGBROOK

18. PART I. Enter the disease, 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.
 Immediate Cause (Final disease or condition resulting in death) (a) Multiple Myeloma, sepsis, chronic renal failure

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) (b) Coronary Artery Disease, Hypertension
 STATING THE UNDERLYING CAUSE LAST. (c) Chronic obstructive lung disease

PART II. Other significant conditions contributing to death but not resulting in the final cause given in PART I.
Diabetic Walled Off

DATE OF OPERATION, IF ANY _____ MAJOR FINDINGS (IF OPERATION) _____

20a. _____ 20b. _____

19a. _____ 19b. _____

20c. _____ 20d. _____

20e. _____ 20f. _____

20g. _____ 20h. _____

20i. _____ 20j. _____

20k. _____ 20l. _____

20m. _____ 20n. _____

20o. _____ 20p. _____

20q. _____ 20r. _____

20s. _____ 20t. _____

20u. _____ 20v. _____

20w. _____ 20x. _____

20y. _____ 20z. _____

CERTIFIER

DISPOSITION

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. _____

21b. _____

21c. _____

21d. _____

21e. _____

21f. _____

21g. _____

21h. _____

21i. _____

21j. _____

21k. _____

21l. _____

21m. _____

21n. _____

21o. _____

21p. _____

21q. _____

21r. _____

21s. _____

21t. _____

21u. _____

21v. _____

21w. _____

21x. _____

21y. _____

21z. _____

22a. SIGNATURE _____

22b. NAME AND ADDRESS OF CERTIFIER _____

22c. _____

22d. _____

22e. _____

22f. _____

22g. _____

22h. _____

22i. _____

22j. _____

22k. _____

22l. _____

22m. _____

22n. _____

22o. _____

22p. _____

22q. _____

22r. _____

22s. _____

22t. _____

22u. _____

22v. _____

22w. _____

22x. _____

22y. _____

22z. _____

23. NAME OF ATTENDING PHYSICIAN, IF OTHER THAN CERTIFIER (TYPE OR PRINT) _____

BURIAL, CREMATION, REBURYAL (SPECIFY) _____

24a. Burial 24b. Dak Ridge Cemetery 24c. Hillside, Illinois 24d. March 10, 2006

FUNERAL HOME _____

25a. Russell Funeral Home 25b. 302 S. Eastern Ave 25c. Chicago, IL 25d. 60433

FUNERAL DIRECTOR'S SIGNATURE _____

25a. _____ 25b. _____ 25c. _____ 25d. _____

LOCAL REGISTRAR'S SIGNATURE _____

26a. _____ 26b. _____

DATE FILED BY _____

26a. _____ 26b. _____

(BASED ON 1969 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE March 8 2006 SIGNED [Signature] REGISTRAR

AT MELROSE PARK, Illinois OFFICIAL TITLE _____

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.