(1)

JOINT TENANCY AFFIDAVIT

0635211045

Doc#: 0635211045 Fee: $30.00
Eugene "Gene" Moore RHSP Fee:$10.00
Cook County Recorder of Deeds
Date: 12/18/2006 11:39 AM Pg: 1 of 4

STATE OF ILL)
) SS
COUNTY OF Cook)

JOANNE DURKIN,
hereby referred to as the affiant, states under oath that the affiant resides at
5834 N NICHOLSON
CHICAGO 60631
In the City of ,
State of ILL ;
that the affiant was acquainted with
MARGARET DURKIN,
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
, and legally described as follows:

0635211045 1/4

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 January 20, 1992, leaving no/a last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was $ NONE, and that the value of the above property individually was $ NONE

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

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 Margaret Durkin, 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.

Joanne L Durkin (Seal)

(Seal)

Subscribed and sworn to before me this

4 day of October, 2006
(Month) (Year)

OFFICIAL SEAL
ARTHUR ROGERS
NOTARY PUBLIC STATE OF ILLINOIS
COMMISSION EXPIRES:04/11/09

(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:

A. R Pence
(Name)
4244 W 32nd St
(Address)
Chicago IL 60623
(City, State, Zip)

Return to:

ATGF
(Name)
One E Wacker 24th Fl
(Address)
Chgo IL 60604
(City, State, Zip)

...BY CERTIFY THAT the foregoing ... rue and correct copy of the record for the person ...ed and that this record was established ...iled in my office in accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths, and deaths.

DATE: JAN 21 1992 SIGNED: Robert C. Fechuna

AT: BERWYN, ILLINOIS OFFICIAL TITLE: DEPUTY REGISTRAR

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

PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS

DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO. 16-21

REGISTERED NUMBER 78

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

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

DECEASED

1. DECEDENT'S NAME: FIRST Margaret MIDDLE Durkin LAST
2. SEX: Female
3. DATE OF DEATH (MONTH, DAY, YEAR): January 20, 1992
4. COUNTY OF DEATH: Cook
5a. AGE-LAST BIRTHDAY (YRS): 82
5b. UNDER 1 YEAR MOS. / DAYS
5c. UNDER 1 DAY HOURS / MIN.
5d. DATE OF BIRTH (MONTH, DAY, YEAR): December 5, 1909
6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: Berwyn
6b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): MacNeal Hospital
6c. IF HOSP, OR INST, INDICATE D.O.A. OP/EMER. RM, INPATIENT (SPECIFY): Inpatient
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): Darry Ireland
8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): Patrick Durkin
9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): No
10. SOCIAL SECURITY NUMBER: 325-05-7625
11a. USUAL OCCUPATION: Kitchen
11b. KIND OF BUSINESS OR INDUSTRY: Hospital
12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12): 8 College (1-4 or 5+):
13a. RESIDENCE (STREET AND NUMBER): 3754 W. 58th St.
13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO.: Chicago
13c. INSIDE CITY (YES/NO): Yes
13d. COUNTY: Cook
13e. STATE: Illinois
13f. ZIP CODE: 60629
14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): White
14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): ☒ NO ☐ YES SPECIFY:

PARENTS

15. FATHER-NAME FIRST James MIDDLE LAST O'Donnell
16. MOTHER-NAME FIRST Not MIDDLE (MAIDEN) LAST Available

17a. INFORMANT'S NAME (TYPE OR PRINT): Kirsten Kwiatkowski
17b. RELATIONSHIP: Hosp. Rec
17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 3249 S. Oak Park Berwyn, Ill.

CAUSE

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.

Immediate Cause (Final disease or condition resulting in death): (a) Respiratory Arrest

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

DUE TO, OR AS A CONSEQUENCE OF: (b) Pneumonia

DUE TO, OR AS A CONSEQUENCE OF: (c)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.: Alzheimers Disease, seizure disorder

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? YES ☐ NO ☒

CERTIFIER

21a. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR): 1/17/92

21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): No

21c. HOUR OF DEATH: 8:00 A.M.

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

22a. SIGNATURE ▶ Edmond W. Vizinas M.D.

22b. DATE SIGNED (MONTH, DAY, YEAR): 1/20/92

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)

22c. Edmund W. Vizinas M.D. 6165 S. Archer Chicago, Ill.

22d. ILLINOIS LICENSE NUMBER: 036-059443

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

23.

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

DISPOSITION

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

24b. CEMETERY OR CREMATORY-NAME: Holy Sepulchre

24c. LOCATION CITY OR TOWN STATE: Worth, Illinois

24d. DATE (MONTH, DAY, YEAR): Jan. 22, 199

25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP: Modell Funeral Home 5725 S. Pulaski Road Chicago, Illinois 60629

25b. FUNERAL DIRECTOR'S SIGNATURE ▶ Richard J. Modell

25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 034-011510

LOCAL REGISTRAR'S SIGNATURE

DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): JAN 21 1992

ATTORNEYS TITLE GUARANTY FUND, INC.

LEGAL DESCRIPTION

Legal Description:

Lot 26 in Block 23 in James H. Campbell's Addition to Chicago, being a Subdivision of the North West 1/4 (except the East 50 feet thereof) in Section 14, Township 38 North, Range 13 East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Index Number:

Property ID: 19-14-122-026-0000

Property Address:

3754 West 58th Street
Chicago, IL 60629