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Doc#: 0701149000 Fee: \$30.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 01/11/2007 08:54 AM Pg: 1 of 4

Property of Cook County Clerk's Office

DECEASED JOINT TENANCY AFFIDAVIT

Prepared by/Return to:
Joanne Gleason, Esq.
Law Office of Joanne Gleason
1523 North Walnut Avenue
Arlington Heights, IL 60004
(847) 670-8370

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PROFESSIONAL NATIONAL TITLE NETWORK, INC.

THREE FIRST NATIONAL PLAZA, SUITE 1600, CHICAGO, IL • 312-696-2700 • 312-621-1001

**STATE OF ILLINOIS
COUNTY OF COOK**

DECEASED JOINT TENANCY AFFIDAVIT

James J. Donovan, hereinafter referred to as the affiant, states under oath that the affiant resides at 5029 West Windsor Avenue, in the City of Chicago, Illinois; that the affiant was acquainted with Margaret M. Donovan, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of properly recorded joint tenancy warranty deed, said property located in Cook County, Illinois, and legally described as follows:

See Exhibit "A" attached hereto and made a part of hereof.

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interest 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;

That the decedent died on January 12, 2005, leaving no last will and testament;

That the total value of the decedent's estate, including the taxable interest in the above property was \$ 150,000; and

That the value of the above property individually was \$ 100,000.

That the affiant makes this affidavit to induce **ATTORNEYS' TITLE INSURANCE FUND, INC.** to issue its policy of title 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 the Fund may suffer, expend or incur by reason of the insurance of said policy free and clear of the following objections:

1. Claims against the estate of Margaret M. Donovan, the decedent;
2. Illinois State Inheritance Tax and Federal Tax which may be charged against the estate of said decedent;
3. Legacies, if any created by the will of said decedent;
4. Rights to contribution.

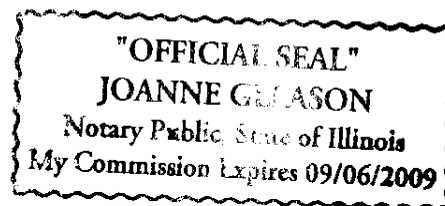
James J. Donovan (Seal)
James J. Donovan

(Seal)

Subscribed and sworn to before me

this 5th day of January, 2007.

Joanne Gleason
Notary Public



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 the affidavit.

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EXHIBIT "A"

LOT 41 IN BLOCK 8 IN SUNNYSIDE ADDITION TO JEFFERSON PARK, A SUBDIVISION OF THAT PART OF LOT 5 AND THE SOUTH HALF OF LOT 4 LYING NORTH EAST OF MILWAUKEE AVENUE ALSO PART OF LOT 2 LYING SOUTHWEST OF THE RAILROAD OF SCHOOL TRUSTEES' SUBDIVISION OF SECTION 16, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Commonly known as 5029 West Windsor Avenue, Chicago, Illinois 60630

Permanent Index Number: 13-16-218-025-0000

Property of Cook County Clerk's Office

REGISTRATION DISTRICT NO. **18.10**

MEDICAL CERTIFICATE OF DEATH

DECEASED - NAME **Margaret** FIRST **M.** MIDDLE **Donovan** LAST **Donovan** SEX **FEMALE** DATE OF BIRTH (MONTH, DAY, YEAR) **April 16, 1936**

COUNTY OF DEATH **COOK** CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **CHICAGO** AGE - LAST BIRTHDAY (YRS) **68** UNDER 1 YEAR **5d** UNDER 1 DAY **5d** DATE OF DEATH (MONTH, DAY, YEAR) **January 12, 2005**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **CHICAGO, IL.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **MARRIED** NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) **JAMES J. DONOVAN** 6c. **at home**

SOCIAL SECURITY NUMBER **335-28-8772** USUAL OCCUPATION **CROSSING GUARD** KIND OF BUSINESS OR INDUSTRY **CHICAGO POLICE** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **College (14-15-1)** 9 **NO**

RESIDENCE (STREET AND NUMBER) **5029 W. WINDSOR AVE,** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **CHICAGO** INSIDE CITY **YES** COUNTY **COOK**

STATE **ILLINOIS** ZIP CODE **131** RACE (WHITE, BLACK, AMERICAN INDIAN, etc. (SPECIFY)) **WHITE** OF HISPANIC ORIGIN? (SPECIFY) **NO** YES **NO** SPECIFY: **NO**

FATHER NAME **THOMAS SHAGHNESSY** MOTHER NAME **CATHERINE JEFFERS** MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN, STATE, ZIP) **176 HUSBAND 5029 WINDSOR CHICAGO, ILLINOIS 60630**

18. PART I **JAMES J. DONOVAN** 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. **1112**

CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) **CONGESTIVE HEART FAILURE** (b) **BRUNNARY HYPERTENSION**

19. PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I

DATE OF OPERATION, IF ANY **20b** MAJOR FINDINGS OF OPERATION **19a** AUTOPSY (YES/NO) **NO** WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) **NO** IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? **NO**

20. **12/30/04** DID (D) (DO NOT) ATTEND THE DECEASED? **NO** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) **NO** HOUR OF DEATH **6:30 AM**

21. **1/12/05** TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNED (MONTH, DAY, YEAR)

22. **Jim Vreck MD 1441 Broadway Woods Grove IL 60515** NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER **038082141**

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER

24. **ALT. SAINTS** BURIAL CEMETERY OR CREMATORY - NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) **1/15/2005**

25a. **John V May Funeral Home 4553 Milwaukee Ave. Chicago, IL. 60630** FUNERAL DIRECTOR'S SIGNATURE

25b. **034-011741** LOCAL REGISTRAR'S SIGNATURE **JAN 13 2005** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO **MAY 04 2005**

JOHN L. WILHELM M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN OBDINANCE OF SAID LAW AND ORDINANCES.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.