



ATTORNEYS' TITLE GUARANTY FUND, INC.

(1 of 2)



Doc#: 0711011044 Fee: \$28.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 04/20/2007 10:36 AM Pg: 1 of 3

JOINT TENANCY AFFIDAVIT

STATE OF Illinois) COUNTY OF Cook) SS

Cheril L. Haines, hereby referred to as the affiant, states under oath that the affiant resides at 21848 Clyde Ave. Saul Village, IL 60411; that the affiant was acquainted with Bernard T. Haines, Jr.; 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 5 in Block 25 of Southdale, a Subdivision of Unit Number 2, being a Subdivision of part of Section 25, Township 35 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois, lying North of Sauk Trail Road.

Permanent Index Number(s): 32-25-317-014-0000 Property Address: 21848 Clyde Ave., Saul Village, IL 60411

3u

The decedent died on July 6, 2004, 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 total value of decedent's estate, including the taxable interest in the above property, is 200,000.00, and that the value of the above property individually is 150,000.00;

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 Bernard T. Haines, Jr., 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.

Cheril L. Haines signature and name

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

UNOFFICIAL COPY

JOINT TENANCY AFFIDAVIT (continued)

Subscribed and sworn to before me this

12th day of April, 2007
(Month) (Year)

Richard L. Hutchison
(Notary Public)

My commission expires: 04/21/08



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:
Richard L. Hutchison
Attorney At Law
16860 S. Oak Park Ave.
Tinley Park, IL 60477,

Return to:
Richard L. Hutchison
Attorney At Law
16860 S. Oak Park Ave.
Tinley Park, IL 60477,

Property of Cook County Clerk's Office

UNOFFICIAL COPY

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

Local No. 1668-04 CERTIFICATE OF DEATH State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) Bernard T. Haines Jr.		2. SEX Male	3a. TIME OF DEATH 1:45 a.m.	3b. DATE OF DEATH (Month, Day, Yr.) July 6, 2004	
4. *SOCIAL SECURITY NUMBER 306-46-1984	5a. AGE—Last Birthday (Years) 60	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) Nov 18 1943	
7. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois	8a. WAS DECEDENT A U.S. VETERAN? No				
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?		9a. PLACE OF DEATH (Check only one. See instructions)			
9b. FACILITY NAME (If not institution, give street and number) St. Margaret Mercy Hospital		9c. CITY, TOWN OR LOCATION OF DEATH Dyer		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Cheril Neece	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Custodian		12b. KIND OF BUSINESS/INDUSTRY School District 159	
13a. RESIDENCE—STATE Illinois	13b. COUNTY Cook	13c. CITY, TOWN OR LOCATION Sauk Village		13d. STREET AND NUMBER 21848 Clyde	
13e. ZIP CODE 60411	13f. RESIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc)	16. RACE—American Indian, Black, White, etc. (Specify) White	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)		18. FATHER'S NAME (First, Middle, Last) Bernard T. Haines Sr.			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Muriel Mc Evoy		20a. INFORMANT'S NAME (Type/Print) Cheryl Haines			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21848 Clyde, Sauk Village, Illinois		20c. Relationship Wife			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) July 10, 2004 Skyline Memorial Park		21c. LOCATION—City or Town, State Monee, Illinois	
22a. EMBALMER'S NAME C.A. Kuiper		22b. EMBALMER'S LICENSE NO. 0101451		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>C.A. Kuiper</i>		24b. LICENSE NUMBER (License) 0101451	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home #83007500 9039 Kleinman, Highland, In. 46322 Agent For Steger Memorial Chapel		
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, 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)			Approximate Interval Between Onset and Death		
a. Cardiovascular arrest					
b. DUE TO (OR AS A CONSEQUENCE OF)					
c. DUE TO (OR AS A CONSEQUENCE OF)					
d. DUE TO (OR AS A CONSEQUENCE OF)					
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I					
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (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			
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER 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) as stated. <input type="checkbox"/> 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 <i>[Signature]</i>			
29c. MEDICAL LICENSE NO. 2002075		29d. DATE SIGNED (Month, Day, Year) 7-6-04			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Patrick Cosgrove 11355 W. 95th Lane, St. John, Indiana					
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>			32. DATE FILED (Month, Day, Year) July 6, 2004		
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	THIS CERTIFIES THE ABOVE IS A TRUE AND CORRECT COPY OF THE DEATH RECORD AS FILED WITH THE COUNTY HEALTH DEPT.
34d. 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 DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			