

# UNOFFICIAL COPY

## JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS )  
COUNTY OF KANE ) SS

Jeanne Rose,  
hereby referred to as the affiant, states under  
oath that the affiant resides at 13231  
Red Alder

In the City of Huntley,  
State of Illinois;  
that the affiant was acquainted with  
Victor Rose,  
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  
Illinois, and legally  
described as follows:

*Attached*

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 August 28, 2004, leaving no/a last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ Less than \$600,000, and that the value of the above property individually was \$ 215,000.00.

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.



Doc#: 0724140220 Fee: \$30.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 08/29/2007 03:51 PM Pg: 1 of 4

113  
07023640331

4K9

# UNOFFICIAL COPY

## 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 Victor Rose, 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.

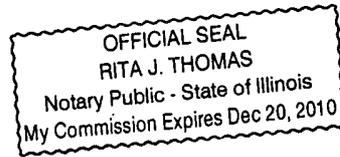
x Janne Rose (Seal)

\_\_\_\_\_ (Seal)

Subscribed and sworn to before me this

16 day of August, 2007  
(Month) (Year)

Rita J. Thomas  
(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: & Returned to:

Rita J Thomas  
(Name)

30 N Western Ave  
(Address)

Carpentersville IL 60110  
(City, State, Zip)

Return to:

\_\_\_\_\_ (Name)

\_\_\_\_\_ (Address)

\_\_\_\_\_ (City, State, Zip)

# UNOFFICIAL COPY

## Legal Description:

Parcel 1: Unit 67-1 in Fieldstone Condominium as delineated on a survey of the following described land: Parts of Fieldstone Unit No. 1 and Fieldstone Unit No. 2, being a subdivision of part of the East Half of the Northwest Quarter of Section 20 and the West Half of the Northeast Quarter of Section 20, in Township 41 North, Range 9 East of the Third Principal Meridian, in Cook County, Illinois; which survey is attached as Exhibit "D" to the Declaration of Condominium recorded as Document No. 08089911, and amended from time to time; together with its undivided percentage interest in the common elements, all in Cook County, Illinois.

Parcel 2: Easements for ingress, egress, use and enjoyment for the benefit of Parcel 1 over, on, across and through adjoining land as set forth in the Declaration of Covenants, Conditions, Restrictions and Easements recorded as Document No. 08-065512.

P.I.N. 06-20-208-018-1255

Property of Cook County Clerk's Office

STATE OF ILLINOIS  
County of Cook

DAVID ORR, County Clerk

**UNOFFICIAL COPY**

AUG 30 2004

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.

*David Orr*  
COUNTY CLERK

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <b>16.0</b>		STATE OF ILLINOIS		STATE FILE NUMBER	
		REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>			
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		DECEASED-NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
1. Victor D. Rose		2. Male		3. August 28, 2004			
COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS)		UNDER 1 YEAR		DATE OF BIRTH (MONTH, DAY, YEAR)	
4. Cook		5a. 67		5b. 5c.		5d. July 17, 1937	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)	
6a. Elgin		6b. 368 Gladstone Lane				6c. ---	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN ARMED FORCES? (YES/NO)	
7. Madison, WI		8. Married		8b. Jeanne Stevenson		9. Yes	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
10. 335-30-2698		11a. Rigger		11b. Construction		12. 10 Elementary/Secondary (0-12) College (1-4 or 5+)	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY	
13a. 368 Gladstone Lane		13b. Elgin		13c. Yes		13d. Cook	
STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.)	
13e. Illinois		13f. 60120		14a. White		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
PARENTS		FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST			
15. Victor Rose		16. Julia Boldstad					
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
17a. Jeanne Rose		17b. Wife		17c. 368 Gladstone, Elgin, IL 60120			
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) CIRRHOSIS				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF					
		(c) DUE TO, OR AS A CONSEQUENCE OF					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.							
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
20a.		20b.		19a. No		19b.	
(DID/DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		(MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH	
21a. 8-19-04				21b. No		21c. 5:03 P. M.	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		22a. SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)		ILLINOIS LICENSE NUMBER	
22a. <i>George W. Urban</i>		22b. 8-30-04		22c. 036-086784			
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		22c. George W. Urban, 650 Dakota Lane, Crystal Lake, IL		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		23.		BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME	
23.		24a. Burial		24b. Ridgewood Cemetery		24c. Des Plaines, Illinois	
DISPOSITION		FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE	
25a. Ahlgrim & Sons Funeral Home		330 W. Golf Road, Schaumburg, Illinois		60195-3698		DATE (MONTH, DAY, YEAR)	
FUNERAL DIRECTOR'S SIGNATURE		25b. Daniel T. English		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		24d. Aug 31, 2004	
25b. <i>Daniel T. English</i>		25c. 034-010667		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		26b. August 30, 2004	
LOCAL REGISTRAR'S SIGNATURE		26a. <i>David Orr</i>		26b. August 30, 2004			