



ATTORNEYS' TITLE GUARANTY FUND, INC.



Doc#: 0818504025 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 07/03/2008 08:42 AM Pg: 1 of 3

Handwritten notes: 0818504025

JOINT TENANCY AFFIDAVIT

STATE OF Illinois ) ) SS COUNTY OF Cook )

Sharon Scellato, hereby referred to as the affiant, states under oath that the affiant resides at 1060 Mission Hills Court, Chesterton, IN 46304; that the affiant was acquainted with Ruth Jones; 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 7 in Duggan Brothers Resubdivision of the West 1/2 of Lot 11 in Hillside, being George W. Hill's Subdivision of the Southeast 1/4 of the Southwest 1/4 of Section 14, Township 37 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois. Permanent Index Number(s): 24-14-316-048-0000 Property Address: 11025 S. Ridgeway Ave., Chicago, IL 60655

Handwritten initials: ZW

The decedent died on June 10, 2007 leaving no last will and testament;

The decedent had no interest in any business or partnership, nor hold 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 \$220,000.00, and that the value of the above property individually is \$220,000.00;

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 Ruth Jones, 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.

Handwritten signature of Sharon Scellato

Sharon Scellato

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

# UNOFFICIAL COPY

## JOINT TENANCY AFFIDAVIT

(continued)

Subscribed and sworn to before me this

13<sup>th</sup> day of June, 2008  
(Month) (Year)

Lisa A. Wyman  
(Notary Public)

My commission expires: 7/8/08



**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:  
Thomas F. Courtney  
7000 W. 127th Street  
Palos Heights, IL 60463

Return to:  
Thomas F. Courtney & Associates  
7000 W. 127th Street  
Palos Heights, IL 60463,

Property of Cook County Clerk's Office

# UNOFFICIAL COPY

STATE OF ILLINOIS  
County of Cook)

DAVID ORR, County Clerk

JUN 13 2007

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 the 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. Ruth Marie Jones		2. Female		3. June 10, 2007			
COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		
4. Cook		5a. 79	5b. MOS. DAYS	5c. HOURS MIN.	5d. May 31, 1928		
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. OPENER, RM, INPATIENT (SPECIFY)		
A 6a. Orland Park		6b. Lexington			6c. Inpatient		
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 U.S. ARMED FORCES? (YES/NO)		
7. Chicago, IL		8a. Never Married	8b. None		9. No		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)		
C 10. 352-22-1727		11a. Clerk	11b. Trucking		12. 12		
D RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	COUNTY		
E 13a. 11025 Ridgeway		13b. Chicago		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. 60655	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. James Alvis Jones		16. Louise Elizabeth Kobe					
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)				
17a. Mildred House		17b. Sister	17c. 6219 W.94th St. Oak Lawn IL 60453				
18. PART I. Enter the diseases, or complications that caused the death. Do not omit the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
Immediate Cause (Final disease or condition resulting in death)		(a) <i>Cerebrovascular Accident</i>					
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.		AUTOPSY (YES/NO)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)			
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION		19a. No		19b. No	
I (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. 6/9/07				21b. No		21c. 8:30 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		22b. DATE SIGNED (MONTH, DAY, YEAR)		22c. ILLINOIS LICENSE NUMBER	
22a. <i>[Signature]</i>		DR. Dinesh K. Jain M.D. 16532 S. Oak Park Avenue Suite # 101 Oakley Park, IL 60477		22b. 6/12/07		22c. 036-067930	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		22d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
22c. Haley Park, IL 60477				22d. JUN 13 2007			
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)	
24a. Entombment		24b. Holy Sepulchre		24c. Alsip, Illinois		24d. June 13, 2007	
FUNERAL HOME		NAME STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE		ZIP	
25a. Blake-Lamb Funeral Home		14727/W. 103rd Street		Oak Lawn Illinois		60453	
FUNERAL DIRECTOR'S SIGNATURE		25b. LOCAL REGISTRAR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		25c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
25b. <i>[Signature]</i>		25a. <i>[Signature]</i>		25c. 034-012014		25d. JUN 13 2007	
25a. <i>[Signature]</i>				25c. 034-012014		25d. JUN 13 2007	