



ATTORNEYS'
TITLE
GUARANTY
FUND,
INC.

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Doc#: 0828444025 Fee: \$40.00
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 10/10/2008 10:15 AM Pg: 1 of 3

JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

FERNE E. SMITH, hereby referred to as the affiant, states under oath that the affiant resides at 18511 Wentworth avenue, Unit 1F; that the affiant was acquainted with HORACE L. SMITH; 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:

The East one half (1/2) of Lot Four (except the North Fifty (50) feet thereof) -----(4)
In Block Sixteen (16) in Ridgewood Gardens Addition, being a Subdivision of the West Half (1/2) of the South East Quarter (1/4) of Section 31, Town 36 North, Range 15, East of the Third Principal Meridian, Cook County, Illinois, except the Chicago and Grand Trunk Railroad Right of Way as located through Section 31.
Permanent Real Estate Index Number: 30-31-427-006-0000
Address of Real Estate: 18538 Chicago Avenue, Lansing, Illinois

The decedent died on 11/25/05, 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 \$, and that the value of the above property individually is ;

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 HORACE L. SMITH, 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.

Ferne E. Smith

FERNE E. SMITH

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JOINT TENANCY AFFIDAVIT (continued)

Subscribed and sworn to before me this

9th day of October, 2008
(Month) (Year)

Barbara A. Delcorio
(Notary Public)

My commission expires: 12-13-2010



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:

ROBERT C. COLLINS, JR.
ATTORNEY AT LAW
850 Burnham Avenue, P. O. Box 1245
Calumet City, IL 60409

Return to:

ROBERT C. COLLINS, JR,
ATTORNEY AT LAW
850 Burnham Avenue - P. O. Box 1245
Calumet City, IL 60409

Property of Cook County Clerk's Office

UNOFFICIAL COPY

DAVID ORR, County Clerk

NOV 28 2005

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. <u>16.0</u>	STATE OF ILLINOIS		STATE FILE NUMBER
	REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH		
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED-NAME FIRST MIDDLE LAST 1. HORACE L. SMITH			SEX 2. Male
	DATE OF DEATH (MONTH, DAY, YEAR) 3. November 25, 2005			
	COUNTY OF DEATH 4. Cook	AGE-LAST BIRTHDAY (YRS) 5a. 85	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.
	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. September 11, 1920			
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. South Holland		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. Manor Care	
	IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY) 6c. Inpatient			
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Nova Scotia, Canada		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married	
	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Ferne E. Brinker		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. Yes	
	SOCIAL SECURITY NUMBER 10. 357-05-2312		USUAL OCCUPATION 11a. Machinist	
	KIND OF BUSINESS OR INDUSTRY 11b. Steel		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 12	
RESIDENCE (STREET AND NUMBER) 13a. 18511 Wentworth Ave.,		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. Lansing		
STATE 13e. Illinois		INSIDE CITY (YES/NO) 13c. Yes		
ZIP CODE 13f. 60438		COUNTY 13d. Cook		
RACE (WHITE, BLACK, AMERICAN (IF DIA) etc.) (SPECIFY) 14a. White		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
FATHER-NAME FIRST MIDDLE LAST 15. James Smith		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16. Helen Lewis		
INFORMANT'S NAME (TYPE OR PRINT) 17a. Ferne E. Smith		RELATIONSHIP 17. Wife		
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.		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 18511 Wentworth Ave., Lansing, IL		
Immediate Cause (Final disease or condition resulting in death) → (a) CAD CUE DOZ Lung tumour		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) ANAEMIA				
(c) ARTERIALS				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				
DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.		
1 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 21a. 11/05		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. No		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 21c. YES <input type="checkbox"/> NO <input type="checkbox"/>		
22a. SIGNATURE <i>Shamshuddin</i>		DATE SIGNED (MONTH, DAY, YEAR) 22b. Nov. 28, 2005		
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. M. Shamshuddin, MD, 16650 S. Harlem Ave., Tinley Park, IL 60477		ILLINOIS LICENSE NUMBER 22d. 036091936		
NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.				
BURIAL CREMATION, REMOVAL (SPECIFY) 24a. Cremation		CEMETERY OR CREMATORY-NAME 24b. Heritage Crematory		
FUNERAL HOME 25a. Schroeder & Lauer Funeral Home, 3227 Ridge Rd., Lansing, IL 60438		LOCATION CITY OR TOWN STATE 24c. Portage, IN		
FUNERAL DIRECTOR'S SIGNATURE 25b. <i>William C. Blymer</i>		DATE (MONTH, DAY, YEAR) 24d. Nov. 29, 2005		
LOCAL REGISTRAR'S SIGNATURE 26a. <i>David Orr</i>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-012218		
26b. 11-28-05		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b.		