10f3

State of Illinois

that the affiant was acquainted with Bianca Brisk

## JOINT TENANCY AFFIDAVIT

TATE OF <u>IL</u>	LINOIS)			
COUNTY OF	) SS COOK )			
Lloyd F.	Brisk			
ereby referred to as the affiant, states under ath that the affiant resides at				
Village				
n the City of	Homewood ,			

Doc#: 0832940008 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 11/24/2008 09:33 AM Pg: 1 of 3

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 

111inois , and legally described as follows:

Lot 6 in Lonngren's Resubdivision of Lots 1 to 19 and vacated alley adjoining in Ravisloe Country Club 2nd Addition, a Subdivision of the S 5 acres of the W 1/2 of the E 1/2 of the SE 1/4 of Section 36, Township 36 N, Range 13 East of the Third Principal Meridian, in Cook County, IL

Comman Address: 2534, 183 rd St. Homewood LL 60430 PINA 28-36-412-629-0000

The decedent had no interest in any business or partnership, nor held any powe 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 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.

Page 1 of 2 FOR USE IN: ALL STATES

0832940008 Page: 2 of 3

## **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:

Claims against the estate of	ca brisk	, the decedent;	
2. State Estate/Inheritance Tax and Federal Esta	ate Tax that may be	charged against the estate of said decedent;	
3. Legacies, if any, created by the will of said d	lecedent;		
4. Rights of contribution.			
-			
		Hond F. Brisk	(Seal
	-	Lloyd F. Brisk	
$\sim$			(Seal
	-		(5001)
Subscribed and sworn to before me this			
Subscribed and swor it it before the this		•	
30 day of Vorsher	2008		
day of Chonth)			
	(Ical)	OFFICIAL SEAL	
	•	CHRISTOPHER J. CUMMINGS	
(Notary Public)		MOTARY PUBLIC, STATE OF ILLINOIS	
(Notary Fullity)	1	MY COMMISSION EXPIRES 09-15-10	
	•		4 TO C
		e original or certified copy thereof be presented to	
inspection. A death certificate, together with ev	ridence of payment	of death taxes, if any, should accompany this affidavi	t.
	7		
	' ()		
This instrument prepared by:	0,	Return to:	
Christopher J. Cummings		Christopher J. Cummings	
Cummings & Duda, Ltd.		Cummings & Duda, Ltd.	
(Name)		(Name)	
2024 Hickory Road, Suite 300		20!4 Hickory Road, Suite 300	
(Address	<del></del>	(Address)	
· ·		C/A/	
Homewood, IL 60430		Homewood, IL 60430	
(City, State, Zip)		(City, State, Zip)	
(3.1), 5.110, 2.11)			
		·C'2	

STATE OF ILLINOIS) County of Cook)

## FF LVID ORR County Cler

OCT 2 6 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.

COUNTY CHERK

COPY DECEDENT'S BIRTH NO REGISTRATION STATE OF ILLINOIS STATE FILE DISTRICT NO. 16.0 NUMBER MEDICAL CERTIFICATE OF DEATH REGISTERED NUMBER Type or Print in PERMANENT INK DE LASED-NAME FIRST MIDDLE DATE OF DEATH (MONTH, DAY, YEAR) ĈŒ e Funeral Directors Hospital, or Physician COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY Handbook for INSTRUCTIONS COOK 5a. 84 5SEPTEMBER 5b 13,1921 5c CITY, TOWN, TWF, OF 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. HAZEL CREST SUBURBAN HOSPITAL SOUTH 6b. 6cINPATIENT BIRTHPLACE (CITY AND TATE OF FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN U. ARMED FORCES? (YES/NO **DECEASED** ITALY MARRIED LLOYD F. BRISK 9. NO SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED Elementary/Secondary (0-12) College (1-4 or 5 +) <u>328-4</u>0-9904 HOMEMAKER 11h OWN HOME 12 RESIDENCE (STREET AND NUMBER CITY, TOWN, TWP, OR ROAD DISTRICT NO. INSIDE CITY COUNTY (YES/NO) 2534 W. HOMEWOOD 83rd 13b. YES 13c. COOK 13d. MASE WHITE, BLACK, AMERICAN OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, 60 INDL.N. Ac.) (SPECIFY 13e.ILLINOIS 60430 WAITE Ĭ NO 14b. ☐ YES **SPECIFY** MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST **PARENTS** ANTONIETTA

MAILING ADDRESS (STREET AND NO. ORR.F.D., CITY OR TOWN, STATE, ZIP) 60430 IACOPO CILOTTI INFORMANT'S NAME (TYPE OR PRINT) RE' ATIONSHII USBAND 7 2534  ${\tt LLOYD}$ 18. PART I. Enter the diseases, or complications that caused the death. For senter 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 - Emphyseu resulting in death) DUE TO, OR AS A CONSEQUENCE OF CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS CAUSE STATING THE UNDERLYING CAUSE LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. (YES/NO) 19b DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20a 20h YES [] NOX I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER AVIVE ON 21a. WAS CORONER OR MEDICAL EXAMINER NO FIED? (YES/NO HOUR OF DEAT 21h TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNE (MONTH, DAY, YEAR) 22a. SIGNATURE 76/ CERTIFIER NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) NAME OF A TENDING PHYSICIAN IF OTHER THAN CERTIFIEF (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED. BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN (MONTH DAY YEAR) 24a. BURIA 24c GLENWOOD, ILLINOIS ASSUMPTION FUNERAL HOME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE DISPOSITION

L HOME 18022 HOMEWOOD, TILITNOTS 60430

IFUNERAL DIRECTOR'S ILLINOIS LICENSE NUM

034-011800

DATE FILED BY LOCA

VR200 (Rev. 5/89)

THIN I EU BY AU I HOHII Y OF I HE SIAIE OF ILLINOIS

Illinois Department of Public Health-Division of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

CUUS