UNOFFICIAL COPY

STATE OF ILLINOIS COUNTY OF COOK

RECORDER'S USE ONLY

JOINT TENANCY AFFIDAVIT

TINA M. SIMPSON, hereinafter referred to as the affiant, states under oath that the affiant resides at 2814 Landen Drive, Village of Melrose Park, County of Cook, State of Illinois; that the affiant was acquainted with NELLIE RUTH MILLIGAN, the decedent, and that at the time of death, the decedent was one of the owners of the property by virtue of a properly recorded joint tenancy warranty deed, said property located in COOK COUNTY, ILLINOIS and logally described as follows:

(K) 75 FEXTO

Doc#: 0913348040 Fee: \$40.00 Eugene "Gene" Moore RHSP Lee \$10.00

Cook County Recorder of Deeds Date: 05/13/2009 12:09 PM Pg: 1 ot 3

LEGAL DESCRIPTION: THE NORTH 64 FEET OF THE SOUTH 244 FEET OF THE WEST 330 FEET (MEASURED ON SOUTH LINE) OF THAT PART OF THE WEST HALF OF THE SOUTHWEST QUARTER OF THE NORTHEAST QUARTER OF SECTION 29, TOWNSHIP 40 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN LYING SOUTH OF CENTER LINE OF GRAND AVENUE (EXCEPT THE WEST 165 FLET THEREOF) IN COOK COUNTY, ILLINOIS.

P.I.N. 12-29-204-023-0000

Commo ilv known as: 2814 LANDEN DRIVE, MELROSE PARK, ILLINOIS 60164

That the decedent had no interest in any business or partnership, for 1 eld any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein on the creation of interests to take effect in possession or enjoyment after death;

The decedent died on the 15th day of February, 2009, leaving no 125t will and testament;

That the total value of decedent's estate, including the taxable interest in the above property is less than \$1,500,000.00 and;

That the value of the above property individually was less than \$250,000.00;

That TINA M. SIMPSON, the affiant, hereby covenants and agrees, for himself, heirs, personal representatives or assignees, to forever fully indemnify, protect, defendant holds any title company harmless and to reimburse the Fund for all loss, costs, damages, suits, attorney's fees and expenses and every kind and nature which the Fund may suffer, expend or incur by 1 easo 1 of the issuance of said policy free and clear of the following objections:

- 1. Claims against the estate of NELLIE RUTH MILLIGAN, the decedent;
- State and Federal Tax which may be charged against the estate of said decedent;
- 3. Legacies, if any, created by the will of said decedent;

4. Rights to contribution.

TINA M. SIMPSON

SUBSCRIBED AND SWORN to before

me this 10th day of April, 2009

Notary Public

OFFICIAL SEAL
BARRETT F PEDERSEN
NOTARY PUBLIC - STATE OF ILLINOIS
NOT COMMISSION EXPRISES 22/16/12

0913348040 Page: 2 of 3

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Note:

If the decedent left a Will, it is necessary that the original or a certified copy thereof be presented to us for inspection. A Death Certificate, together with evidence of payment of death taxes, if any, should accompany this Affidavit.

Prepared By and Return To:

BARRETT F. PEDERSEN 9701 West Grand Avenue Franklin Park, IL 60131 TODORY OF COOK COUNTY CLORK'S OFFICE (847) 455-9444 Atty. No. 27139

LOCAL FILE NUMBER			CERTI	TE OF	DEATH	•			
					STA	TE FILE N	UMBER		
1. DECEDENT'S LEGAL NAME (Inc	iude AKAs if any) (First, Middle, Last)				2. SEX		3. DATE OF DEATH	(Month/Day/Year) (Spell Mo
Nellie 4. COUNTY OF DEATH	Rt	uth		Milligan		Female		February	
Cook	ba. AG	EAT LAST BIRTHDA	(Years) 5t	UNDER 1 YEAR Onths Days	5c. UNDER 1 D	Minutes	6. DAT	E OF BIRTH (Month/	Day/Year)
7a. CITY OR TOWN		# ₹ #5 76		1 7		1	Ma	rch 21,	1932
Melrose Park/Ley	den Town	nship		816 N. H	THER INSTITUTION	NAME (If not I	n either, giv	/e street and number)	
		<u></u>	7c. PLAC	E OF DEATH (Check only		··			
IF DEATH OCCURRED IN A HOSPITA			IF DEATH	OCCURRED SOMEWHER	OTHER THAN A HOS	PITAL			· · · · · · · · · · · · · · · · · · ·
☐ Inpatient ☐ Emergency Roos 8. BIRTHPLACE		Dead on Arrival	☐ Hospic	e facility 🔲 Nursing Ho	me/Long-term care facil	ity yzĺ iDec	edent's hor		ity):
(City and State or Foreign Country)			10. MARIT	FAL STATUS AT TIME OF		11. SURV	/IVING SF	OUSE'S NAME	12. EVER IN U.S.
Alabama NA	417-40-	-6838	Div				y Mi	lligan	
13a. RESIDENCE (Street and Number)	1	3b. APT. NO.	100.00.101	'N			13d. INSIDE CITY LI	U Yes Æ
816 N. Harold	STATE 130. ZII			Melrose P	ırk /Leyden	Towns	hip		(No
Cook	L 601			(Firet, Middle, Last)		15. MOTHE	R'S NAM	E PRIOR TO FIRST I	AARRIAGE (First, Middle, I
16a. INFORMANT'S NAME			LATIONSHIP	cadberry		Vina	Waldı	rup	
Tina Simpson			ghter		160. MAILING ADDI	TESS (Street o	and No., Ci	ty or Town, State, ZIP (Code)
17. METHOD OF DISPOSITION: 41	istrial 18. F	PLACE OF DISPOSIT	ION (Name of	cometery, crematory, other)	19. LOCATION - CIT	Y. TOWN AND	DETA		Park II, 6
Dther (Specify):	Ton	arch Crom	atori		F11				
21a.FUNERALHOME NAM Sax-Tiedemann F	(F)	STREET AN	O NUMBER	±114	CITY OR TOW	Park,	<u> </u>	Februa	ry / 4 2009
21b. FUNERAL DIRECTOR'S SIGNA	uneral H	ome & Ure	matori	.um 9568 Be	lmont Ave	Frank	lin E	Park, IL 6	0131 ZIP
TIME ONE DIRECTOR'S SIGNA	TURES CO.	2 Kyr	de			21c. FUNER	AL DIREC	TOR'S ILLINOIS LICE	NSE NUMBER
22. LOCAL REGISTRAR'S SIGNATU	RE	Y				$-c_{\mathcal{S}}$	4 - C	>1 2004 +	
<u> </u>	A	Buil 1	$\searrow_{\lambda\lambda}$		1.16.	23, DATE FIL	ED WITH	LOCAL REGISTRAN	(Month/Day/Year)
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	ь. <u>Сом</u>	IMON E	3 (LE	Due to or as a consec	uence of): CBS '7' Lence of):	Ruc	TICO	~	2 MONTH 2 MONTH
				Due 1 (or as 3 consec					
	Ottoblene contrib			man r (for 19 / contract	uence of):				
PART II. Enter other significant o		buting to death but r	not resulting i	the undertake			25. WAS	AN AUTOPSY PERF	ORMED? IT Von de
PART II. Enter other significant o	ROKE	buting to death but r	not resulting in	the undertake			26. WER	AN AUTOPSY PERF E AUTOPSY FINDING	GS USED TO
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1 7 FEB 2009

STATE OF ILLINOIS) County of Cook)

DAVID ORR, County Clerk

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.

Haid On