



ATTORNEYS' TITLE GUARANTY FUND, INC.



0926712079

Doc#: 0926712079 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 09/24/2009 11:06 AM Pg: 1 of 3

3/16

0926712079

JOINT TENANCY AFFIDAVIT

STATE OF IL) COUNTY OF Cook) SS

Ernest C. Hughes, hereby referred to as the affiant, states under oath that the affiant resides at ; that the affiant was acquainted with Thomas Hughes; 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:

LOTS 44 AND 45 IN W.A. HAYNES' ADDITION TO CHICAGO, BEING A SUBDIVISION OF LOTS 3 AND 5 AND THE WEST 21 FEET OF LOT 2 AND THE NORTH 60 FEET OF LOT 1 IN SUBDIVISION BY CIRCUIT COURT IN PARTITION OF THE SOUTH 5 ACRES OF THE EAST 1/2 OF THE SOUTHEAST 1/4 OF THE NORTHEAST 1/4, ALSO THE SOUTH 1/2 OF THE NORTH 5 ACRES OF THE SOUTH 10 ACRES OF THE EAST 1/2 OF THE SOUTHEAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 30, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index Number(s): 14-30-225-023 & 14-30-225-024 Property Address: 1630-32 W. DIVERSEY PARKWAY, CHICAGO, IL 60614

The decedent died on, 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 Thomas Hughes, 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.

Ernest C. Hughes Ernest C. Hughes

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UNOFFICIAL COPY

JOINT TENANCY AFFIDAVIT (continued)

Subscribed and sworn to before me this

15th day of Sept, 2009
(Month) (Year)

[Signature]
(Notary Public)



My commission expires: 3/28/13

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:

Return to:

Frank Zangara
7115 Virginia #116
Crystal Lake, IL 60014

Property of Cook County Clerk's Office

REGISTRATION NO. 16.10
DISTRICT NO.
REGISTERED NUMBER

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER
602625

FEB 5 1986

DECEASED—NAME: **THOMAS R. HUGHES**
FIRST MIDDLE LAST
DATE OF BIRTH: **27 1913**
COUNTY OF DEATH: **COOK**
DATE OF DEATH: **3 1986**
MONTH, DAY, YEAR

1. RACE (WHITE, BLACK, AMERICAN INDIAN OR DESCENT, HISPANIC, OTHER)
2. SEX: **MALE**
3. AGE (MONTHS, YEARS, MONTHS, DAYS)
4. PLACE OF BIRTH: **Chicago**
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

5. CITIZENSHIP: **USA**
6. HOSPITAL OR OTHER INSTITUTION: **Edgewater Hospital**
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

7. STATE OF BIRTH: **Illinois**
8. SOCIAL SECURITY NUMBER: **3-100-100000**
9. USUAL OCCUPATION: **Production**
10. KIND OF BUSINESS OR INDUSTRY: **Production**

11. NAME OF SURVIVING SPOUSE: **Lillian Gaillet**
12. DATE OF MARRIAGE: **1938**
13. DATE OF DEATH OF SPOUSE: **None**
14. NAME OF SURVIVING CHILDREN: **Joseph, Howard, Cook, Lillian**

15. EVIDENCE STREET AND NUMBER: **632 West Diversey**
CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **Chicago**
16. MOTHER-MAIDEN NAME: **Howard**

17. DEATH WAS CAUSED BY: **Brain Tumor (metastatic)**
IMMEDIATE CAUSE: **Cancer of the lung (1)**
18. DATE OF OPERATION, IF ANY: **None**
MAJOR FINDINGS OF OPERATION: **Brain Tumor (metastatic)**

19. SIGNATURE OF CERTIFIER: **R. H. Hery**
NAME AND ADDRESS OF CERTIFIER: **427 N. Cicero, Chicago**
20. NAME OF ATTENDING PHYSICIAN, IF OTHER THAN CERTIFIER: **Dr. J. K. Elber**

21. BURIAL, CREMATION, REMOVAL, ETC.: **Burial**
FUNERAL HOME: **Green Funeral Directors**
22. FUNERAL DIRECTOR'S SIGNATURE: **W. D. MPA**

23. LOCAL REGISTRAR'S SIGNATURE: **Edward C. Edwards, M.D., M.P.A.**
DATE REC'D. BY LOCAL REGISTRAR: **FEB 5 1986**

24. DATE OF BIRTH: **27 1913**
25. DATE OF DEATH: **3 1986**
26. DATE REC'D. BY LOCAL REGISTRAR: **FEB 5 1986**

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

SS
LONNIE C. EDWARDS, M.D., M.P.A.,
LOCAL REGISTRAR OF VITAL STATISTICS
OF THE CITY OF CHICAGO, DO HEREBY
CERTIFY THAT I AM THE KEEPER OF
THE RECORDS OF BIRTHS, STILLBIRTHS
AND DEATHS OF THE CITY OF CHICAGO
BY VIRTUE OF THE LAWS OF THE
STATE OF ILLINOIS AND THE
ORDINANCES OF THE CITY OF CHICAGO;
THAT THE ACCOMPANYING CERTIFICATE
ON THIS SHEET IS A TRUE COPY AS A
RECORD KEPT BY ME IN PURSUANCE OF
SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID
WHEN MULTICOLOR SEAL AND
BLUE SIGNATURE ARE AFFIXED