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JOINT TENANCY AFFIDAVIT

Prepared By and MAIL TO: Hegarty, Kowols & Associates PC 301 W. Touhy Park Ridge, IL 60068 (847) 692-3031 Doc#: 1010218017 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds
Date: 04/12/2010 11:38 AM Pg: 1 of 3

STATE OF ILLINOIS)
SS
COUNTY OF COOK)

## JUDITH KAVATHAS.

hereby referred to as the affiant, states under oath that the affiant resides at 6758 N. Oxford, in the City of Chicago Illinois; that the affiant was acquainted with **ANDREW A. KAVATHAS**, decedent; 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, Ilinois, and legally described as follows:

Lots 8 and 9 in Block 19 in Edison Park in Section 36, Township 41 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Real Estate Index Number: 09-36-401-010-0000 Address(es) of real estate: 6758 N. Oxford, Chicago, 11 60631

That 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 thereof or the creation of interest to take effect in possession or enjoyment after death;

That the decedent died on November 23, 2009, leaving NO last will and testament. A certified copy of the death certificate is attached hereto and a copy of the last will and testament, if any.

That the total value of decedent's estate at death, including the taxable interest in the above property was less than the applicable federal and state estate tax unified credit and that the value of the above property individually was less than the applicable federal and state estate tax unified credit.

That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

That affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever indemnify, protect, defend and hold



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<u>NA</u> harmless and to reimburse said title company for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature which said title company 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 ANDREW A. KAVATHAS, the decedent.
- 2. Illinois State Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent;
- 3. Legacies, if any, created by the will of said decedent;
- 4. Rights of contribution.

Judith L. Kavathas

State of Illinois, Courty of Cook ss.

I, the unders gned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that JUDITH L. KAVATHAS, a widow, is personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledge that she signed, sealed and delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and official seal, this 5th day of March, 2010 Commission expires 4/19/2010

"OFFICIAL SEAL"
MARY ANN KOWOLS
Notary Public, State of Illinois
My Commission Expires 8/19/2010

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## CERTIFICATION OF DEATH RECORD

## CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

TATE FILE NUMBER 2009	9 0086007								DA7	TE ISSUED	11/30/200	
DECEDENT'S LEGAL NAME ANDREW A KAVATHAS							SEX MALE		DATE OF DEATH NOVEMBER 23, 2009			
COUNTY OF DEATH		1	T LAST BIRTHDAY	-		DATE OF B		<u> </u>	<del></del>			
CITY OR TOWN CHICAGO	1	EARO	HOSPITAL OR		INSTITUTION	RUARY 14, 1944 N NAME	<u></u>	<del></del>	I-M	<u></u>		
PLACE OF DEATH			<del></del>	010014	AFUILE							
DECEDENT'S HOME												
BIRTHPLACE HOLLAND, MI	SOCIAL SECUR	ITY NUMBE	MARRIED	TATUS AT TIME OF	F DEATH	1	IG SPOUSE'S NAME TH JONGSMA	-		EVER IN U.S.	ARMED	
RESIDENCE 6758 N OXFORD	6		APT. I	NO.	CITY OR CHIC					INSIDE CITY LIN		
COOK	STATE   ZIP CODE   1L   50631		ATHER'S NAME ANGELO KA	VATHAS			MOTHER'S NAM	ME PRIOF	R TO FIRST		<del></del>	
INFORMANTS NAME JUDITH KAVATHAS	0,		ELATIONSHIP WIFE			ILING ADDRE						
METHOD OF DISPOSITION CREMATION		CE OF DISPO	POSITION CREMATORY	,	LOC	CATION - CIT	TY OR TOWN AND S		DATE OF	F DISPOSITION		
	L HOME, 6754 N	ORTH N	ORTHWEST F	HIGHWAY, C	·	·			No.	MP-1,	700	
							FUNERAL DIREC 034011324		LINOIS LIC	CENSE NUMBER	1	
LOCAL REGISTRAR'S NAME DAVID ORR	LOCAL REGISTRAR'S NAME DATE FILED WIT									AR		
CAUSE OF DEATH  IMMEDIATE CAUSE (Final disease or condition resulting in death)	b.	)IÐ LEUNE	Due to (or	(or as a consequence of	40			-		3 MC	IONTHS	
			Due to (o	or set a consequence of	of):			_ =				
PART II. Enter other significant of DID TOBACCO USE CONTRIBUTE NO	TE TO DEATH?	FEMALE PR	but not resulting in the REGNANCY STATU	the underlying cau	isa given in	I PART I.	VYERI COMP	RE AUTOP	PSY FINDING AUSE OF D DEATH	REFORMED? NO NGS USED TO DEATH? N/A		
DATE OF INJURY		TIME OF INJ	<del></del>	PLACE OF INJUI	RY	<del></del>			Sc.	INJURY AT W	NORK?	
LOCATION OF INJURY			····					<del></del>	40		<del></del> -	
DESCRIBE HOW INJURY OCCURI	RED:							IF TR/	ANSPORTA	ATION INJURY, S	SPECIFY:	
YES	DATE LAST SEEN ALT OCTOBER 27,		WAS MEDICAL EX		 د	DATE PR	RONOUNCED	<u></u>		TIME OF DEATH		
CERTIFIER PHYSICIAN				<u></u>	-	<u></u>			E CERTIFIED	D	<del> </del>	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DAVID L. GRINBLATT, 2650 RIDGE, EVANSTON, ILLINOIS, 60201									NOVEMBER 27, 2009  PHYSICIAN'S LICENSE NUMBER 036077054			



This is to certify that this is a true and correct copy from the official death record filed with Illinois Department of Health.



