UNOFFICIAL COP

STATE OF ILLINOIS COUNTY OF COOK

DECEASED JOINT TENANCY AFFIDAVIT

3, 50010805000 MICHAEL A. PATTON, hereinafter referred to as the Affiant, states under oath that the Affiant resides at 10939 South Keating, in the Village of Oak Lawn, Illinois, that the Affiant was acquainted with KATHLEEN PATTON, the 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 3/36 North Ravenswood Avenue in Chicago, Cook County, Illinois 60613, and legally described as foliov s:

SEE RIDER ATTACHED

P.I.N. 14-19-201-036-1019 and 14-19-201-036-1074

Doc#: 1016511041 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 06/14/2010 11:28 AM Pg: 1 of 3

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 retration of a life interest therein or the creation of interests to take effect in possession or enjoyment after death.

That the Decedent died on October 28, 2009, as will and by the attached death certificate, leaving no/a last will and testament.

That the total value of decedent's estate, including the taxap'c interest in the above property was \$\frac{\frac{102}{02}}{2} \frac{cc}{and}\$ and that the value of the above property individually was \$\frac{\frac{102}{02}}{2} \frac{102}{02} \frac

That the Illinois Inheritance Tax and the Federal Estate Tax, if any was flue from the Decedent's estate has been paid in full.

That the Affiant makes this Affidavit to induce ATTORNEYS' TITLE GUARANTY FUND, INC. to issue its policy of title insurance on the above described property.

The Affiant hereby covenants and agrees, for himself, heirs, personal representative of assignees, to forever fully indemnify, protect, defend and hold the title company harmless and to reimburse the Fund for all loss, cost, damages, suits, attorney's fees and expenses of every kind and nature which the 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 KATHLEEN PATTON, 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 to contribution.

michael a. Patton (SEAL)

Subscribed and swop No.

OFFICIAL SEAL KRISTAN J RICHARDS Notary Public - State of Illinois My Commission Expires Sep 3, 2013

This Instrument was prepared by and mail to: JAKUBCO RICHARDS & JAKUBCO P.C., 2224 W. Irving Park, Chicago, IL 60618

Attorneys' Title Guaranty Fund, Inc. 1 S. Wacker Rd., STE 2400 Chicago, IL 60606-4650 Attn:Search Department

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RIDER

UNIT 503 AND G-30 TOGETHER WITH AN UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN THE METRO NORTH CONDOMINIUM AT VARIOUS LOCATIONS AND ELEVATIONS AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE:

THAT PART OF LOTS 1, 2, 3, 4, 5 AND 6 AND LOT 7 (EXCEPT THE WEST 14.1 FEET THEREOF AND ALSO EXCEPT THE EAST 8 FEET OF THE WEST 22.1 FEET OF THE NORTH 70 FEET THEREOF) IN BLOCK 3 IN CHARLES J. FORD'S SUBDIVISION OF BLOCKS 3, 4, 5, 14 AND 15 AND OF LOTS 1, 2, AND 3 IN BLOCK 16 IN THE SUBDIVISION OF SECTION 19, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, (EXCEPT THE SOUTHWEST 1/4 OF THE NORTHEAST 1/4 AND THE SOUTHEAST 1/4 OF THE NORTHWEST 1/4 AND THE EAST 1/4 OF THE SOUTHEAST 1/4 THEREOF), IN COOK COUNTY, ILLINOIS; WHICH SURVEY IS ATTACHED TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT 0623739044, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS.

COMMONLY KNOWN AS 3946 NORTH RAVENSWOOD AVENUE, UNITS 503 AND G-30, CHICAGO, IL 60613 14-19-201-2

OK COOK COUNTY CLORES OFFICE

P.I.N. 14-19-201-036-1019 APID 14-19-201-036-1074

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CERTIFICATION OF DEATH RECORD

CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2009	0078434					. 5% - 53%	1.3		DATE	EISSUED 10/29/20		
DECEDENT'S LEGAL NAME KATHLEEN PATTON						i de la companya de l	SEX FEMALE	4	OF DEATH TOBER 2	45° 5		
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 59 YEARS					DATE OF BIRTH MAY 20, 1950					
CITY OR TOWN CHICAGO				HOSPITAL OF	R OTHER INS CAVENSW	1000	I NAME	April 1		er Tar		
PLACE OF DEATH DECEDENT'S HOME						gar ^a la Peggara						
BIRTHPLACE CHICAGO, IL	SOCIAL SECUR	RITY NUMBER 782	MARITAL STA	ATUS AT TIME O	F DEATH	SURVIVIN	G SPOUSE'S N	WE		EVER IN U.S. ARMED FORCES? NO		
RESIDENCE 3946 N RAVENSW JULY)	: :	APT	NO.	CITY OR T	17. 24.4		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		INSIDE CITY LIMITS? YES		
COOK	ZIP COL 6061:		HER'S NAME EARL PATTO	ИС			CATHE	NAME PRIOR		MARRIAGE		
INFORMANT'S NAME MIKE PATTON	100	RELATIONSHIP BROTHER MAILING ADDRESS 10939 S KEATING, OAK LAWN,										
METHOD OF DISPOSITION CREMATION	¥ : 7/	E OF DISPO	ISITION CEMETER	Y CO.		ITION - CIT	IY OR TOWN A	ND STATE		DISPOSITION BER 30, 2009		
FUNERAL HOME COONEY FUNERAL HO	OME IRVING PK	, 39 (8) V	RVING PARI	K ROAD, CH	IICAGO, IL	., 60618	,	talens A 10 eg den Talles d				
FUNERAL DIRECTOR'S NAME MICHAEL J COONEY	MICHAEL J COONEY				FUNERAL DIRE 034014307			307	CTOR'S ILLINOIS LICENSE NUMBER 7			
LOCAL REGISTRAR'S NAME DAVID ORR						14. A B 17. Y	DATE FILED WITH LOCAL REGISTRAR OCTOBER 29, 2009					
CAUSE OF DEATH PAR IMMEDIATE CAUSE (Final disease or condition	TI. METASTATIO	RECTAL C		(or as a consequence	n of:							
resulting in death).	b .		Line 10 (C	5.7. 7	143 1479 148						
	c .		Due to ((or as a consequenc					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
PART II. Enter other significant o	onditions contribute	o to death h		(or se a consequence		PAITI	1	NAC AN AIS	Opev pen	FORMED? NO		
A MANAGEMENT AND								WAS AN AUTOPSY PERFORMED? NO WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A				
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN		FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YE			YEAR	MAN			NER OF DEATH TURAL			
DATE OF INJURY	· · · · · · · · · · · · · · · · · · ·	TIME OF INJ		PLACE OF IN	,,,	entie a tieta a tieta antieti		$\hat{}$		INJURY AT WORK?		
LOCATION OF INJURY									7			
DESCRIBE HOW INJURY OCCUP	RRED:	•						#F Th	RAA SPOPT	ATION INJURY, SPECIFY		
ATTEND THE DECEASED?	DATE LAST SEEN	ALIVE	WAS MEDICAL CORONER CO	EXAMINER OR	PES DATE PRO		PRONOUNCED	NONOUNCED		TIME OF DEATH 08:00 PM		
CERTIFIER PHYSICIAN								DATÉ CERTIFIED OCTOBER 29, 2009				
NAME, ADDRESS AND ZIP CODE				INOIS POS	<u> </u>		J. Prop.	L		'S LICENSE NUMBER		



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



