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JOINT TENANCY AFFIDAVIT

Prepared By and MAIL TO:
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Park Ridge, IL 60068
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Doc#: 1022118028 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 08/09/2010 10:56 AM Pg: 1 of 3

STATE OF ILLINOIS)
)SS
COUNTY OF COOK)

MARY P. CASEY,

hereby referred to as the affiant, states under oath that the affiant resides at 5455 N. Sheridan Road - Apt. #11, City of Chicago, Illinois; that the affiant was acquainted with **KATHLEEN A. CASEY**, 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, Illinois, and legally described as follows:

UNIT 608 IN BOARDWALK CONDOMINIUM AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE: LOTS 1 TO 13, 11 TO 16 IN C. U. GORDON'S ADDITION TO CHICAGO, SAID ADDITION BEING A SUBDIVISION OF LOTS 5, 6, 23 AND 24 AND THAT PART OF VACATED SCHOOL TRUSTEES' SUBDIVISION BETWEEN SAID LOTS OF TRUSTEES SUBDIVISION OF FRACTIONAL SECTION 16, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS; WHICH SURVEY IS ATTACHED AS EXHIBIT "C" TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT NUMBER 23120912 AS AMENDED FROM TIME TO TIME, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS.

Property Address: 4343 North Clarendon, Unit 608, Chicago, IL 60613
P.I.N.: 14-16-300-032-1178

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 October 7, 2007, leaving no last will and testament. A certified copy of the death certificate is attached hereto.

That the total value of decedent's estate at death, including the taxable interest in the above property was less than the applicable Federal Unified Tax Credit and that the value

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of the above property individually was less than the applicable Federal Unified Tax 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 NA 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 KATHLEEN A. CASEY, the decedent.
2. Illinois State Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent;
3. Rights of contribution.

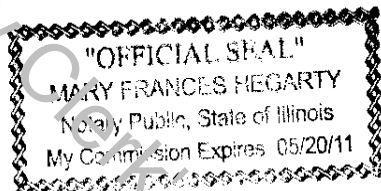
Mary P. Casey

 MARY P. CASEY

Signed and sworn to before me this
 19 day of July, 2010

Mary Frances Hegarty

 Notary Public



THIS DOCUMENT PREPARED BY:
 Hegarty, Kowols & Associates, PC
 301 W. Touhy Avenue
 Park Ridge, IL 60068
 847-629-3031

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CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS

DISTRICT NO 16.10
REGISTERED NUMBER

STATE FILE NUMBER

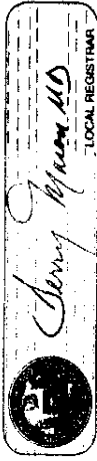
MEDICAL CERTIFICATE OF DEATH

013631

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

OCT 15 2007

I, LITERVY MASON M.D., 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 FOR 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 OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

DECEASED-NAME FIRST MIDDLE LAST Kathleen Casey F		DATE OF DEATH (MONTH, DAY, YEAR) 3. 7 Oct 07	
CITY OF DEATH Cook		COUNTY OF DEATH Cook	
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER Chicago		CITY, TOWN, TWP, OR ROAD DISTRICT NO. Chicago	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago, IL		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Season's Hospice at Lincoln Park	
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Never Married		IF HOSP. OR INST. INDICATE D.O. OPER. OR INPATIENT (SPECIFY) No	
SOCIAL SECURITY NUMBER 329-52-4052		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) College (1-4 or 6+) T2	
RESIDENCE (STREET AND NUMBER) 4343 N. Clarendon		COUNTY Cook	
STATE Illinois		INSIDE CITY (YES/NO) Yes	
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) white		OF HISPANIC ORIGIN? (SPECIFY NO, YES, F, YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN) No	
FATHER'S NAME FIRST MIDDLE LAST Joseph Casey		MOTHER'S NAME FIRST MIDDLE LAST Mary Corbett	
RELATIONSHIP Sister		MAILING ADDRESS (STREET AND NUMBER, CITY OR TOWN, STATE, ZIP) 5455 N. Sheridan #510 Chicago, IL 60640	
17a. MARY PAT CASEY		17c. 5455 N. Sheridan #510 Chicago, IL 60640	
18. PART I: Enter the most likely and complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or the like. List only one cause or sequence of conditions. Chronic renal failure Diabetes mellitus		18. PART II: Other significant conditions contributing to death, but not resulting in the death. This uses the original ICD-10. Enter the ICD-10 code for each condition. None	
DATE OF OPERATION, IF ANY 20b. (DID ICD NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON)		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED Signature: Sanjay Amin MD 550 N. Webster Chicago, IL 60614		HOUR OF DEATH 21c. 1745	
22a. SIGNATURE AND ADDRESS OF CERTIFIER (TYPE OR PRINT) Sanjay Amin MD 550 N. Webster Chicago, IL 60614		DATE SIGNED (MONTH, DAY, YEAR) 22b. 10/17/07	
22c. NAME OF ATTENDING PHYSICIAN (OTHER THAN CERTIFIER) Sanjay Amin MD		ILLINOIS LICENSE NUMBER 22d. 036 087155	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Cremation		DATE FILED (MONTH, DAY, YEAR) 24d. 10/15/07	
24b. Name of Cemetery or Crematory Montrose		STATE Illinois	
24c. City or Town Chicago		ZIP 60618	
25a. Cooney Funeral Home 3918 W Irving Park Rd Chicago, IL 60618		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 15974	
25b. Signature of Funeral Director Ernest M. Cooney		DATE FILED (MONTH, DAY, YEAR) 26b. OCT 15 2007	
26a. Signature of Registrar Cheryl Mason MD		LOCAL REGISTRAR'S SIGNATURE	