



ATTORNEYS' TITLE GUARANTY FUND, INC.



Doc#: 1116726090 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds Date: 06/16/2011 09:07 AM Pg: 1 of 3

JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)) SS COUNTY OF COOK)

Brunhilde Chiappe, hereby referred to as the affiant, states under oath that the affiant resides at 7507 Berteau, Norridge, IL 60706; that the affiant was acquainted with Andrew John Chiappe; 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:

LOT 26 IN SASS' COLONIAL VILLAGE RESUBDIVISION OF LOT 4 IN SASS' COLONIAL VILLAGE 2ND ADDITION, LOTS 1, 2 AND 3 IN SASS' COLONIAL VILLAGE 4TH ADDITION AND LOTS 5, 6, 7, AND 8 IN SASS' COLONIAL VILLAGE 5TH ADDITION ALL IN THE SOUTH EAST QUARTER OF SECTION 13, TOWNSHIP 40 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO PLAT RECORDED JUNE 8, 1945 AS DOCUMENT 13525444 IN COOK COUNTY, ILLINOIS Permanent Index Number(s): 12-13-406-025-000 Property Address: 7507 Berteau, Norridge, IL 60706

The decedent died on 4/7/2004 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 150,000.00;

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 Andrew John Chiappe, 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.

Brunhilde Chiappe signature and name

Handwritten initials: S Y, P B, S N, SC Y, INT D

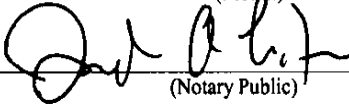
UNOFFICIAL COPY

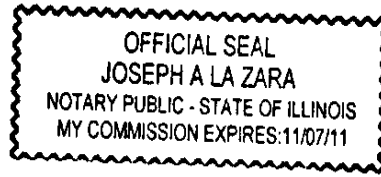
JOINT TENANCY AFFIDAVIT

(continued)

Subscribed and sworn to before me this

17 day of MAY, 2011
(Month) (Year)


(Notary Public)



My commission expires: _____

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:
Joseph La Zara
7246 West Touhy
Chicago, IL 60631

Return to:
Joseph La Zara
7246 West Touhy
Chicago, IL 60631

Property of Cook County Clerk's Office

UNOFFICIAL COPY

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

REGISTRATION DISTRICT NO. **16.10**

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

605174

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

APR 09 2004

I, JOHN L. WILHELM 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 OBTAINANCE OF SAID LAW AND ORDINANCES.

John L. Wilhelm, MD
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

1. DECEASED-NAME ANDREW		MIDDLE JOHN		LAST CHIAPPE		SEX 2. MALE		DATE OF DEATH (MONTH, DAY, YEAR) 3. APRIL 07, 2004	
COUNTY OF DEATH 4. COOK		UNDER 1 DAY HOURS MIN 5c. 83		DATE OF BIRTH (MONTH, DAY, YEAR) 5d. APRIL 22, 1920		IF HOSPITAL OR INST. INDICATE D.O.A. (PREMIER, P.M., INPATIENT) (SPECIFY) 6c. INPATIENT			
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. CHICAGO		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. RESURRECTION MEDICAL CENTER		NAME OF SURVIVING SPOUSE (MARRIAGE, IF WIFE) 8b. BRUNHILDE SOOD		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (10-12) College (14-16/5+1) 12. 12		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. NORRIDGE	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. CHICAGO, ILLINOIS		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. MARRIED		KIND OF BUSINESS OR INDUSTRY 11a. BUYER		INSIDE CITY (YES/NO) 13c. YES		COUNTY 13d. COOK	
SOCIAL SECURITY NUMBER 10. 13f. 60706		USUAL OCCUPATION 11b. SHOE CO.		MOTHER-NAME FIRST MIDDLE LAST 14b. ENRICO		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) 15. ENRICO		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 5 YEARS	
RESIDENCE (STREET AND NUMBER) 13a. 7507 W. BERTEAU		RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) 14a. WHITE		RELATIONSHIP 17b. WIFE		MOTHER-NAME FIRST MIDDLE LAST 16. CLORINDA		MAPPING ADDRESS (STREET AND NO. OR R.F.D., CITY/TOWN, STATE, ZIP) 17c. 7507 W. BERTEAU NORRIDGE, IL. 60706	
FATHER-NAME FIRST MIDDLE LAST 18. PARTI.		ZIP CODE 13f. 60706		MIDDLE CHIAPPE		MIDDLE CHIAPPE		MIDDLE CHIAPPE	
INFORMANT'S NAME (TYPE OR PRINT) 17a. BRUNHILDE CHIAPPE		FACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) 14a. WHITE		MIDDLE CHIAPPE		MIDDLE CHIAPPE		MIDDLE CHIAPPE	
IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) END STAGE METASTATIC PROSTATE CANCER		MIDDLE CHIAPPE		MIDDLE CHIAPPE		MIDDLE CHIAPPE		MIDDLE CHIAPPE	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DUE TO, OR AS A CONSEQUENCE OF		MIDDLE CHIAPPE		MIDDLE CHIAPPE		MIDDLE CHIAPPE		MIDDLE CHIAPPE	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. (c) DUE TO, OR AS A CONSEQUENCE OF		MIDDLE CHIAPPE		MIDDLE CHIAPPE		MIDDLE CHIAPPE		MIDDLE CHIAPPE	
DATE OF OPERATION, IF ANY 20a. APRIL 07, 2004		MIDDLE CHIAPPE		MIDDLE CHIAPPE		MIDDLE CHIAPPE		MIDDLE CHIAPPE	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 21a. APRIL 07, 2004		MIDDLE CHIAPPE		MIDDLE CHIAPPE		MIDDLE CHIAPPE		MIDDLE CHIAPPE	
NAME AND ADDRESS OF CERTIFIER 22a. DR. BOZENA WITEK MD 7447 W. TALCOIT CHICAGO, IL 60631		MIDDLE CHIAPPE		MIDDLE CHIAPPE		MIDDLE CHIAPPE		MIDDLE CHIAPPE	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 22b. DR. BOZENA WITEK MD 7447 W. TALCOIT CHICAGO, IL 60631		MIDDLE CHIAPPE		MIDDLE CHIAPPE		MIDDLE CHIAPPE		MIDDLE CHIAPPE	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL		MIDDLE CHIAPPE		MIDDLE CHIAPPE		MIDDLE CHIAPPE		MIDDLE CHIAPPE	
FUNERAL HOME 24b. ACACIA PARK CEMETERY		MIDDLE CHIAPPE		MIDDLE CHIAPPE		MIDDLE CHIAPPE		MIDDLE CHIAPPE	
FUNERAL HOME 25a. CUMBERLAND CHAPELS		MIDDLE CHIAPPE		MIDDLE CHIAPPE		MIDDLE CHIAPPE		MIDDLE CHIAPPE	
FUNERAL HOME 25b. CUMBERLAND CHAPELS		MIDDLE CHIAPPE		MIDDLE CHIAPPE		MIDDLE CHIAPPE		MIDDLE CHIAPPE	
FUNERAL HOME 25c. 031-008880		MIDDLE CHIAPPE		MIDDLE CHIAPPE		MIDDLE CHIAPPE		MIDDLE CHIAPPE	
FUNERAL HOME 25d. APRIL 09 2004		MIDDLE CHIAPPE		MIDDLE CHIAPPE		MIDDLE CHIAPPE		MIDDLE CHIAPPE	
FUNERAL HOME 25e. APRIL 09 2004		MIDDLE CHIAPPE		MIDDLE CHIAPPE		MIDDLE CHIAPPE		MIDDLE CHIAPPE	