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JOINT TENANCY AFFIDAVIT

Doc#: 1119633104 Fee: \$38.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 07/15/2011 11:43 AM Pg: 1 of 2

STATE OF ILLINOIS

SS

COUNTY OF COOK

RONALD W. GILLIAT,

hereby referred to as the affiant, states under oath that the affiant reside: at 6267 N. Leona in the City of Chicago, St. te of Illinois that the affiant was acquainted with

OLGA GILLIAT.

the decedent. At the time of death, the decedent was one of the owners of property, by virtue of a properly recorded joint tenancy deed, said property located in Cook County, State of Illinois, and legally described as follows:

LOT 3 IN BLOCK 8 IN HANSBROUGHAND HESS' SUBDIVISION OF THE EAST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 36, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE 7 HIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 13-36-315-027-0000

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 interest. It take effect in possession or enjoyment after death.

The decedent died on <u>8/3</u> **2010**, leaving no last will and testament.

The total value of decedent's estate, including the taxable interest in the above property was \$100,000.00, and that he value of the above property individually was \$100,000.00.

The State and Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from the decedent's estate, have t een naid in full;

The affiant makes this affidavit to induce Attorney's Title Guaranty Fund, Inc. (ATG) to issue its policy of title insurance on the abovedescribed property.

Subscribed and sworn to before me this 24m day of June, 2011.

Notary Public

Commission Expires

RONALD W. GILLIAT (AFFIANT)

Document prepared by and after recording return to:

Elizabeth M. Rochford, P.C.

4760 W. Devon

Lincolnwood, IL 60712

4-18-13

"OFFICIAL SEAL" A Carrie Lincoln Notary Public, State of Illino y Commission Expires 4/18/2013

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CERTIFICATION OF DEATH RECORD

CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 20	19 0066378				DATE ISSUED 08/13/20	
DECEDENT'S LEGAL NAME OLGA GILLIAT				45 (Seption 12)	DATE OF DEATH AUGUST 03, 2010	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 93 YEARS	DATE OF	BIATH OBER 23, 1916		
CITY OR TOWN CHICAGO			AL OFF OTHER INSTITUTION ARY OF NAZARETH			
PLACE OF DEATH INPATIENT						
BIRTHPLACE CHICAGO, IL	SOCIAL SECURIT	Y NUMBER MARITAL STATUS AT THE WIDOWED	WE OF DEATH SURVIVI	IG SPOUSE'S NAME	EVER IN U.S. ARMED FORCES? NO	
RESIDENCE 1846 N CALIFORNIA		APT NO	CITY ON TOWN CHICAGO		INSIDE CITY LIMITS? YES	
COOK COOK	\$1A7	FATHERS HAME JOSEPH JAWORSKY		MOTHER'S NAME ANASTASIA	PRIOR TO FIRST MARRIAGE SEWCZUK	
INFORMANT'S NAME RONALD GILLIAT		RELATIONSHIP SON MAILING ADDRESS 5267 NORTH LEONA AVENUE, CHICAGO, IL. 60846				
METHOD OF DISPOSITION ENTOMBMENT		OF DISPOSITION CHARETERY	LOCATION C DES PLAI	TY OR TOWN AND STA NES, IL	TE PATE OF DISPOSITION AUGUST 07, 2010	
FUNERAL HOME M J SUERTH FUNEF	IAL HOME, 6754 NO	RTH NCATHWEST HIGHWAY	Y, CHICAGO, IL, 606	31		
FUNERAL DIRECTOR'S NAME DENNIS S KRAWZA	3. 数据 - 网络连续			FUNERAL DIRECTO 034011324	P'S ILLINOIS LICENSE NUMBER	
LOCAL REGISTRAR'S NAME DAVID ORR				DATE FILED WITH L AUGUST 6, 2		
CAUSE OF DEATH P	ARTI CONGESTIVE H	EART FAILURE			8 DAYS	
(Final disease or condition resulting in death)	b HYPERTENSION	Dise to (or es il tioresco				
		Due to (o) as a corpsets				
	CORONARY AR	TERIAL DISEASE				
ABT 11 20 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		China do (or see a portunente				
TANT III CHART CRUP AGNITICAN	: Conduiting Contributing I	is death but not resulting in the underlyi	ng cause given in PART I	WERE J	AUTOPSY PERFORMEDY NO. UTOPSY FINDRIAS USED TO	
DID TOBACCO USE CONTRIB		MALE PREGNANCY STATUS NOT APPLICABLE		MAN	FIE GAUSE OF DEATH? NVA	
DATE OF INJURY	- 10 Marie 1970 1970 1970 1970 1970 1970 1970 1970	ME OF INJURY PLACE OF	INJURY	NATL	INJURY AT WORK?	
LOCATION OF INJURY						
DESCRIBE HOW INJURY OCC	URRED:				IF TRANSPORT, TUN INJURY, SPECIFY:	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALT AUGUST 03, 20	 State of the state of the state		PRONGUNCED	TIME OF DEATH 03:45 PM	
CERTIFIER PHYSICIAN					DATE CERTIFIED AUGUST 06, 2010	
NAME, ADDRESS AND ZIP CO DR. FIANCHHODIAL	DE OF PERSON COMPLET SHAH, 2222 WEST C	ING CAUSE OF DEATH DIVISION, SUITE 340, CHICAC	GO, ILLINOIS, 60622		PHYSICIAN'S LICENSE NUMBER 036-048098	
100 mg - 100	THE WAY SAID WAY	PE PER REPER STATE	and the second second	The state of the s		



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



