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ATTORNEYS' TITLE Guaranty Fund, Inc. Doc#: 1130042070 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee: \$10.00

Cook County Recorder of Deeds
Date: 10/27/2011 11:07 AM Pg: 1 of 3

JOINT TENANCY AFFIDAVIT

STATE OF	ILLINOIS)
) SS
COUNTY OF	COOK)

TANET M. WIND, hereby referred to as the affiant, states under oath that the affiant resides at Lack European IL Allie 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 122 IN ZEMON'S CAPITAL HILL, SUBDIVISION IN UNIT NO. 5, BEING A SUBDIVISION OF SECTION 24, TOWNSHIP 41 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index Number(s): 08-24-411-012-00(0

Property Address: 1450 PHOENIX DRIVE, DES PLAINES, IL 60018

The decedent died on a 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 125,000, and that the value of the above property individually is 125,000;

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 in 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, afformey'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 James P. Hayes, 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.

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ATG FORM 3007 © ATG (REV. 1/00)

Prepared by ATG REsource™ Page 1 of 2 OR USE IN: ALL STATES

1130042070 Page: 2 of 3

of

UNOFFICIAL COPY

JOINT TENANCY AFFIDAVIT

(continued)

(,	
Subscribed and swom to before me this	
day of Septimber, 2011 (Month) Rush (Notary Public)	OFFICIAL SEAL REBECCA M RUSCH Notary Public - State of Illinois My Commission Expires Aug 28, 2015
My commission expires:	
Note: If the decedent left a will, a certified copy thereof must be present the death certificate and evidence of payment of death taxes, if any.	ted to ATG for inspection, along with a certified copy
Thinker ou on the first	eturn to:
Con L	AURENCE J. HAYES
0x	085 CENAL CREEK
004	ARE LURICH, C
Co	The Contraction of the Contracti
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	T'S OFFICE

1130042070 Page: 3 of 3

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[REGISTRATION DISTRIBUTION. *16 O			TE OF ILLINO					
	LOCAL FILE NUMBER	STATE FILE NUMBER							
-	1. DECEDENT'S LE. AL NAME (MAN P.	proji (First, Histolia, Last)				2 SEX		Manth/Day/Years (Spots Month)	
	Regina T. Hayes					Female	March 3, 2		
Ì	4. COUNTY OF DEATH COOK	56. AGE AT LAST BIRTHDAY (Y	sere) 5b. Ments	UNDER 1 YEAR Days	Sc. UNDER 1 0/ Hours	Minutes	August 10, 1		
į	7a. CITY OR TOWN	I		76. HOSPITAL OR OTH		E (If not in sides, give	street and nutriber)	· "·	
١	Des Plaines			1450 Phoe					
	IF DEATH OCCURRED IN A HOSPITAL			E OF DEATH (Check only and CURRED BOMEWHERE OT					
٥	byelleri Branganay Rosm/Outpoller	nt Dept on Arrival	Hospitor /		multiple Torre core facility	☑ Oscorda	rs(s Herme Dener (Sp	rdly):	
1		OCIAL SECURITY NUMBER	10. MARITAL	STATUS AT TIME OF DE			NG SPOUSES NAME	12. EVER IN THE US ARMED FORCES?	
SSE	Chicago, IL		Norted		alod 📝 Wilderson	,,,			
2	13a. RESIDENCE (Street and Number)	,	3b, APT, NO	13c CITY OR TOWN			13d, INSIDE CITY (
2	1450 Phoenix Drive			Des Plaines			NAME PRIOR TO FIRST IN		
8	136. COUNTY 13f. STATE COOK IL		Caulfie				name prior to First i et Noonan	(ARRIAGE (First, Martis, Last)	
	164, INFORMANTS NAME		TIONSHIP			ESS (Blaset and No.,	City or Town, State, ZIP Code)		
1	Laurence Hayes	14005.0-			1085 Ceda	ar Creek Lake Zurich, IL 60047			
	17. METHOD OF DISPOSITION:	18. PLACE OF COSITION	-	play, promotory, other)	19. LOCATION - CIT			OF DISPOSITION (Hambley/Yeer)	
Į	Oten (Specially):	Pui Saints 1 =			Des Plaine			1 6, 2009	
ĺ	21s FUNERAL HOME NAME	street Nas. e. Inc. 320 Wes			vortown unt Prospect	stati Illin	•	056	
뒫	Friedrichs Funeral Home	8, Inc. 320 VV63	1 0 110	# 110au 1410	dill'i loopoo	216. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
8	Henry Eriodrichs	Hayes Lu	×W				14719		
n of Vita	22 JOSAL REGISTRATS SIGNATURE	R (Manth/Day/Year)							
Division	CAUSE OF DEATH (See Instruction	USE OF DEATH (See Instructions and examples) PART I. Enter the chain of events - decemes, injuries or complications - that directly cause the death. USE OF Se terminal events such a					APPROXMATE INT		
Š	respiratory atrest or ventricular Strillation Dementic Complex, indicate in Part I or S	a without character adolests. If the	decadent had	a rieitemia midiel (1 a)	sa Panunson'i Unite	pp, or rendreson		. /1	
Pieblic H	IMMEDIATE CAUSE (Final disease or condition reading in death)	metas ble			3 - the	Ston	sch_	months.	
8	Sequentially tist conditions, if any,	•	_ 0	ue to (or sa a consequenc	• of):				
Ę	teeding to the cause listed on first a. Enter the UNDERLYING CAUSE			has to (or se a consequenc	odj:				
9	(disease or injury ballished the events resulting in death) LABT C. —			lue to (or as a consequence	of):	-(-)-			
Menor	PART N. Enter other alguifficant conditions co	meributing to shouth but not resultin				_	LE. YAS AN AUTOPSY FE		
							(d), WE'RE ALTOPSY FIND OF JOPE (L) IS CAUSE OF D		
		PEMALE:		Propagat at Smi		1	29, MAJAINE (OF TEATH		
ĺ	☐ Yes ☐ Probably ☐ N	let programt within the past 12 months. he programt within 42 days of death		Prognant william	on areas pag year of death but little o part within the past 12 mars	nigeareth		<u> </u>	
8	30. DATE OF INJURY (Manifoldary out)	let prognant, but prognant 45 days to 5 year 31. TRACE OF INJU					restaurant, wooded a	33. INJURY AT WORK?	
- ∣			M					700 D NO	
VR200 (Rev.	34. LOCATION OF INJURY Street and Number	Apartment Number	City of Town		Stole	ZIP F.du			
35. DESCRIBE HOW INJURY OCCUPRED: DeverQuenter Peterten Pet								O'	
								40. TIME OF DEATH 12:15 □ AM ② P.W.	
	41. CERTIFIER (Cleak entry entry. Physician in charge of palent's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. Physician in effendance at time of death only - To the best of my knowledge, death occurred at the time, date, and piace, and due to the cause(s) and manner stated. Medical Exeminer/Conner - On the bests of assembled in endors investigation, in my opinion, death occurred at the first, date and place, and due to the cause(s) and manner stated.								
	42. NAME, ADDRESS, AND ZIP CODE OF PE	ERSON COMPLETING CAUSE OF	DEATH (Nom 2 1 LL	11 // ////// C. (155 C	y wit		:43427		
	44, TITLE OF CERTIFIER	45. DAT	E CERTIFIED	AND CACA CACA CACA CACA CACA CACA CACA C	46 SIGNATUR	E OF CERTIFIER	10 1,	,	
	_	1 2	1111		- T - C'	6.10	· # 16.		

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

MAR 0 5 2009

STATE OF ILLINOIS)

DAVID ORR, County Clerk

I, David Oπ, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office. IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

COUNTY CLERK