UNOFFICIAL COF



1220042143 Fee: \$42.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 07/18/2012 02:37 PM Pg: 1 of 3



ATTORNEYS' TITLE GUARANTY FUND INC.

JOINT TENANCY AFFIDAVIT

STATE OF	LL NOIS	_)
) SS
COUNTY OF	CC OF.)

TERESA M. EDWARDS, formerly known as Teresa M. Nunchuck, hereby referred to as the affiant, states under oath that the affiant resides at 5618 S. Neenah, Chicago, IL 69638; that the affiant was acquainted with VICTOR P. NUNCHUCK, SR.; 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:

THE NORTH 30 FEET OF THE SOUTA (0 FEET LOT 2 IN BLOCK 57 IN RESUBDIVISION OF FREDRICK H. BARTLETT'S FOURTH ADDITION TO BARTLETT HIGHLANDS A SUBDIVISION OF THE EAST 1/2 OF SECTION 18, TOWNSHIP 38 NORTH, FANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index Number(s): 19-18-212-025-0000 Property Address: 5618 S. Neenah, Chicago, IL 60632

The decedent died on 1/22/2007 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, i. s 270,000 -, and that the value of the above property individually is \$ 100,000 -;

The State Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from the deceden'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 the insurance on the above described property.

The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignes, 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 VICTOR P. NUNCHUCK, SR., 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.

TERESA M. EDWARDS

ATGF, INC.

ATG FORM 3007 OATG (REV

Prepared by ATG

REsource™

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JOINT TENANCY AFFIDAVIT

(continued)

Subscribed and sworn to before me this

22	day of	June	,	2012
		(Month)		(Year)
Qa	mes	Jan _		
77		(Notary Public)		
My comm	nission exp	ires:		

OFFICIAL SEAL
JAMES J KASH
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:08/02/15

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:

James J. Kash 6545W. Archer Chicago, IL 60638 Return to:
James J. Kash
6545W. Archer
Chicago, IL 60638

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I HEREBY CERTIFY THAT t and filed in my office in acco	the foregoing is a true and correct copy of the recordance with the provisions of the Illinois Statutes	s relating to the registrati	ion of births, stillbirths, and deaths.
DATE JA		SIGNED:	t C. Pechous
AT: BE	RWYN, ILLINOIS	OFFICIAL TITLE:	REGISTRAR
The original record in porms	nonthy filed with the H LINOIS DEPARTMENT	DE PUBLIC HEALTH at	Springfield, Local registrars are authorized

The original record is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. Local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of this record by the Department of Public Health or the local registrar shall be prima facie evidence in all courts and places of the facts therein.

PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS																											
			DISPOSITION						70 Z	On	CAUSE		3	2		PARENTS	_		m D	0	Of Cot Ase O	A	MSTRUCTIONS	See Funeral Directors, Hospital, or Physicians Handbook for	Type or Print in PERMANENT ANK		DECEDENT'S BINTH NO.
(Rev. 808) Ellinois Department of Public Health—Division of Vital Records	264 JAN 2 4 2007	dward willa	Ridge Funeral Home 6620 W. Archer Avenue Chica	emetery 24c Niles, Illinois	PHYSICIAN FOTHER TRANSCERIFIER (TYPEORPHIN)	nskí 6901 W. Archer Ave. Chicago IL 60638	HEBEST OF MY KNOWLEDGE, OPATHOCCURREDTS THETTINE DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE >	NECEASED (MONTH, DAY, YEAR) ON 01-14-2007 EXAMINATION ON 01-14-2007 EXAMINATION ON 01-14-2007	JOR FINDINGS OF OPERATION	TII. On vastr least coordinate controlling to death but not reacting in the underlying cause given in PARTI. ATRIAL FIBRICATION 198.	YING OUETO, ORASACONSEQUENCE OF MELLITUS TXPE	SET (a) ACOTE RENA	disease or condition (a) LEREBRAL VASCULAR ACCIDENT		INFORMANT'S NAME (TYPE OR PRIMT) 17a. Teresa Nunchuck 17b. Wife 17c. 5618 S. Neenah, Chicago II 606	Paul Nynchuck 16. Kath	IRST MIDDLE AST MOTH	TITITION OF HISPANICORIGIN? THOUSE THE PACE WAS COMMERCIAN OF HISPANICORIGIN? THE PACE WAS COMMERCIAN OF HISPANICORIGIN?	Chicago	11a Librarian 11b ity of Chicago	USUAL OCCUPATION KIND OF TUSINESS OR INDUSTRY EDUCATION SPECIFICAL SECURIOR SPECIFICAL SPECI	8b. MacNeal Hospite (MADENIAME FWFE) NEVER MARRIED. NAME OF S. RV, TING SPOUSE (MADENIAME FWFE)	5c. 5d. NOVEMBER 15d. NO	AGE-LAST UNDER 1 YEAR UNDER 1 DAY DATE	DECEASED-NAME FIRST MIDDLE LAST SEX DATEOFORATH Victor P Nunchuck, Sr. Male January	043 MEDICAL CERTIFICATE OF DEATH	REGISTRATION // 2) STATE OF ILLINOIS NUM
MASEDON 1988U & STANDARD CERTIFICATE)	2 4 2007	5073	60638	1 7	MOTE: # AM MAJANT WAS INVOLVED BY THIS DEATH THE CHORONIEN ON MEDICAL EXAMINER MAJET BE HOTENED. DATE (MONTH, DAY, YEAR)	22d. 036-066216	OI-22-07	f	THREE MONTHS? 20c. YES NO	WERE AUTORIS PROMOS AVALAGE PROPTO COMPLETION OF CAUSE OF DEATHY (YESAIO) 196.	5443X	2 WEEKS	3 WEEKS	APPROCEMATE INTERVAL BETWEEN CHORT AND GEATH	go II 60638	Susco	(MAIDEN) LAST	JUBAN, MEDICAN, PUERTO RICAN, etc.)	(YESMO) Yes 13d. Cook	5 +	9. NO	6c. Inpatient was deceased even in u.s. armed forces? (YES/NO)	1.74 / OSP, OR NIST, NOICATE D.O.A. EMER. RM, NPATIENT (SPECIFY)	5	(MONTH, DAY, YEAR) 22 , 2007		STATE FILE NUMBER