



ATTORNEYS' TITLE GUARANTY FUND, INC.



Doc#: 1224933082 Fee: \$42.00 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds Date: 09/05/2012 01:07 PM Pg: 1 of 3

120404900341

JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS) COUNTY OF COOK) SS

ANDREW S. RICHMOND, hereby referred to as the affiant, states under oath that the affiant resides at; that the affiant was acquainted with Anna Oliven; 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:

1/2 UNIT 2617-1 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN FITCH PARK CONDOMINIUM, AS DELINEATED AND DEFINED IN THE DECLARATION FILED AS DOCUMENT NO. LR3267073, AS AMENDED FROM TIME TO TIME, IN THE NORTHWEST 1/4 OF THE NORTHEAST 1/4 OF SECTION 36, TOWNSHIP 41 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index Number(s): 10-36-205-058-1005 Property Address: 2617 W. FITCH AVENUE, 1A, CHICAGO IL 60645

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 , and that the value of the above property individually is \$65,000.00;

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 Anna Oliven, 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.

Handwritten signature of Andrew S. Richmond

Attorneys' Title Guaranty Fund, Inc. 1 S. Wacker Dr., STE 2400 Chicago, IL 60606-4650 Attn: Search Department

SPS SC INT 13 12 11 10 9 8 7 6 5 4 3 2 1

UNOFFICIAL COPY

JOINT TENANCY AFFIDAVIT

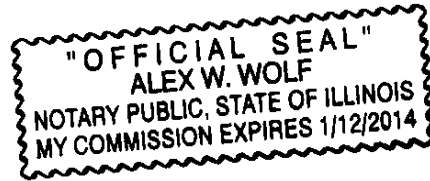
(continued)

Subscribed and sworn to before me this

15th day of August, 2012
(Month) (Year)

Alex Wolf
(Notary Public)

My commission expires: 1/12/14



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: Scott Z. Berman, Attorney
9816 N. Keeler, Skokie IL 60076 Return to:

Property of Cook County Clerk's Office

UNOFFICIAL COPY

COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2011 0040488

DATE ISSUED 06/01/2011

DECEDENT'S LEGAL NAME ANNA ROZEN OLIVEN		SEX FEMALE	DATE OF DEATH MAY 23, 2011
COUNTRY OF DEATH COOK	AGE AT LAST BIRTHDAY 93 YEARS	DATE OF BIRTH DECEMBER 10, 1917	
CITY OR TOWN CHICAGO	HOSPITAL OR OTHER INSTITUTION NAME 2617 W FITCH		
PLACE OF DEATH DECEDENT'S HOME			
BIRTH PLACE POLAND	SOCIAL SECURITY NUMBER	MARITAL STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE'S NAME EVER IN U.S. ARMED FORCES? NO
RESIDENCE 2617 W FITCH	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60645	FATHER'S NAME YANKEL BIREN
MOTHER'S NAME PRIOR TO FIRST MARRIAGE RONIA FINGER		MOTHER'S NAME PRIOR TO FIRST MARRIAGE RONIA FINGER	
INFORMANT'S NAME RANA RICHMOND	RELATIONSHIP DAUGHTER	MAILING ADDRESS 9438 N TRIPP, SKOKIE, IL, 60076	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION WEST LAWN CEMETERY	LOCATION - CITY OR TOWN AND STATE CULLOM, IL	DATE OF DISPOSITION MAY 25, 2011
FUNERAL HOME LAKESHORE JEWISH FUNERALS, 3450 N LAKE SHORE DRIVE, CHICAGO, IL 60657			
FUNERAL DIRECTOR'S NAME GREGORY JOSEPH LINDEMAN		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015150	
LOCAL REGISTRAR'S NAME DAVID ORR		DATE FILED WITH LOCAL REGISTRAR MAY 31, 2011	
CAUSE OF DEATH PART I: DEMENTIA		MANY YEARS	
IMMEDIATE CAUSE (Final disease or condition leading to death)		a. _____ b. _____ c. _____	
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I		WAS AN AUTOPSY PERFORMED? NO	
DID TOBACCO USE CONTRIBUTE TO DEATH?		WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE		MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
LOCATION OF INJURY			IF A CORPORATION INJURY, SPECIFY
DESCRIBE HOW INJURY OCCURRED			
ATTEND THE DECEDENT? YES	DATE LAST SEEN ALIVE MAY 18, 2011	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED
CERTIFIER PHYSICIAN		TIME OF DEATH 11:10 PM	
DATE CERTIFIED MAY 31, 2011		PHYSICIAN'S LICENSE NUMBER 03603976N	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR EDWIN SMOLEVITZ, 8610 N MCCORMIC, LINCOLNWOOD, ILLINOIS, 80712			

COPY

THE WORD VOID APPEARS WHEN PHOTOCOPIED

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


 David Orr
 Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE