



1226116011



ATTORNEYS' TITLE GUARANTY FUND, INC.

Doc#: 1226116011 Fee: \$42.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 09/17/2012 10:57 AM Pg: 1 of 3

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JOINT TENANCY AFFIDAVIT

STATE OF IL)) COUNTY OF Cook))

, hereby referred to as the affiant, states under oath that the affiant resides at ; that the affiant was acquainted with ; 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:

PARCEL 1: UNIT 405-057 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN THE SOUTHGATE ON THE GLEN CONDOMINIUM, AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NO. 00-717613, AS AMENDED FROM TIME TO TIME, IN PARTS OF SECTIONS 15, 21, 22, 23, 26, 27, 28 AND 34, TOWNSHIP 42 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL 2: NON-EXCLUSIVE EASEMENTS FOR THE BENEFIT OF PARCEL 1 FOR INGRESS, EGRESS, USE AND ENJOYMENT OVER AND UPON THE COMMON PROPERTY AS DEFINED, DESCRIBED AND DECLARED IN THE DECLARATION AFORESAID.

Permanent Index Number(s): 04-34-116-009-1046 Property Address: 2755 LANGLEY CIR., GLENVIEW, IL 60025

The decedent died on 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 ;

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 , 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.

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

UNOFFICIAL COPY

JOINT TENANCY AFFIDAVIT

(continued)

[Handwritten Signature]

Subscribed and sworn to before me this

22 day of June, 2012

(Month)

(Year)

[Handwritten Signature]

(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:

Richard Schumert
2900 W. Peterson
Chicago, IL 60659

Return to:

Brendan Appel
1910 Waukegan Rd Ste 360
Northfield IL 60093

Property of Cook County Clerk's Office

CERTIFICATION OF VITAL RECORD

STATE OF ILLINOIS
CERTIFICATE OF DEATH

UNOFFICIAL COPY

REGISTRATION DISTRICT NO. 16.0		LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) John F. Lee			2. SEX Male	3. DATE OF DEATH (Month/Day/Year) (Spell Month) February 1, 2008	
4. COUNTY OF DEATH Cook	5a. AGE AT LAST BIRTHDAY (Years) 71	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Month/Day/Year) (Spell Month) April 5, 1936	
7a. CITY OR TOWN Glenview		7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) Glenbrook Hospital			
7c. PLACE OF DEATH (Check only one; see instructions)					
IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long-term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify):		
8. BIRTHPLACE (City and State or Foreign Country) Chicago, IL	9. SOCIAL SECURITY NUMBER	10. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) Marion Palmi	12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13a. RESIDENCE (Street and Number) 2755 Langley Circle		13b. APT. NO.	13c. CITY OR TOWN Glenview	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
13e. COUNTY Cook	13f. STATE IL	13g. ZIP CODE 60026	14. FATHER'S NAME (First, Middle, Last) John J. Lee		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Dorothy M. Bell
16a. INFORMANT'S NAME Marion Lee		16b. RELATIONSHIP Wife		16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 2755 Langley Circle, Glenview, IL 60026	
17. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify):		18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) Maryhill Cemetery		19. LOCATION - CITY, TOWN AND STATE Niles, Illinois	20. DATE OF DISPOSITION (Month/Day/Year) February 6, 2008
21a. FUNERAL HOME NAME M.J. Suerth Funeral Home		21b. FUNERAL HOME STREET AND NUMBER 2734 N. Northwest Highway		21c. CITY OR TOWN AND STATE Chicago, Illinois 60631	
21d. FUNERAL DIRECTOR'S SIGNATURE <i>Donald R. Krawzak</i>		21e. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-011593		22. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) FEB 04 2008	
22. LOCAL REGISTRAR'S SIGNATURE <i>David Orr</i>		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) FEB 04 2008			
CAUSE OF DEATH (See instructions and examples)					
24. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a terminal related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>Pulmonary Fibrosis, Hypertension</u> Due to (or as a consequence of):					<u>2 years</u>
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. _____ Due to (or as a consequence of):					
c. _____ Due to (or as a consequence of):					
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No					
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
28. IF FEMALE: <input type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within one year of death but time unknown <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past 12 months					
29. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation					
30. DATE OF INJURY (Month/Day/Year)	31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	32. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)		33. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
34. LOCATION OF INJURY Street and Number Apartment Number City or Town State ZIP Code			35. DESCRIBE HOW INJURY OCCURRED:		
36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)					
37. I (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON <u>10/16/07</u>		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		39. DATE PRONOUNCED (Month/Day/Year) February 1, 2008	
40. TIME OF DEATH 4:50 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.					
41. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.					
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) Michael L. Grajcar, MD, 132 S. Prospect Ave, Oak Ridge, IL					43. PHYSICIAN'S LICENSE NUMBER 038-08318
44. TITLE OF CERTIFIER M.D.		45. DATE CERTIFIED (Month/Day/Year) 2/4/08		46. SIGNATURE OF CERTIFIER <i>Michael L. Grajcar</i>	

Certified True & Exact Copy
by
Lauren Helms, Independent Escrow Agent
for Attorney's Title Guaranty Fund, Inc.

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.

FEB 04 2008

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

David Orr, 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.

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.

David Orr
COUNTY CLERK