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Doc#: 1230439071 Fee: \$42.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 10/30/2012 10:37 AM Pg: 1 of 3

JOINT TENANCY AFFIDAVIT

Prepared By and MAIL TO:
Hegarty, Kowols & Associates, PC
301 W. Touhy
Park Ridge, IL 60068
(847) 692-3031

STATE OF ILLINOIS)
)SS
COUNTY OF COOK)

DONALD P. SCHMIDT,
hereby referred to as the affiant, states under oath that the affiant resides at 6144 N. Kilbourn, in the City of Chicago, Illinois; that the affiant was acquainted with **MARY L. SCHMIDT**, decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of a properly recorded joint tenancy warranty deed, said property located in Cook County, Illinois, and legally described as follows:

Lot 439 in Koester and Zander's Sauganaush Subdivision, a Subdivision in
Caldwells Reserve in Township 40 North, Range 13, East of the Third
Principal Meridian, in Cook County, Illinois.

Property Address: 6144 N. Kilbourn, Chicago, IL 60646
P.I.N.: 13-03-116-016-0000

That 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 thereof or the creation of interest to take effect in possession or enjoyment after death;

That the decedent died on March 3, 2002, leaving NO last will and testament. A certified copy of the death certificate is attached hereto and a copy of the last will and testament, if any.

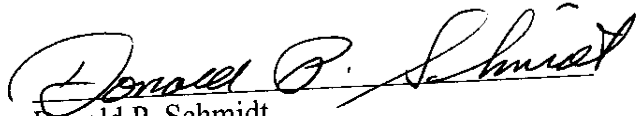
That the total value of decedent's estate at death, including the taxable interest in the above property was less than the applicable federal and state estate tax unified credit and that the value of the above property individually was less than the then applicable federal and state estate tax unified credit.

That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

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That affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever indemnify, protect, defend and hold NA harmless and to reimburse said title company for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature which said title company may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

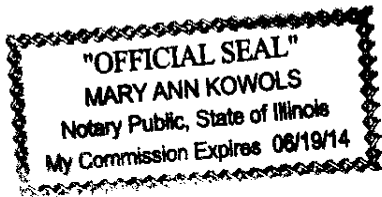
1. Claims against the estate of MARY L. SCHMIDT, the decedent.
2. Illinois State Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

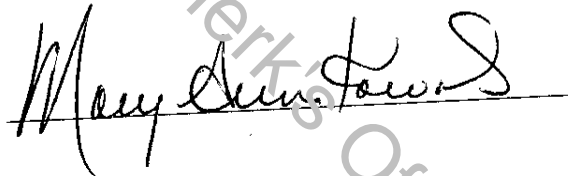

 Donald P. Schmidt

State of Illinois, County of Cook ss.

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that DONALD P. SCHMIDT, a widower, is personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledge that he signed, sealed and delivered the said instrument as his free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and official seal, this 12 day of October, 2012
 Commission expires 6/19/2014





Property of Cook County Clerk's Office

October 29, 2012

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DAVID ORR, County Clerk

STATE OF ILLINOIS
County of Cook

I, 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 the 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.

David J. Orr
COUNTY CLERK

STATE OF ILLINOIS STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.36
REGISTERED NUMBER 20017

DECEASED'S BIRTH NO. _____

Type or Print in PERMANENT INK
500 Funeral Directors, Hospital or Physicians Handbook for INSTRUCTIONS

DECEASED

1. DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
MARY LOU SCHMIDT 2. FEMALE 3. MARCH 3, 2002

4. COUNTY OF DEATH COOK 5a. AGE-LAST BIRTHDAY (MM/DD) 64 5b. UNDER 1 YEAR (MO) 50 5c. UNDER 1 DAY (HOURS) 50 6. DATE OF BIRTH (MONTH, DAY, YEAR) MARCH 8, 1937

7. CITY, TOWN, VILLAGE, OR ROAD/DISTRICT NUMBER Skokie 8a. HOSPITAL OR OTHER INSTITUTION NAME IF NOT A EITHER, CITY, STREET AND NUMBER Hospice of the North Shore 8c. IF HOSP. OR INST. LOCATED IN A CITY, TOWN, VILLAGE, OR ROAD/DISTRICT NUMBER Inpatient

9. BIRTHPLACE (CITY/TOWN/VILLAGE OR FOREIGN COUNTRY) Chicago, IL 10a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married 10b. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF APPLICABLE) Donald P. Schmidt 9. NO

11a. SOCIAL SECURITY NUMBER 6556 11b. USUAL OCCUPATION Homemaker 11c. KIND OF BUSINESS OR INDUSTRY Own Home 12. EDUCATION (SPECIFY ONLY HIGH-EST GRADE COMPLETED) 12

13a. RESIDENCE (STREET AND NUMBER) 6144 N. Kilbourn 13b. CITY, TOWN, VILLAGE, OR ROAD/DISTRICT NO. Chicago 13c. INSIDE CITY Yes COUNTY Cook

14a. STATE Illinois 14b. ZIP CODE 60646 14c. RACE (WHITE, BLACK, AMERICAN INDIAN, ASIAN, PACIFIC ISLANDER) White 14d. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) NO YES SPECIFY: _____

PARENTS

15. FATHER-NAME FIRST MIDDLE LAST William Molenli 16. MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST Fine Battaglini

17a. RECORDANT'S NAME (TYPE OR PRINT) Donald P. Schmidt 17b. RELATIONSHIP Husband 17c. MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE ZIP) 6144 N. Kilbourn Chicago, IL 60646

CAUSE

18. PART I Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as car or airplane accident, shock, or heart failure. List only one cause on each line.

1. Immediate Cause (Final disease or condition resulting in death) Squamous cell cancer of Neck 2 years

2. (a) DUE TO, OR AS A CONSEQUENCE OF _____

3. (b) DUE TO, OR AS A CONSEQUENCE OF _____

4. (c) DUE TO, OR AS A CONSEQUENCE OF _____

19. PART II (See space for extending immediately to death but not resulting in the underlying cause of death in PART I)

19a. AUTOPSY YES/NO NO 19b. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 12 MONTHS? NO

20a. DATE OF OPERATION, IF ANY _____ 20b. MAJOR FINDINGS OF OPERATION _____

21a. DID YOU (OR ANOTHER PERSON) ATTEND THE DECEASED AND LAST WITH HER ALIVE ON _____ (MONTH, DAY, YEAR) March 2, 2002 21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) NO 21c. HOUR OF DEATH 6:20 am

22. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

CERTIFIER

22a. SIGNATURE Alan Smoodler 22b. NAME AND ADDRESS OF CERTIFIER (IF OTHER THAN PHYSICIAN) Alan Smoodler 700 Oak St Winnetka 60093 22c. DATE SIGNED (MONTH, DAY, YEAR) 3/4/02

22d. ALL ILLINOIS LICENSE NUMBER 036070513

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (IF OTHER THAN PHYSICIAN) Fraj DeFani

DISPOSITION

24a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 24b. CEMETERY OR CREMATORY-NAME Maryhill Cemetery 24c. LOCATION (CITY OR TOWN, STATE) Niles, Illinois 24d. DATE (MONTH, DAY, YEAR) March 6, 2002

25a. FUNERAL HOME NAME STREET AND NUMBER OR P.O. BOX CITY OR TOWN STATE ZIP Smith-Corcoran Funeral Home 6150 N. Cicero Ave. Chicago, IL 60641

25b. FUNERAL DIRECTOR'S SIGNATURE Alan C. Winslow 25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-012346

26a. LOCAL REGISTRAR'S SIGNATURE Lowell Huchelberry 26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) MAR 5 2002

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