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JOINT TENANCY AFFIDAVIT	123195@25
STATE OF	Doc#: 1231850058 Fee: \$42.00
COUNTY OF COOK) SS	Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 11/13/2012 03:12 PM Pg: 1 of 3
ALEX I. JESCHKE	Date: 11/10/2012 00:12 11/1 1 gi 7 01 0
hereby referred to as the affiant, states under oath that the affiant resides at	
3843 N. Odell Ave.	
Chicago, Illinois 60634	
In the City of Chicago State of Illinois .	

that the affiant was acquainted with DOROTHY A. JESCHKE	
the decedent; at the time of death, the decedent was one of the overers of property, by virtue of a property recorded joint tenancy deed, said property located in COOK County State of	
ILLINOIS , and legally	
described as follows:	
Lot 247 in Volk Brothers Shaw Escates	, being a Subdivision in the East %
of the North East fractional & of Sect	ion 24, Township 40 North, Range 12
East of the Third Principal Meridian	South of the Indian Boundary Line.
in Cook County, Illinois recorded Apri Cook County, Illinois.	24, 1923 as Document 7897607, in
Address of Property: 3843 N. Odell Av	
Chicago, Illinoi	
Property Index Number: 12-24-214-005-	3000
The decedent had no interest in any business or partnership interests in property by transfer with retention of a life in enjoyment after death;	o, nor held any power of appointment at death, nor created any remainder sterest therein or the creation of interests to take effect in possession or
The decedent died on September 21, 2012	, leaving No a last will and texament;
The total value of decedent's estate, including the taxable int that the value of the above property individually was \$1	terest in the above property was \$ 290,000.00 , and
The State and Estate/Inheritance Tax and the Federal Estate	Tax, if any, that was due from the decedent's estrue 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.

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JOINT TENANCY AFFIDAVIT (continued)

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 DOROTHY A. JESCHKE	, the decedent;
2. State Estate/Inheritance Tax and Federal Estate Tax that may be o	charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;	
4. Rights of contribution.	
	(1000 O 01
_	alex D. Jeschke (Seal)
	ALEX I. JESCHKE(/
	(Seal)
Subscribed and sworp to before me this	
lott day of Novemoer 2012	OCCIONAL CEAL
10 1 (1 day 01,,,	OFFICIAL SEAL ROBERT P BABBITT
~ 14 $\sim (M_{\rm outh})$ (Year)	NOTARY PUBLIC - STATE OF ILLINOIS
IM R Came	MY COMMISSION EXPIRES:03/19/15
(Notary Public)	
	Committee and the second secon
Note: If the decedent left a will, it will be ne essary that the	original or certified conv thereof he presented to ATG for
inspection. A death certificate, together with evide ice of payment o	
mopeonom it deam continues, together with evidence or payment o	r doubt takes, it any, should decompany this arridant.
This instrument prepared by:	Return to:
· · · · · · · · · · · · · · · · · · ·	
Robert P. Babbitt Attorney at Law	Robert P. Babbitt Attorney at Law
(Name)	(Name)
	6127 N. Northwest Highway Suite 104
6121 N. Northwest Highway Suite 104	012 N Northwest Highway Suite 104
(Address	(Address)
	7771 1 (0)(21
Chicago, Illinois 60631	Chicago, Illinois 60631
(City, State, Zip)	(City, State, Zip)
	O_{κ}
	0,55.

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

ATE FILE NUMBER 2012 007	1164							T 0.75		ISSUED	9/28/20	
DECEDENT'S LEGAL NAME DOROTHY A JESCHKE							SEX FEMALE		OF DEATH PTEMBE	R 21, 2012		
COOK		96 YEARS NO					OF BIRTH VEMBER 03, 1915					
CITY OR TOWN CHICAGO		<u> </u>		HOSPITAL OF 3843 N C		R INSTITUTION	NAME					
PLACE OF DEATH DECEDENT'S HOME						CLOS OLENO COOL	ESICIVII LINION PAR	TNER'S MAI	DEN NAME	EVER IN U	I.S. ARMED	
BIRTHPLACE CHICAGO, IL	SOCIAL SECURIT 339-10-63	TY NUMBER STATUS AT TIME OF DE. 363 DIVORCED FROM MAR				SURVIVING SPOUSE/CIVIL UNION PARTNE			FORCES? NO			
RESIDENCE 3843 N ODELL			APT.		C	OR TOWN	MOTHER/GO-PAR	- ITIO MANE	}	YES		
COUNTY STATE	E ZP CODE 150034		PARENT'S NAME P RD I NEGA	RIOR TO FIRST M	ARRIAG		FRANCES	DOMIN:	SKA	INST WIND IN		
INFORMANT'S NAME LAURA D DRNEK	100	RELATIONSHIP GRAND DAUGHTER MAILING ADDRESS 532 N OAKLEY BLVD, CH										
METHOD OF DISPOSITION ENTOMBMENT		FLACE OF DISPOSITION ALL '54'NTS CATHOLIC CEMETERY				LOCATION - CITY OR TOWN AND STATE DES PLAINES, IL			DATE OF DISPOSITION SEPTEMBER 25, 2012			
FUNERAL HOME SEVERINO'S RIVER WOO	DDS FUNERA	L CHAPEI	205 S RI	VER RD, DE	S PL	AINES, IL, 6	0016			OTHER NUMBER	DED	
FUNERAL DIRECTOR'S NAME COLETTE M SEVERINO	034014823						23					
LOCAL REGISTRAR'S NAME DAVID ORR	DATE FILED WITH SEPTEMBE						IBER 26	, 2012				
CAUSE OF DEATH PART I.	HYPERTENS	IVE CARDIA	AC DISEASE	T				MATE	BETWEEN JD DEATH	YEARS	YEARS	
(Final disease or condition). ·		Due to	(or as a c nsequen	ce of):			PROXIM	INTERVAL BE			
			Due to	(or as a consequen	 ice o(,:)),		A	ONSE			
· .	c.					2						
PART II. Enter other significant con	ditions contribut	ing to death	Due to	(or as a consequent	cause	given in PAF T I.	- Iv	VAS AN AU	TOPSY PE	RFORMED?	NO	
PART II. Enter other significant con	iditions commoun						0	VERE AUTO	OPSY FINE	INGS USED DEATH?	то I /A	
FEMALE PREGNANCY STATUS								ANNER O				
NOT APPLICABLE DATE OF INJURY	·	TIME OF IN	E OF INJURY PLACE OF INJURY)	INJURY	AT WORK?	
LOCATION OF INJURY		<u> </u>							Z.			
DESCRIBE HOW INJURY OCCURE	RED:							IF	TRALISPO	TATION INJ	JRY, SPECI	
	0 - 75 - 40T 055A	1 ALIVE	WAS MEDICA	AL EXAMINER C	DR	DATE	PRONOUNCED			TIME OF		
ATTEND THE DECEASED? YES	DATE LAST SEEN AUGUST 0	8, 2012	CORONER C	ONTACTED?	YES			D	ATE CERT	01:00		
CERTIFIER PHYSICIAN										MBER 25, AN'S LICENS		
NAME, ADDRESS AND ZIP CODE PETER KERSTAN, 205	OF PERSON COM S NORTHWE	IPLETING CA ST HGWY	, PARK RID	GE, ILLINOI	S, 60	068			036	080241		

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





