



ATTORNEYS' TITLE GUARANTY FUND, INC.



Doc#: 1234512090 Fee: \$42.00 Karen A. Yarbrough RHSP Fee: \$10.00 Cook County Recorder of Deeds Date: 12/10/2012 11:34 AM Pg: 1 of 3

JOINT TENANCY AFFIDAVIT

STATE OF _____)) SS COUNTY OF _____)

, hereby referred to as the affiant, state 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:

Unit 1-14-47-R-V-2 in Lexington Village Coach House Condominium, as delineated on a survey of a parcel of land being a part of the East 1/2 of the Southeast 1/4 of Section 22, Township 41 North, Range 10, East of the Third Principal Meridian which survey is attached as exhibit 'A' to Declaration of Condominium made by Central National Bank in Chicago, as Trustee under Trust agreement dated June 1, 1977 and known as Trust No. 22502, recorded in the Office of the Recorder of Deeds of Cook County, Illinois, as Document No. 24383272 together with a percentage of the common elements, together with a perpetual and exclusive easement in and to all garage units and set forth on said declaration and survey, in Cook County, Illinois.

Permanent Index Number(s): 07-22-402-045-1362 Property Address: 350 Newgate Ct., Unit V2, Schaumburg, IL 60193

The decedent died on a last will and testament; 3.12.2012

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;

No

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 ; 80,000.00

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 , 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: Patricia E. Binkley

Vertical stamp: S Y, P 3, S N, SC, INDR

Attorneys' Title Guaranty Fund, Inc. I CERTIFY THIS TO BE A TRUE & EXACT COPY OF THE ORIGINAL by Gene Szalai ATG Staff

120995001389

UNOFFICIAL COPY

JOINT TENANCY AFFIDAVIT (continued)

Subscribed and sworn to before me this

17 day of Oct, 2012
(Month) (Year)

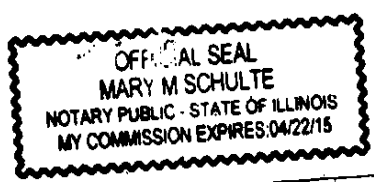
[Signature]
(Notary Public)

My commission expires: 4/22/15

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:

Return to:
Patricia E. Brinkley
350 Newgate Ct.
Unit V2-
Schaumburg IL
60193



Property of Cook County Clerk's Office

UNOFFICIAL COPY

CERTIFICATION OF DEATH RECORD

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

STATE FILE NUMBER 2012 0019298

DATE ISSUED 03/14/2012

DECEDENT'S LEGAL NAME MARGUERITE H. BRINKLEY		SEX FEMALE	DATE OF DEATH MARCH 12, 2012	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 71 YEARS	DATE OF BIRTH MARCH 17, 1940		
CITY OR TOWN DES PLAINES	HOSPITAL OR OTHER INSTITUTION NAME HOLY FAMILY HOSPITAL			
PLACE OF DEATH INPATIENT				
BIRTHPLACE ALTON, IL	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 350 NEWGATE COURT	APT. NO. V2	CITY OR TOWN SCHALMBURG	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60153	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION NOT AVAILABLE	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION NOT AVAILABLE
INFORMANT'S NAME PATRICIA ELIZABETH BRINKLEY		RELATIONSHIP DAUGHTER	MAILING ADDRESS 350 NEWGATE COURT - V2, SCHALMBURG, IL, 60153	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION TWIN PINES CREMATORY	LOCATION - CITY OR TOWN AND STATE EAST DUNDEE, IL	DATE OF DISPOSITION MARCH 14, 2012	
FUNERAL HOME AHILGRIM & SONS FUNERAL AND CREMATION SERVICES LTD, 330 WEST GOLF ROAD, SCHALMBURG, IL, 60195				
FUNERAL DIRECTOR'S NAME DARRIN P. MALONE			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015387	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR MARCH 13, 2012	
CAUSE OF DEATH PART I: SEVERE SEPSIS MULTIORGAN FAILURE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		DAYS		
a. _____ Due to (or to) _____ of _____				
b. _____ Due to (or to) _____ of _____				
c. _____ Due to (or to) _____ of _____				
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. END STAGE RENAL FAILURE, HEMODIALYSIS DEPENDANT, ADRENAL INSUFFICIENCY, CORONARY ARTERY DISEASE, MULTIPLE CARDIOPULMONARY ARRESTS, CHRONIC RESPIRATORY FAILURE				
FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DATE OF INJURY			TIME OF INJURY	PLACE OF INJURY
LOCATION OF INJURY			INJURY AT WORK?	
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE MARCH 12, 2012	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PROMOUNCED	TIME OF DEATH 09:35 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED MARCH 13, 2012	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH NANCY AWADALIAH, MD, 100 N RIVER ROAD, DES PLAINES, ILLINOIS, 60016			PHYSICIAN'S LICENSE NUMBER 036-1-14806	

RETAIN IN FILE

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
David Orr
Cook County Clerk

