



STATE OF ILLINOIS )  
COUNTY OF Cook ) SS

**JOINT TENANCY AFFIDAVIT**

Mary Kitchfield, hereinafter referred to as the affiant, states under oath that the affiant resides at 11531 S. Avenue H in the City of Chicago, Illinois; that the affiant was acquainted with Mary DeSageher, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of properly recorded joint tenancy warranty deed, said property located in Cook County, Illinois, and legally described as follows:

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 therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent died on 01-18-09, leaving no/a last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ 30,000; and

That the value of the above property individually was \$ 30,000.

That the affiant makes this affidavit to induce ATTORNEYS' TITLE INSURANCE FUND, INC. to issue its policy of title insurance on the above described property.

the affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATTORNEYS' TITLE INSURANCE FUND, INC. harmless and to reimburse the Fund for all loss, costs, damages, suits, attorney's fees and expenses and every kind and nature which which the Fund 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 DeSageher, the decedent;
2. Illinois State Inheritance Tax and Federal Tax which may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights to contribution.

Mary Kitchfield (Seal)  
\_\_\_\_\_  
(Seal)

Subscribed and Sworn to before me  
this 10 day of January, 2013  
E Garcia-Kudro  
Notary Public



Note: If the decedent left a will, it will be necessary that the original or a certified copy thereof be presented to us for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

# INDIANA STATE DEPARTMENT OF HEALTH UNOFFICIAL COPY CERTIFICATE OF DEATH



Local No. 515.09

State No. \_\_\_\_\_

1. Decedent's Legal Name (First, Middle, Last) <b>Mary A. Desaegher</b>				1a. Maiden Last Name (if Female)		2. Sex <b>Female</b>		3. Time Of Death <b>3:45 AM</b>		4. Date Of Death (Month/Day/Year) <b>January 18, 2009</b>		
5. Social Security Number <b>346-03-2980</b>		6a. Age - Yrs <b>94</b>		6b. Under 1 Year		6c. Under 1 Month		6d. Under 1 Day		6e. Under 1 Hour		
		Months		Days		Hours		Minutes		7. Date Of Birth (Month/Day/Year) <b>Sept. 16, 1914</b>		
										8. Birthplace (City And State Or Foreign Country) <b>Chicago, Illinois</b>		
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>			10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival			10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)						
11. Facility Name (If Not Institution, Give Street And Number) <b>Select Specialty</b>												
12. City Or Town, State, And Zip Code <b>Hammond</b>						13. County Of Death <b>Lake</b>			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name <b>None</b>				15a. (If Wife) Give Maiden Last Name <b>N/A</b>				16. Decedent's Usual Occupation <b>Manager</b>		17. Kind Of Business/Industry <b>Wiebolts</b>		
18. Residence - State <b>Illinois</b>			18a. County <b>Cook</b>			18b. City Or Town <b>Chicago</b>			18c. Street And Number <b>11531 South Ave H</b>		18d. Apt. No.	18e. Zip Code <b>60617</b>
										18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19. Decedent's Education <b>8</b>				20. Decedent Of Hispanic Origin <b>No</b>				21. Decedent's Race <b>White</b>				
22. Father's Name (First, Middle, Last) <b>Todor Krga</b>						23. Mother's Name (First, Middle, Last) <b>Bika</b>			23a. Mother's Maiden Last Name <b>Krga</b>			
24. Informant's Name <b>Michael Krga</b>				24a. Relationship To Decedent <b>Brother</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>11531 South Ave H Chicago, Ill. 60617</b>						
25a. Method Of Disposition: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>Oakland Memory Lanes</b>			25c. Location - City, Town, And State <b>Dolton, Illinois</b>						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>Elmwood Chapel 11300 West. 97th Lane St. John, Ind. 46373</b>						27a. Funeral Home License Number: <b>FDO9200077</b>				
27b. Signature Of Indiana Funeral Service Licensee: <i>[Signature]</i>						27c. License Number (Of Licensee): <b>FDO9200077</b>						
<b>Cause Of Death (See Instructions And Example)</b>												
28. 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 The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.										Approximate Interval: Onset To Death		
Immediate Cause (Final Disease Or Condition Resulting In Death)												
A. <b>SEPTICEMIA</b>										Due To (Or As A Consequence Of):		
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. <b>BACTERIAL ENDOTOXAEMIA</b>										Due To (Or As A Consequence Of):		
C. <b>Pneumonia</b>										Due To (Or As A Consequence Of):		
D.												
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I								29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown			32. If Female: <input checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accidental <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined						
34. Date Of Injury (Month/Day/Year)			35. Time Of Injury			36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work?			
38. Location Of Injury - State			38a. City Or Town			38b. Street & Number			38c. Zip Code			
39. Describe How Injury Occurred								40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)				
41. Signature, Of Person Certifying Cause Of Death: <i>[Signature]</i>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer						
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>Armit Vyas, M.D. 2315 E. 93rd St. Chgo. Ill. 60617</b>						44. License Number <b>036-084893</b>		45. Date Certified <b>1/21/09</b>				
46. Additional Funeral Service Provider:						47. *Akas:						
48. Signature of Local Health Officer: <i>[Signature]</i>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>January 22, 2009</b>						

# UNOFFICIAL COPY

11531 S. Avenue H, Chicago IL 60617

PIN # 26-20-109-012-0000

LOT THIRTY SIX (36) THE NORTH HALF (1/2) OF LOT THIRTY FIVE (35) IN BLOCK TEN (10), IN SOUTH CHICAGO, BEING A SUBDIVISION OF THE EAST FRACTIONAL HALF (1/2) OF THE NORTHWEST FRACTIONAL QUARTER (1/4) OF SECTION 20, TOWNSHIP 37 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office