

STATE OF ILLINOIS)
COUNTY OF Cook) SS

JOINT TENANCY AFFIDAVIT

Mary Litchfield, hereinafter referred to as the affiant, states under oath that the affiant resides at 11531 Avenue H in the City of Chicago, Illinois; that the affiant was acquainted with Nina Krqa, 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 Oct 13, 2012, leaving no/a last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ 39,000; 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 Nina Krqa, 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 J. Litchfield (Seal)

(Seal)

Subscribed and Sworn to before me
this 16 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.

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**BREMEN TOWNSHIP REGISTRAR
TINLEY PARK, ILLINOIS
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2012 0077073

DATE ISSUED 10/17/2012

DECEDENT'S LEGAL NAME NINA KRGA		SEX FEMALE	DATE OF DEATH OCTOBER 13, 2012	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 84 YEARS	DATE OF BIRTH APRIL 21, 1928		
CITY OR TOWN TINLEY PARK		HOSPITAL OR OTHER INSTITUTION NAME MCALLISTER NURSING HOME		
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 321-26-0870	STATUS AT TIME OF DEATH NEVER MARRIED/NEVER IN CIVIL UNION	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 11531 AVENUE H	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60617	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION TODOR KRGA	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION BIKA KRGA
INFORMANT'S NAME MARY LITCHFIELD		RELATIONSHIP NIECE	MAILING ADDRESS 1703 SWEETBRIAR, BLOOMINGTON, IL, 61701	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION OAKLAND MEMORY LANES	LOCATION - CITY OR TOWN AND STATE DOLTON, IL	DATE OF DISPOSITION OCTOBER 17, 2012	
FUNERAL HOME ELMWOOD CHAPEL, 11200 S. EWING AVE., CHICAGO, IL, 60617				
FUNERAL DIRECTOR'S NAME JAMES F BETKOWSKI			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012040	
LOCAL REGISTRAR'S NAME LEONARD J HINES			DATE FILED WITH LOCAL REGISTRAR OCTOBER 17, 2012	
CAUSE OF DEATH PART I. ACUTE BRONCHIO PNEUMONIA				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
a. _____ Due to (or as a consequence of):				
b. CONGESTIVE HEART FAILURE				
c. CORONARY ARTERY DISEASE Due to (or as a consequence of):				
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I.			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE			MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 06:25 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED OCTOBER 16, 2012	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR. ANTONIO NORIEGA, 13348 SOUTH CICERO, CRESTWOOD, ILLINOIS, 60445			PHYSICIAN'S LICENSE NUMBER 036049076	

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.

Leonard J. Hines
Leonard J. Hines
Bremen Township Registrar



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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