UNOFFICIAL CO

Doc#: 1303829039 Fee: \$42.00 Karen A. Yarbrough RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 02/07/2013 11:37 AM Pg: 1 of 3

STATE OF ILLINOIS) "
Garl) SS
COUNTY OF COOK)

) SS
COUNTY OF Cook) SS
JOINT TENANCY AFFIDAVIT
Mary Citchfield, hereinafter referred to as the affiant, states under oath that the affiant resides at
10: 1 the City of () (Q 9// , minors, mai the distriction of () () ()
with Michael Kiga, the decedent; that at the time of death, the decedent was one of the decedent was o
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 reter nor of a life interest therein or the creation of interests to take effect in possession
or enjoyment after death:
That the decedent died on
That the total value of decedent's estate, including the taxelie interest in the above property was \$ 30,000; and
That the value of the above property individually was \$ 30,007. That the affiant makes this affidavit to induce ATTORNEYS' TITLE IN URANCE FUND, INC. to issue its policy of title
insurance on the above described property.
the affiant hereby covenants and agrees, for himself/herself/h
fully indemnify, protect, defend and hold ATTORNEYS' TITLE INSURANCE FULLS, are the fund may suffer, expend or incur all loss, costs, damages, suits, attorney's fees and expenses and every kind and nature which which the Fund may suffer, expend or incur all loss, costs, damages, suits, attorney's fees and expenses and every kind and nature which the Fund may suffer, expend or incur all loss, costs, damages, suits, attorney's fees and expenses and every kind and nature which the Fund may suffer, expend or incur all loss, costs, damages, suits, attorney's fees and expenses and every kind and nature which the Fund may suffer, expend or incur all loss, costs, damages, suits, attorney's fees and expenses and every kind and nature which the Fund may suffer, expend or incur all loss, costs, damages, suits, attorney's fees and expenses and every kind and nature which the Fund may suffer, expend or incur all loss, costs, damages, suits, attorney's fees and expenses and every kind and nature which the Fund may suffer, expend or incur all loss, costs, damages, suits, attorney's fees and clear of the following objections:
by reason of the issuance of said pointy free and clear of the issuance of said pointy free and clear of the issuance of said pointy free and clear of the issuance of said pointy free and clear of the issuance of said pointy free and clear of the issuance of said pointy free and clear of the issuance of said pointy free and clear of the issuance of said pointy free and clear of the issuance of said pointy free and clear of the issuance of said pointy free and clear of the issuance of the issuance of said pointy free and clear of the issuance of the is
1. Claims against the estate of Michael + 199, the decedent; 2. Illinois State Inheritance Tax and Federal Tax which may be charged against the estate of said decedent;
2. Illinois State Inheritance 1ax and Federal 1ax which has 5. 3. Legacies, if any, created by the will of said decedent:
4. Rights to contribution.
Mary Tylahelid (Seal)
(Seal)
Subscribed and Sworn to before me OFFICIAL SEAL
this / day of January 2013. E GARCIA-KUDRO NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:08/01/15
Notary Public

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. Note:

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INDIANA STATE DEPARTMENT OF HEALTH SERTIFICATE ALL LEATE OF No. 008191

Local N				EDI	1a. Maiden			<u> </u>	2. Sex		. Time Of E	Death		Death (Month/Day/Year)	
Decedent's Legal Name (First, I	Middle, Last)	•			ra. Maiden I	vanie (II I	sinais)		2.00%	"				•	
MICHAEL KRGA									MAL		12:12			2/23/2012	
	∖ge - Yrs	6b. Under 1	Year 6c. U	nder 1 Month	6d. Under 1 Da	iy 6e.	Under 1 Hour	7. Date	of Birth (Mont	h/Day/Yea	r) 8. Birtl	hplace (City	and State or	Foreign Country)	
242 40 0007	02	Months Days Hours Minutes 08/22/1919 CHICAGO, IL													
343-12-2997 9. Ever in U.S. Armed Forces?	92 Months Days Hours Minutes U8/22/1 1 0. If Death Occurred in A Hospital: 10a. If Death Occurred Somewhere Other									Than A Hos	A Hospital				
	Hospice Facility Decedent's Home Nursing Home/Long-term Care Facility														
☐ Yes 🗵 No 🔲 Unknown	1			ent Outpatient	Dead on Ar	rival 🔲	Other (Specify)						·	<u> </u>	
11. Facility Name (If Not Institution	n, Give Stre	et and Number	OFNE	DC 11444	MOND										
ST MARGARET MERO		LIHUARE	CENTE	K9-HAMI	עאוטואט		13. County (Of Death			14.	Marital Sta	tus At Time O	f Death	
iz. Oity Of Town, State, And Zip t							· ·						Married, But	Separated Divorce	
HAMMOND, IN, 46320							LAKE				□ Widowed ☑ Never Married □ Unknown 17. Kind Of Business/Industry				
15. Surviving Spouse's Name				15a	. (If Wife)Give M	aiden Last	Name		16. Decede	nt's Usual	Occupation		17. Kind O	Business/industry	
									FOREMA	۸NI			REBULL	C STEEL	
do Davidson Chal-			18a. County				18b. City Or Tox	wn	FUREINIA	411			INCOOL	O OTLLL	
18. Residence - State			roa. Goully	•		J									
ILLINOIS			COOK			[C	HICAGO			40.1	Ne	40- 7	Code	18f. Inside City Limits?	
18c. Street And Number		/ -								18d. Apt.	No.	18e. Zip	Code		
AAEGA OOUTU AVENI	16 4											60	617	X Yes 🗌 No	
11531 SOUTH AVENU)E H	\preceq	Tan Back	dent Of Hispa	nic Origin		21 [Decedent'	s Race			1 00	<u> </u>		
19. Decedent's Education			ZU. Dece	aeni Oi Hispa	nic Ongin		71.1	u c iil							
9TH - 12TH GRADE; 1	NO DIPL	.OMA	INCT H	IISPANIC	;		Whit								
22. Father's Name (First, Middle,			77			23.	Mother's Name	(First, Mid	ldle, Last)			23a. I	Mother's Maid	en Last Name	
							(A 1/DC *					L/DC	٠,٨		
TODOR KRGA					To Docado-+		(A KRGA . Mailing Addres	s (Stract	And Number	City State	Zip Code\	KRG	DA		
24. Informant's Name			24a.	Kaletiunruip 1	10 Decedent		Ü	·							
MARY LITCHFIELD			NIE	CE		170	03 SWEET	BRIA	R DRIVE,	BLOO	MINGT	ON, IL 6	1701		
				DI 16 A	25	. Place Of	Disposition	250	Location - City,	Town An	d State				
25a. Method Of Disposition ■ Burial □ Cremation □ Do	nation 🗂 E		25b. Place Of I	Disposition (N	lam Of temeter	y, Cremato	iry, Uther Place,	250.	Location - Gity,	, TOWN, AIR	u Siale				
Removal From State	nation 🔲 E	ntomoment													
Other (Specify):		la	OAK HILL	CEMET	ERY			<u> H</u> AI	MMOND,	IN					
26. Was Coroner Contacted?	27	. Name And C)						27a. Fune	ral Home License Number	
□ v . □ v							6 = :-						FUADO	20050	
Yes No			CHAPE	L LTD, 11	1300 W 97 <mark>1</mark>	TH LN	SFINT JO)HN, II	N 46373	7o Linone	a Number (C	Of Licensee):	FH1990	JUU5 <u>Z</u>	
27b. Signature Cf Indiana Funera JAMES F BETKOWS	al Service Lic	censee:	NIC SIG	NATURE		`	(/,			rc. License D0920 0	0077		······································	the state of the s	
				Ç	ause Of Death						1 1 1 2 2	4E 750 £	JUBT A S ₁	Mary Approkimate	
28. Part I. Enter The Chain C)f Events -	Diseases, Inju	uries, Or Com	plications - 1	That Directly Ca	used The	Death, Do No.	Er er Te	erminal Event	gi ba On		a saale	OF SEATH O	N ∏ Tritterval To Coser To Death	
Such As Card-ac Arrest, Res A Line, Add Additinal Lines I	piratory Arr	est, Or Ventri	cular Fibrillati	on Without S	nowing The Etic	piogy. Do l	NULADDFEVIALE	. The C	ліу Опе Сац	باالبدري	regió (A)	man libraria	图图图	.0 56661	
Immediate Cause (Final Dise			ing In Death)	А	CARCINOMA	COLON S	SIGMOID COL	ON ADE 1	NOCA.RCINO	: <u>MA</u>				8 MONTHS	
miniequate Gause (Fillar DISE	200 OI OU	Januari Nosulli	g m Deani)	• • •				Due to (As A Cor equenc	p Of)		CED "	7 7nf	1. (1)	
Segmentially List Conditions	If Any i es	iding To The 6	Cause Listed	On B.	ÇONGESTIVE	HEART	FAILURE					FEB 2	27 ZUI	8 YEARS	
Sequentially List Conditions. If Any, Leading To The Cause Listed (Line A. Enter The Underlying Cause (Disease Or Injury That Initiate					iated				HOTAS A Co. TO (Den) T):				2 1 2 1 7 1 7		
The Events Resulting In Dea			C. ANAEMIA			Due to (Or As A Consequence C.).			9 C).				8 MONTHS		
				_					1	75)			15 YEARS	
Part II. Enter Other Significant Co		atella et = - · · · ·	oth Day Mar D	D.	HYPERTENSI		Part I	20 M	as An Autopsy	Performer	17			10 ILANO	
Part II. Enter Other <u>Significant Co</u>	nations Cor	mouting to De	arii Dut Not Re	eni ni gruine:	condensing Caus	e civil iij	anı	Į.	ere Autopsy Fi			olete The		th? — —	
RENAL FAILURE								30. W	ere Autopsy Fi	-			23434 01 064	Yes No	
31. Did Tobacoc Use Contribute	To Death?		If Female:	un Boet Voor	Pregnant At Time Of	Death III	Not Prognant, But Pre	dnant Within	42 Days Of Death		anner Of De		Accident F	Pending Investigation	
☐ Yes ☐ Probably 🖾 No [Unknown				To 1 year Refore Death		unknown If Prognant					ould Not Br			
34. Date Of Injury (Month/Day/Y	ear)		. Time Of Inju		36		Injury (E.G., De							. Injury At Work?	
			,											☐ Yes ☐ No	
38. Location Of Injury - State		382	a. City Or Tow	n	3	Bb. Street	& Number				T	38c. Apt.	No. 38	d. Zip Code	
55. Location of injury - State		300	0, 0									-			
39. Describe How Injury Occurre	ed									40. If □Drive	Transportati	ion Injury, Sp Passenger	pecify: Pedestrian ☐ 01	ther (Specify)	
									<u> </u>						
41. Signature. Of Person Certify	ying Cause C	Of Death:	CICNATI	IDE						ertifier (Chi ertifying Ph	eck Only Or	ne) Coron	er m	Heath Officer	
MANZOOR SHAH, B	ie Of Person	Certifying Car	JSe Of Death:	J. C					<u>j vzy C</u>		14. License			. Date Certified	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death:															
MANZOOR SHAH , 1479 RING ROAD, CALUMET CITY, IL 60409									01031445A 02/25/2012						
46. Additional Funeral Service Provider: 47. *Akas: MIKE															
48. Signature of Local Health Of	fficer	-							49. For R			Filed (Mont	h/Day/Year):		
SUSAN W. BEST, VI		TRONIC S	SIGNATU	IRE						-	-	FEB 27			
5507 III IV. DEGT, VII	,			AMENDM	ENT TO CERT	FICATE (OF DEATH (EI	NTRY OF	R ORIGINAL)						
1															

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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 QURTER (1/4) OF SECTION 20, TOWNSHIP 37 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Droporty or Cook County Clark's Office