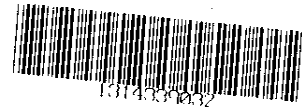


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JOINT TENANCY AFFIDAVIT

Prepared By and MAIL TO:
Hegarty, Kowols & Associates PC
301 W. Touhy
Park Ridge, IL 60068
(847) 692-3031

Doc#: 1314339032 Fee: \$42.00
RHSP Fee: \$10.00 Affidavit Fee:
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 05/23/2013 10:34 AM Pg: 1 of 3

STATE OF ILLINOIS)
)SS
COUNTY OF COOK)

KATHLEEN M. MAHLER,
hereby referred to as the affiant, states under oath that the affiant resides at 255 Arthur Ave., in the City of Roselle, Illinois; that the affiant was acquainted with **ROBERT J. MAHLER**, decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of a properly recorded joint tenancy warranty deed, said property located in Cook County, Illinois, and legally described as follows:

Lot 11 and the West ½ of Lot 10 all in Block 5 of a Resubdivision of Block 9 of the Boeger Estates Addition to Roselle, a Subdivision of the South ½ of the Southwest ¼ of Section 34, Township 41 North, Range 10, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Real Estate Index Number: 07-34-325-029-0000
Address(es) of real estate: 255 Arthur Ave., Roselle, IL 60172

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 thereof or the creation of interest to take effect in possession or enjoyment after death;

That the decedent died on February 14, 2013, leaving a last will and testament. A certified copy of the death certificate is attached hereto and a copy of the last will and testament, if any.

That the total value of decedent's estate at death, including the taxable interest in the above property was less than the applicable federal and state estate tax unified credit and that the value of the above property individually was less than the applicable federal and state estate tax unified credit.

That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

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

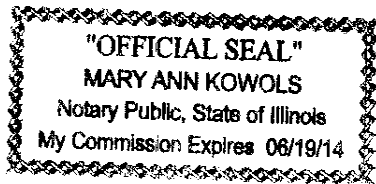
Kathleen M Mahler

 Kathleen M. Mahler

State of Illinois, County of Cook ss.

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that KATHLEEN M. MAHLER, a widow, is personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledge that she signed, sealed and delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and official seal, this 17 day of May, 2013
 Commission expires 6/19/2014



Mary Ann Kowols

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

STATE FILE NUMBER 2013 0014175

DATE ISSUED 2/20/2013

DECEDENT'S LEGAL NAME ROBERT J MAHLER			SEX MALE	DATE OF DEATH FEBRUARY 14, 2013	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 61 YEARS		DATE OF BIRTH FEBRUARY 13, 1952		
CITY OR TOWN ELK GROVE VILLAGE		HOSPITAL OR OTHER INSTITUTION NAME ALEXIAN BROTHERS MEDICAL CENTER			
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT					
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 359-46-3483	STATUS AT TIME OF DEATH MARRIED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME KATHLEEN DEASY	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 255 ARTHUR AVENUE		APT. NO.	CITY OR TOWN ROSELLE		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60172	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ALBERT MAHLER		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION IRENE YOG
INFORMANT'S NAME KATHLEEN MAHLER		RELATIONSHIP WIFE		MAILING ADDRESS 255 ARTHUR AVENUE, ROSELLE, IL, 60172	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION SAINT MICHAEL THE ARCHANGEL CEMETERY		LOCATION - CITY OR TOWN AND STATE PALATINE, IL	DATE OF DISPOSITION FEBRUARY 18, 2013
FUNERAL HOME MICHAELS FUNERAL HOME, 800 S. ROSELLE RD., SCHAUMBURG, IL, 60193					
FUNERAL DIRECTOR'S NAME MICHAEL RICHARD DEMNICKI			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014765		
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR FEBRUARY 19, 2013		
CAUSE OF DEATH					
PART I		VALVULAR HEART DISEASE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	YEARS
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.			
		b. Due to (or as a consequence of):			
		c. 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	
FEMALE PREGNANCY STATUS NOT APPLICABLE				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DATE OF INJURY				MANNER OF DEATH NATURAL	
TIME OF INJURY		PLACE OF INJURY		INJURY AT WORK?	
LOCATION OF INJURY					
DESCRIBE HOW INJURY OCCURRED:				IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE OCTOBER 12, 2012	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 07:15 PM	
CERTIFIER PHYSICIAN				DATE CERTIFIED FEBRUARY 18, 2013	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH GOODMAN, MICHAEL J, 800 BIESTERFIELD ROAD, SUITE 505, ELK GROVE VILLAGE, ILLINOIS, 60007				PHYSICIAN'S LICENSE NUMBER 036047666	

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE