



ATTORNEYS'  
TITLE  
GUARANTY  
FUND,  
INC.



1333055016

Doc#: 1333055016 Fee: \$44.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 11/26/2013 11:04 AM Pg: 1 of 4

JOINT TENANCY AFFIDAVIT

STATE OF Illinois  
COUNTY OF Cook ) SS

JOHN R. KELLY, JR, hereby referred to as the affiant, states under oath that the affiant resides at ; that the affiant was acquainted with MARIE KELLY; 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:

Permanent Index Number(s): 03-02-410-143-1071  
Property Address: 110 N. Milwaukee Avenue Unit 407, Wheeling, IL 60090

The decedent died on a last will and testament;

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;

The total value of decedent's estate, including the taxable interest in the above property, is 158,500, and that the value of the above property individually is 158,500;

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 MARIE KELLY, 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.

John R. Kelly, Jr. by Candace Kelly  
JOHN R. KELLY, JR  
attorney in fact

GREATER METROPOLITAN TITLE, LLC  
2340 S. ARLINGTON HTS. RD., SUITE 203  
ARLINGTON HEIGHTS, IL 60005  
FILE # 13-1333

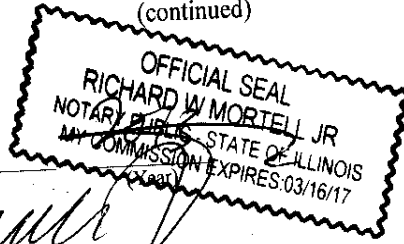
54  
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## JOINT TENANCY AFFIDAVIT (continued)

Subscribed and sworn to before me this

24th day of October  
(Month)



[Signature]  
(Notary Public)

My commission expires: 03/16/17

**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:  
Richard Mortell, Jr., 701 Skokie Blvd., Northbrook, IL  
60062

Return to:  
Greater Metropolitan Title, 2340 S. Arlington Heights  
Road, Suite 203, Arlington Heights, IL 60005

Property of Cook County Clerk's Office

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STATE OF ILLINOIS  
CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.0 LOCAL FILE NUMBER

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last) **Kelly Marie**

2. SEX **Female**

3. DATE OF DEATH (Month/Day/Year) (Spell Month) **March 19, 2009**

4. COUNTY OF DEATH **Cook**

5a. AGE AT LAST BIRTHDAY (Years) **85**

5b. UNDER 1 YEAR Months **0**

5c. UNDER 1 DAY Hours **0** Minutes **0**

6. DATE OF BIRTH (Month/Day/Year) **April 26, 1923**

7a. CITY OR TOWN **Northbrook**

7b. HOSPITAL OR OTHER INSTITUTION NAME (if not in either, give street and number) **Brandel Care Center**

7c. PLACE OF DEATH (Check only one: see instructions)  
 Inpatient  Emergency Room/Outpatient  Dead on Arrival  
 Hospice facility  Nursing Home/Long-term care facility  Decedent's home  Other (Specify)

8. BIRTHPLACE (City and State or Foreign Country) **DePere, WI**

9. SOCIAL SECURITY NUMBER **2434**

10. MARITAL STATUS AT TIME OF DEATH  
 Married  Married but separated  Widowed  
 Divorced  Never Married  Unknown

11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) **John R. Kelly, Jr.**

12. EVER IN U.S. ARMED FORCES?  Yes  No

13a. RESIDENCE (Street and Number) **110 N. Milwaukee Ave.**

13b. CITY OR TOWN **Wheeling**

13c. APT. NO. **407**

13d. STATE **IL**

13e. ZIP CODE **60090**

14. FATHER'S NAME (First, Middle, Last) **Walter S. Nordby**

15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) **Ethel Loftus**

16a. INFORMANT'S NAME **John R. Kelly, Jr.**

16b. RELATIONSHIP **Husband**

16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) **110 N. Milwaukee Ave. #407, Wheeling, IL 60090**

17. METHOD OF DISPOSITION  
 Cremation  Donation  Burial  
 Other (Specify):

18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) **North Shore Cremation Care**

19. LOCATION - CITY, TOWN AND STATE **Skokie, IL**

20. DATE OF DISPOSITION (Month/Day/Year) **March 20, 2009**

21a. FUNERAL HOME NAME **N.H. Scott & Hanekamp**

21b. STREET AND NUMBER **1240 Waukegan Rd., Glenview, IL 60025**

21c. CITY OR TOWN **Glenview, IL**

21d. STATE **IL**

21e. ZIP **60025**

22. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **034-015993**

23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) **MAR 20 2009**

24. CAUSE OF DEATH (See instructions and examples)  
 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 etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.  
 IMMEDIATE CAUSE (Final disease or condition resulting in death) → **Metastatic Breast Cancer**  
 a. Due to (or as a consequence of):  
 b. Due to (or as a consequence of):  
 c. Due to (or as a consequence of):  
 PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

25. WAS AN AUTOPSY PERFORMED?  Yes  No

26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH?  Yes  No

27. DID TOBACCO USE CONTRIBUTE TO DEATH?  
 Yes  Probably  Unknown

28. IF FEMALE:  
 Not pregnant within past 12 months  
 Not pregnant, but pregnant within 42 days of death  
 Not pregnant, but pregnant 43 days to 1 year before death

29. MANNER OF DEATH  
 Natural  Suicide  Could not be determined  
 Accident  Homicide  Pending investigation

30. DATE OF INJURY (Month/Day/Year)

31. TIME OF INJURY  A.M.  P.M.

32. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)

33. INJURY AT WORK?  Yes  No

34. LOCATION OF INJURY Street and Number Apartment Number City or Town State ZIP Code

35. DESCRIBE HOW INJURY OCCURRED:

36. IF TRANS-PORTATION INJURY, SPECIFY:  
 Driver/Operator  Pedestrian  
 Passenger  Other (Specify)

37. I (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON **03/17/09**

38. WAS MEDICAL EXAMINER OR CORONER CONTACTED?  Yes  No

39. DATE PRONOUNCED (Month/Day/Year) **03/19/2009**

40. TIME OF DEATH **11:45 A.M.**

41. CERTIFIER (Check only one).  
 Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated.  
 Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.  
 Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) **K. LEUNG-STONE 2501 COMPASS RD, STE 100, GLENVIEW, IL**

43. PHYSICIAN'S LICENSE NUMBER **036-070938**

44. TITLE OF CERTIFIER **MD**

45. DATE CERTIFIED (Month/Day/Year) **03/19/2009**

46. SIGNATURE OF CERTIFIER **[Signature]**

This is to certify that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health.

STATE OF ILLINOIS  
County of Cook

DAVID ORR, County Clerk

MAR 20 2009

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

[Signature]  
COUNTY CLERK

**UNOFFICIAL COPY**

File Number: 13-1333

**EXHIBIT "A"****LEGAL DESCRIPTION**

PARCEL 1:  
 UNIT NUMBER 2-407 IN THE ONE MILWAUKEE PLACE CONDOMINIUM AS  
 DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED TRACT OF LAND:  
 LOTS 2 AND 7 (EXCEPT THAT PART OF SAID LOT 7 BOUNDED AND DESCRIBED  
 AS FOLLOWS: COMMENCING AT THE MOST WESTERLY NORTHWEST CORNER  
 OF SAID LOT 7, THENCE SOUTH 21 DEGREES 38 MINUTES 56 SECONDS EAST  
 ALONG THE WESTERLY LINE OF SAID LOT 7, A DISTANCE OF 170.37 FEET TO A  
 POINT; THENCE NORTH 68 DEGREES 21 MINUTES 04 SECONDS EAST, 69.50 FEET  
 TO THE POINT OF BEGINNING; THENCE CONTINUING NORTH 68 DEGREES 21  
 MINUTES 04 SECONDS EAST, 69.50 FEET TO THE POINT OF BEGINNING; THENCE  
 CONTINUING NORTH 68 DEGREES 21 MINUTES 04 SECONDS EAST, 83.70 FEET;  
 THENCE SOUTH 21 DEGREES 38 MINUTES 56 SECONDS EAST, 206.0 FEET;  
 THENCE SOUTH 68 DEGREES 21 MINUTES 04 SECONDS WEST, 83.70 FEET TO  
 THE WESTERLY LINE OF SAID LOT 7; THENCE NORTH 21 DEGREES 38 MINUTES  
 56 SECONDS ALONG THE WESTERLY LINE OF SAID LOT 7, A DISTANCE OF 206.0  
 FEET TO THE POINT OF BEGINNING), ALL IN ONE MILWAUKEE PLACE  
 SUBDIVISION BEING A SUBDIVISION OF THAT PART OF THE EAST ½ OF THE  
 SOUTHEAST ¼ OF SECTION 2, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE  
 THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS; WHICH SURVEY IS  
 ATTACHED AS EXHIBIT "A" TO THE DECLARATION OF CONDOMINIUM  
 RECORDED AS DOCUMENT NUMBER 00660793, AS AMENDED FROM TIME TO  
 TIME, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE  
 COMMON ELEMENTS.

PARCEL 2:  
 THE EXCLUSIVE RIGHT TO THE USE OF PARKING SPACE P-76, PARKING SPACE  
 P-94, AND STORAGE SPACE S-2-407, AS LIMITED COMMON ELEMENTS AS  
 DELINEATED ON THE SURVEY ATTACHED TO THE DECLARATION AFORESAID  
 RECORDED AS DOCUMENT 00660793, AS AMENDED FROM TIME TO TIME.  
 03-02-410-143-1071

110 N. Milwaukee Avenue #407, Northbrook, IL 60062