



Doc#: 1419704049 Fee: \$42.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 07/16/2014 12:16 PM Pg: 1 of 3

ATTORNEYS'  
TITLE  
GUARANTY  
FUND,  
INC.

Illinois Offices:  
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140225900098

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JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF LAKE

Patricia A. Hernandez hereby referred to as the affiant, states under oath that the affiant resides at 205 Greenfield Drive, in the City of Glenview, State of Illinois; that the affiant was acquainted with Jose Hernandez, the decedent; at the time of death, the decedent was one of the owners of property, by virtue of a properly recorded joint tenancy deed, said property located in Cook County, State of Illinois, and legally described as follows

Lot 17 in Block 4 in Glenview Park Manor Unit Number 6, being a subdivision of part of the Northeast 1/4 of the Southwest 1/4 and of the Northwest 1/4 of the Southeast 1/4 of Section 12, Township 41 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

205 Greenfield Dr.  
Glenview IL 60025

09-17-302-018-0000

Y  
3  
N  
CY  
A

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 decedent died on March 25, 2014, leaving no/a last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ less than \$1 million, and the value of the above property individually was \$ 244,500 for his 1/2 interest;

The State and 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.

Attorneys' Title Guaranty Fund, Inc.  
131 Wacker Dr., STE 2400  
Chicago, IL 60606-4650  
Affidavit Department

# UNOFFICIAL COPY

The affiant hereby covenants and agrees, individually, and for the affiant, 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 Jose Hernandez, 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.

Patricia Hernandez (Seal)

(Seal)

(Seal)

Subscribed and sworn to before me this

23rd day of September 2014  
Day Month Year  
[Signature]  
 Notary Public



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

This instrument prepared by:

Richard E. Patinkin  
Name  
89 Lincolnwood Road  
Address  
Highland Park, IL 60035  
City, State, Zip

Return to:

Richard E. Patinkin  
Name  
89 Lincolnwood Road  
Address  
Highland Park, IL 60035  
City, State, Zip

**UNOFFICIAL COPY**

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

STATE FILE NUMBER 2014 0023918

DATE ISSUED 4/1/2014

DECEDENT'S LEGAL NAME JOSE HERNANDEZ		SEX MALE	DATE OF DEATH MARCH 25, 2014	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 79 YEARS	DATE OF BIRTH OCTOBER 27, 1934		
CITY OR TOWN PARK RIDGE		HOSPITAL OR OTHER INSTITUTION NAME ST MATTHEW CENTER FOR HEALTH		
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME PATRICIA URBANUS	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 205 GREENFIELD DRIVE	APT. NO.	CITY OR TOWN GLENVIEW		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60025	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOSE HERNANDEZ	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARY BRESCINO
INFORMANT'S NAME PATRICIA HERNANDEZ		RELATIONSHIP WIFE	MAILING ADDRESS 205 GREENFIELD DRIVE, GLENVIEW, IL, 60025	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION MARY HILL CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE NILES, IL	DATE OF DISPOSITION MARCH 28, 2014	
FUNERAL HOME COLONIAL-WOJCIECHOWSKI, FH, 8025 W. GOLF ROAD, NILES, IL, 60714				
FUNERAL DIRECTOR'S NAME BRADLEY A. RUSHTON			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014689	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR MARCH 27, 2014	
<b>CAUSE OF DEATH</b> PART I. CONGESTIVE HEART FAILURE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
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.				
			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 09:40 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED MARCH 27, 2014	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH: BRIAN RUBENSTEIN, M.D., 1775 BALLARD ROAD, PARK RIDGE, ILLINOIS, 60068				PHYSICIAN'S LICENSE NUMBER 036-099937

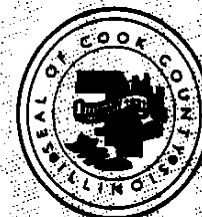
THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



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