



Doc#: 1426041112 Fee: \$42.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 09/17/2014 02:51 PM Pg: 1 of 3



ATTORNEYS'  
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INC.

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JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS

SS

COUNTY OF COOK

SALLY L. SULLIVAN as executor

hereby referred to as the affiant, states under oath that the affiant resides at

6917 W. Farragut Ave., in the City of Chicago, State of Illinois; that the affiant was

acquainted with ROBERT CHARLES, 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:

THE WEST 1/2 OF LOT 6 AND ALL OF LOT 7 IN BLOCK 6 IN MC COLLAM AND KRUGGEL'S ADDITION TO NORWOOD PARK, IN THE WEST 1/2 OF SECTION 7, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

COMMONLY KNOWN AS 6917 W. FARRAGUT AVENUE, CHICAGO, IL 60656.

13-07-132-070

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 July 14, 1977 at Cook County Illinois, leaving no last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was under the then federally and state taxable amount.

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

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.

ATGF, INC.

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SC  
INT

# UNOFFICIAL COPY

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 ROBERT CHARLES LORENZ, 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.

Sally L. Sullivan (Seal)

SALLY L. SULLIVAN as executor of the estate of Marie (Seal)

Subscribed and sworn to before me this

Lorenz surviving joint tenant

22nd day of AUGUST, 2014,  
Day Month Year



Mary Lou Zurawski  
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:

Return to:

Mary Lou Zurawski, Esq.  
Name

Mary Lou Zurawski, Esq.  
Name

628 Berkshire Lane.  
Address

628 Berkshire Lane.  
Address

Des Plaines, IL 60016  
City, State, Zip

Des Plaines, IL 60016  
City, State, Zip

**MEDICAL CERTIFICATE OF DEATH**

REGISTERED NUMBER: \_\_\_\_\_ DECEASED—NAME: **ROBERT LORENZ** SEX: **Male** DATE OF DEATH: **July 14, 1977**

RACE: **White** AGE: **60** UNDER 1 YEAR: **2** DATE OF BIRTH: **April 18, 1917** PLACE OF DEATH: **Chicago**

BIRTHPLACE: **Illinois** CITIZEN OF WHAT COUNTRY: **U.S.A.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: **Married** NAME OF SURVIVING SPOUSE: **Marie J. Lorenz**

SOCIAL SECURITY NUMBER: **FOREMAN** OCCUPATION: **FOREMAN** KIND OF BUSINESS OR INDUSTRY: **TELEPHONE** U.S. WAR VETERAN: **Yes** WAR OR DATES OF SERVICE: **U.W.U. 2**

RESIDENCE: **Illinois** COUNTY: **Cook** CITY, TOWN, OR SOLO DISTRICT NUMBER: **Chicago** HOSPITAL OR OTHER INSTITUTION—NAME: **NORTHWESTERN MEMORIAL HOSPITAL**

FATHER—NAME: **CHARLES LORENZ** MOTHER—MAIDEN NAME: **SCHULTZ** DEATH WAS CAUSED BY: **BILATERAL ACUTE BRONCHOPNEUMONIA**

DEATH DATE: **July 14, 1977** TIME: **10:25 PM** PLACE OF DEATH: **Chicago, Illinois** HOURS: **6:00 PM**

DATE OF OPERATION: **None** MAJOR FINDINGS OF OPERATION: **None**

SIGNATURE: **Robert J. St. Giffen M.D.** DATE SIGNED: **July 16, 1977** ILLINOIS LICENSE NUMBER: **36-38796**

BURIAL CREMATION: **None** CEMETERY OR CREMATORY—NAME: **CHICAGO ILLINOIS 60652**

September 6, 1977  
STATE OF ILLINOIS }  
COUNTY OF COOK } SS  
CITY OF CHICAGO }

I, Murray C. Brown, M.D. Local Registrar of Vital Statistics of the City of Chicago, do hereby certify that I am the keeper of the records of births, stillbirths and deaths of the City of Chicago and deaths of the City of Chicago by virtue of the laws of the State of Illinois; and the ordinances of the City of Chicago; that the accompanying certificate on this sheet is a true copy as a record kept by me in pursuance of said laws and ordinances.

**This Certified Copy VALID Only When Original BLUE SEAL AND BLUE SIGNATURE Are Affixed.**

*Murray C. Brown*  
LOCAL REGISTRAR



CHICAGO BOARD OF HEALTH  
Chicago Civic Center, Room 105  
Concourse Level, Chicago 60602-256  
DATE RECD. BY LOCAL REGISTRAR: **JUL 17 1977**

BOARD OF HEALTH - CITY OF CHICAGO