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TITLE
GUARANTY
FUND,
INC.



1426245039

Doc#: 1426245039 Fee: \$42.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 09/19/2014 10:17 AM Pg: 1 of 3

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1409/15/1041

1/3

JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF Lake

SS

Caitlin L. Andre

_____ hereby referred to as the affiant, states under oath that the affiant resides at _____, in the City of Chicago, State of Illinois; that the affiant was acquainted with Ettore L. Giovannetti, 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:

14-20-414-023-1002

Unit 2 in 3336 N. Clifton Condominium as delineated on a Survey of the following described real estate: Lot 39 in Baxter's Subdivision of the Southwest 1/4 of the southeast 1/4 of Section 20, Township 40 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois, which survey is attached as Exhibit "B" attached to the Declaration of Condominium recorded as Document 99802088, as amended from time to time together with its undivided percentage interest in the common elements.

3336 N. CLIFTON AVE #2
CHICAGO, IL 60657

S
P
S
SC
INT

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 April 17, 2014, leaving ~~no~~ a last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ _____, and the value of the above property individually was \$ 380,000;

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.

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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 Etore J. Giovanni, 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.

Ray Carlson

(Seal)

(Seal)

Subscribed and sworn to before me this

21st day of July, 2014
Day Month Year

Ray Carlson
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:

Ray Carlson
Name
328 N. Seymour
Address
Mundelein IL 60066
City, State, Zip

Return to:

E. Sosa
Name
Address
City, State, Zip

UNOFFICIAL COPY**CERTIFICATION OF DEATH RECORD****COOK COUNTY CLERK VITAL RECORDS
CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH****1 COPY**

STATE FILE NUMBER 2014 0031634

DATE ISSUED 4/25/2014

DECEDENT'S LEGAL NAME ETTORE L GIOVANNETTI		SEX MALE	DATE OF DEATH APRIL 17, 2014	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 84 YEARS	DATE OF BIRTH JUNE 17, 1929		
CITY OR TOWN ARLINGTON HEIGHTS		HOSPITAL OR OTHER INSTITUTION NAME NORTHWEST COMMUNITY HOSPITAL		
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT				
BIRTH-PLACE CHICAGO, IL	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME LAURETTA BRANCACCIO	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 4236 YORKSHIRE LANE		APT NO	CITY OR TOWN NORTHBROOK	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60062	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LOUIS GIOVANNETTI	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ANGELINA MANFREDINI
INFORMANT'S NAME LAURETTA GIOVANNETTI		RELATIONSHIP WIFE	MAILING ADDRESS 4236 YORKSHIRE LANE, NORTHBROOK, IL, 60062	
METHOD OF DISPOSITION ENTOMBMENT	PLACE OF DISPOSITION ALL SAINTS CATHOLIC CEMETERY	LOCATION CITY OR TOWN AND STATE DES PLAINES, IL	DATE OF DISPOSITION APRIL 23, 2014	
FUNERAL HOME BELMONT FUNERAL HOME, 7120 WEST BELMONT AVENUE, CHICAGO, IL, 60634				
FUNERAL DIRECTOR'S NAME SABRINA LABARBERA		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014687		
LOCAL REGISTRAR'S NAME DAVID ORR		DATE FILED WITH LOCAL REGISTRAR APRIL 24, 2014		
CAUSE OF DEATH	PART I	ACUTE MYOCARDIAL INFARCTION		
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				
FEMALE PREGNANCY STATUS NOT APPLICABLE		WAS AN AUTOPSY PERFORMED? NO		
		WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A		
DATE OF INJURY		TIME OF INJURY	PLACE OF INJURY	MANNER OF DEATH NATURAL
LOCATION OF INJURY		INJURY AT WORK?		
DESCRIBE HOW INJURY OCCURRED.				IF TRANSPORTATION INJURY SPECIFY
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE MARCH 17, 2014	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 09:58 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED APRIL 18, 2014	
NAME ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DOCTOR THOMAS E. BLEASDALE, 1700 WEST CENTRAL ROAD, ARLINGTON HEIGHTS, ILLINOIS, 60005				PHYSICIAN'S LICENSE NUMBER 036104677

APPROXIMATE
INTERVAL BETWEEN
ONSET AND DEATH

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**