## **UNOFFICIAL C**

STATE OF ILLINOIS ) )SS. COUNTY OF COOK )

JOINT TENANCY AFFIDAVIT

Doc#: 1426745041 Fee: \$42.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough Cook County Recorder of Deeds Date: 09/24/2014 10:55 AM Pg: 1 of 3

## JULIE BJERREGAARD-DIONNE,

hereby referred to as the affiant, states under oath that the affiant resides at 250 Monument Ave., in the City of Barrington, IL; that the affiant was acquainted with KATHLEEN CROSSEY-

BJERREGANDD,

the 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 warrancy Jeed, said property, located in Cook County, Illinois, and legally described as per the

LEGAL DESCRIPTION ATTACHED

Address of Property: 4827 N. Jucherford Ave., Chicago, IL 60656

P.I.N: 13-07-419-004-0000 & 13-07-413-005-0000

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 cansfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent died on July 27, 1966, as evidenced by a certified copy of her death certificate attached hereto, leaving a/no last will and testament;

That the Illinois Estate Tax and the Federal Estate Tax, if any was die from the decedent's estate has been paid

That the affiant makes this affidavit to induce Attorney' Title Guaranty Fund, 17.5 to issue its policy of title insurance on the above described property.

The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold Attorneys' Title Guaranty Fur.d, li c. harmless and to reimburse The Fund for all loss, costs, damages, suits, attorney's fees and expenses of ever, kind and nature which The Fund 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 KATHLEEN CROSSEY BJERREGAARD, the decedent;

2. Illinois Estate 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.

Subscribed & Sworn to before me this

day of

SEPTEMBER , 2014

OFFICIAL SEAL MICHAEL J. CORNFIELD

NOTARY PUBLIC, STATE OF ILLINOIS My Commission Expires 12/16/15

Affidavit prepared by and return to: Michael J. Cornfield 6153 N. Milwaukee Ave., Chicago, IL

60646

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## **UNOFFICIAL COPY**

## **LEGAL DESCRIPTION**

LOTS NINETEEN (19) AND TWENTY (20) IN BLOCK SIX (6) IN W.F. KAISER AND COMPANY'S RIDGEMOOR TERRACE, A SUBDIVISION OF THE SOUTH HALF OF THE SOUTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 7, TOWNSHIP 4° NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Andex Number(s): 13-07-419-004 & 13-07-419-005
Address(es) of real estate: 4827 N. Rutherford Ave., Chicago, IL 60656

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22. DISPOSITION: BURIAL MAXXMAXMAXMAXMAXMAXMAXMAXMAXMAXMAXMAXMAX	4258	Signed 7.27.66 No.	21. I have by carrify that I amended the deceased from 1. 11. 19 66, to 1611; 27, 19 62, that I last raw the deceased alive on 11116 27, 1866 21, and seath occurred of 21. I have been and on the date stated above.	NOTE: If an injury w's wolved in this death, the Coroner must be notified.	1-16-66 CMAIL BOWS 10 A TRUE TO SEE TO CAPTIVE YES NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT WE'L LELATED TO THE TERMINAL CONDITION 20. AUTOPSY?  GIVEN IN PART ITAL.		Conditions, if one, Pour to (8)	(or (A), (B) and (C), 1 When AND DEATH CHAPTER A	118. MEDICAL CAUSE OF DEATH  18. MEDICAL CAUSE OF DEATH  THE MEDICAL CAUSE OF DEATH	IT'es, no, or unknown] (Give way or dates of service) NUMBER  STORY  STORY  ADDRESS  RELATIONSHIP TO	NAME THORNOS Crissey MAIDEN STAME Christian Doyd	More with the motor working of the control of the c	THE MIDONED DIVORCED (Specify) Of 1871 Soft bishoody	KAMILEON ISAbello Bierreguard DEATH July 2:1966	3. NAME OF LEBESTY TO CHINDS SO OF CHINDS OF CHOCKEN TO A SARWE OF	Le Caelloter to spital 20 days +827 North Rutherford Huemie	Road District No. OF HOSPITAL OR INSTITUTION 9. LENGTH OF STAT (, RESIDENCE ADDRESS (Street & No. or R.F.D. and Post Office)	Chicago  Chi	1. PLACE OF DEATH  b. COUNTY  1. STATE  1. STATE  1. STATE  1. PLACE OF DEATH  b. COUNTY  2. USUAL RESIDENCE (Where decessed in STATE)  1. PLACE OF DEATH  c. YO INSIDE corporate limits and in City, Village, or Incorporated Town  c. YO INSIDE corporate limits and in City.	MEDICAL CERTIFICATE OF DEATH REGISTRATION 6.10	ORIGINAL 476 STATE OF ILLINOIS STATE FILE 51073	
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JULY 29, 1966

STATE OF ILLINOIS SOUTH OF CHICAGO SS

Samuel L. Andelman, M.D., Local gistrar of Vital Statistics of the ty of Chicago, do hereby certify at I am the keeper of the records births, stillbirths and deaths of e City of Chicago by virtue of the ws of the State of Illinois and the dinances of the City of Chicago; at the accompanying certificate on is sheet is a true copy of a record pt by me in pursuance of said laws in dordinances.

This Certified Copy VALID

mly When Original BLUE

EAL And BLUE SIGNATURE

Ire Affixed.

Months of Madelinany