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Mail to:	
SANE	
Prepared by:	
Thomas J. Tartaglia, Esq.	
7819 W. Lawrence	_
Norridge, IL 60706	-
	•

Doc#: 1428841008 Fee: \$42.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00 Karen A.Yarbrough

Cook County Recorder of Deeds
Date: 10/15/2014 10:06 AM Pg: 1 of 3

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)

() sr.

COUNTY OF COOK)

Persay A Slingerland, hereinafter referred to as the affiant, states under oath that affiant resides at 3727 N. Nettingham Avenue, Chicago, IL 60634:

That the affiant was acquainted with _William J. Slingerland___, 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 deed, said property located in Cook County, Illinois, and legally described as follows:

THE SOUTH 30 FEET OF THE SOUTH ½ OF LOT 8 IN PLOCK 7 IN W.F. KAISER AND CO'S ADDISON HEIGHTS SUBDIVISION OF THE SOUTH ½ OF THE NORTHEAST ¼ OF SECTION 19, TOWNS 10 ½ 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDINA. IN COOK COUNTY, ILLINOIS.

Property Address: 3<u>727 N. NOTTINGHAM AVE., CHICAGO, IL 60634</u> PIN # <u>13-19-120-053-0000</u>

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests

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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:

That the decedent died on <u>AUGUST 9, 2005</u> leaving NO / A last will and testament:

That the total value of decedents estate including the taxable interest in the above property was less than \$ 50,000.

That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full:

That the aftiant makes this affidavit to induce the title insurance company (ATG Title) 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 the title insurance company (Attorneys' Title) harmless and to reimburse the title insurance company for all loss, costs, damages, suits, attorney fees and expenses of every kind and nature which the title insurance company 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 William J. Slingeria: d the decedent:
- 2) Illinois State Inheritance Tax and Federal Estate Tax v/hich may be charged against the estate of said decedent;

3) Legacies, if any, created by the will of said decedent;

4) Rights to contribution.

Subscribed and sworn before me this 30 day of onto

Notary Pul

DEPARTMENT OF PUBLIC HEALTH CITY OF CHICAGO

MULTICOLOR SIGNATURE SEAL IS AFFIXED. THIS CERTIFICATE COPY VALID WHEN

(BASEDON,1980) I S STAND



SHEET IS A TRUE COPY OF A RECORD OF ILLINOIS AND THE ORDINANCES OF ACCOMPANYING CERTIFICATE ON THIS BY VIRTUE OF THE LAWS OF THE STATE CERTIFY THAT I AM THE KEEPER OF THE CITY OF CHICAGO, DO HEREBY LAW AND ORDINANCES KEPT BY ME IN ORDINANCE OF SAID AND DEATHS FOR THE CITY OF CHICAGO THE RECORDS OF BIRTHS, STILLBIRTHS FEGISTRAR OF VITAL STATISTICS OF I, IOHN L. WILHELM M.D., LOCAL THE CITY OF CHICAGO; THAT THE

CITY OF CHICAGO COUNTY OF COOK STATE OF ILLINOIS 3

1428841008 Page: 3 of 3 PATE OF OPERATION, IF ANY VR200 (Rev. 5/89) FUNERAL DIREG BURIAL, GREMATION, REMOVAL (SPECIFY)
24 J. NT ERMENT CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDEFILYING CAUSE LAST. 25. MONTCLAIR-LUCANIA F/H FUNERAL HOME స్ట NAME OF ATTENDING PHYSICIAN IF OTHER THAN CENTIFIEF NAME (NO ADDRESS O TO THE BEST OF MY KNOWLEDGE, BES (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIMMER ALIVE ON PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART. 17a PENNY SLINGERLAND INFORMANT'S NAME (TYPE OF PRINT) FATHER-NAME 13e ILLINOIS STATE 2a SIGNATURE RESIDENCE (STREET AND NUMBER)
3727 N.NOTTINGHAM 18 PART I CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER resulting in death) Immediate Cause (Final 10.350-44-6428 SOCIAL SECURITY NUMBER PORTHUME (CHYANDSTATE OR FOREIGN CHICAGO, IL COUNTY OF DEATH disease or condition DISTRICT NO. 16-10 NUMBER DECEASED-NAME REGISTERED CHICAGO COOK FRANK R'S SIGNAT (DOY) Enter the diseases, or complication shock, or heart failure. List only 24b ALL SAINTS CEMETERY CEMETERY OR OREMATORY_NAME 13f. 60634 ZIP CODE (b)
DUE TO, OR AS A CONSEQUENCE OF WILLIAM ত DUE TO, OR AS ACONSEQUENCE OF <u>a</u>) MAN MIDDLE MAJOR FINDINGS OF OPERATION FIRST MARRIED, NEVERMARRIED, WIEDWED, DINORCED (SPECIFY) BALM A R.R. I.E.D. USUAL OCCUPATION 11a. HOCCUBBED AT THE TIME サイン!! MIGHEN HA BO BALL Iffinois Department of Public Health—Division of Vital Records LABORER MEDICAL CERTIFICATE SLINGERLAND RACE (WHITE, BLACK, AMERICAN RIDAM, OC.) (SPECIFY)
148 WHITE 6901 W. AGE-LAST BIRTHDAY (YRS) HOSPITAL OR OTHER INSTITUTION. NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) tions that caused the death. Do not enter the mode of dying, such as cardiac or re, hir lory arrest, by one cause on each line. STREET AND NUMBER OR R.F.D. MIDDLE 3727 E (TYPE OR PRINT) BELMONT AVE. <u>당</u> 136 13.7 17b.WIFE EART 1/ E MO DUE TO THE CAUSE(S) STATED. RELATIONSH MARC MOS. DAYS CHICAGO TOWN, TWP, OH ROAD DISTRICT NO. SLINGERLAND STATE OF ILLINOIS NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) CHEO CHGO KIND OF BUSINESS OR INDUSTRY NOTTINGHAM 24 LOCATION . PENNY DOJUTREK ZST OF HISPANIC ORIGIN? (SPECIFYNOOR YES, IF YES, SPECIFY CUB. Y, N. F. JC, W, PUERTO RICAN, etc.) <u>,</u> DES MOTHER-NAME PIEROTTI 14b.XX NO HOURS MIN MAILING ADDRESS (STREET AND NO. OR R.F.L. CITY OR TOWN, STATE, ZIP) CHICAGO, U L 17c 3727 N. NOTTINGEAM CHGO.IL 60634 PLAINES, IL. ANNE CITY OR TOWN 21b. WAS COHONER OF MEDICA EXAMINER NOTIFIED? (YESA) OF DEATH GO, IL. MALE O YES DATE OF BIRTH (MONTH, DAY, YEAR) 5d.SEPTEMBER PUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-014379 EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)

Elementary/Sacondary (0-12) College (1-4 or 5+) DATEFILEDBY LOCA 60634 WESNOTES SPECIFY 13c CAESAO MO NO AUGUST MIDOLE AUG Š IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? DATE SIGNEO 201 0 36 OB 16 ILLINOIS LICENSE NUMBER HOUR OF DEATH HEGISTRAR (MONTH DAY COCNEY I 2005 YES | NO | RF AM INJURY WAS REVOLVED IN THIS I THE COROMERI OR MEDICAL EXAMINI BE NOTIFIED. STATE FILE 'n COOK WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH? (YES/NO) IF HOSP, OR INST, INDICATE D.O.A. OP/EMEA. RM, INPATIENT (SPECIFY) DATE 195 _{24d}AUG. 13, 2005 1952 (MAJDEN) LAST 2:00 P. APPROXIMATE INTERVAL BETWEEN CHISET AND DEATH (MONTH, DAY, YEAR) WAS DECEASED EVEN IN ARMED FORCES? (YES) 2005 (MONTH, DAY, YEAR) ΖĮΡ