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DECEASED JOINT TENANCY AFFIDAVIT



STC 01/16-28070
1/3 we

Doc#: 1430919148 Fee: \$50.00
RHSP Fee:\$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 11/05/2014 03:58 PM Pg: 1 of 7

WHEN RECORDED, MAIL TO:
James D. Zazakis, Esq.
4315 North Lincoln
Chicago, Illinois 60618

CHRISTINA M. SMITH, being first duly sworn on oath, states that she resided at 2619 W. Eastwood Avenue, Chicago, Illinois 60625.

That she was a joint owner along with **JEFFREY T. SMITH** (the "Deceased"), who, at the time of his death, was one of the joint owners of the land in Cook County, Illinois, described as follows:

SEE LEGAL DESCRIPTION ATTACHED AS EXHIBIT A

Permanent Index No.:13-13-212-016-0000

Property Address: 2619 W. Eastwood Avenue, Chicago, Illinois 60625.

That the Deceased died on December 25, 1990, as evidenced by a copy of the death certificate attached hereto.

That the Deceased died:

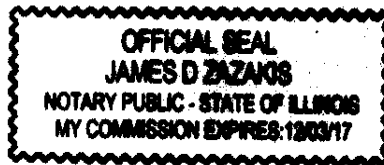
- () leaving a Last Will and Testament which was filed in the Unproven Will Box in the Circuit Court of _____ County, Illinois on or about _____.
- () leaving a Last Will and Testament which is attached hereto.
- () leaving no Last Will and Testament.

That the gross estate of the Deceased at the time of death, as defined by the Internal Revenue Code of 1986, as amended, does not exceed the sum of \$100,000.00.

DATED this 17 Day of October, 2014.

Christina M. Smith
Christina M. Smith

STEWART TITLE
800 E. DIEHL ROAD
SUITE 100
NAPERVILLE, IL 60563



SUBSCRIBED and SWORN to before me this 17th day of October, 2014.

Notary Public
My Commission Expires:

PREPARED BY: James D. Zazakis, Esq., 3832 N. Ashland Avenue, Suite 1S, Chicago, Illinois 60613.

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P 7
S X
SC Y
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ALTA Commitment (6/17/06)

COMMITMENT FOR TITLE INSURANCE SCHEDULE A

Exhibit A - Legal Description

Lot 47 in Block 22 in Ravenswood Gardens a Subdivision of that part of the West 1/2 of the North East Quarter and the East 1/2 of the North West 1/4 of Section 13, Township 40 North, Range 13 East of the Third Principal Meridian, lying North East of Sanitary District right of way (except the right of way of the North West elevated railroad) in Cook County, Illinois.

Property of Cook County Clerk's Office

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REGISTRATION DISTRICT NO. **16.10**

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER
624396

DEC 27 1990

DECEASED-NAME FIRST MIDDLE LAST
JERRY J SMITH

SEX **2 MALE** DATE OF DEATH (MONTH, DAY, YEAR) **9 DEC. 25, 1990**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **COOK** COUNTY OF **COOK** CITY OF **CHICAGO**

1. COUNTY OF DEATH **COOK** AGE-LAST BIRTH-DAY (YRS) **58.33** UNDER 1 YEAR **0** HOURS **0** MIN **0**

2. DATE OF BIRTH (MONTH, DAY, YEAR) **NOVEMBER 9, 1957**

3. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **CHICAGO** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **ILLINOIS MASONIC MEDICAL CENTER**

4. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **CHICAGO ILLINOIS** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARRIED (SPECIFY) **MARRIED** NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) **CHRISTINA M. CLARK**

5. SOCIAL SECURITY NUMBER **[REDACTED]** USUAL OCCUPATION **TEACHER** KIND OF BUSINESS OR INDUSTRY **EDUCATION**

6. EDUCATION (SPECIFY ON HIGHEST GRADE/ABLE TO COLLEGE) **4**

7. RESIDENCE (STREET AND NUMBER) **2619 W. EASTWOOD** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **CHICAGO** INSIDE CITY (YES/NO) **YES** COUNTY **COOK**

8. STATE **ILLINOIS** ZIP CODE **60625** RACE (WHITE, BLACK, AMERICAN INDIAN, PACIFIC ISLANDER, OTHER SPECIFY) **WHITE**

9. FATHER-NAME FIRST MIDDLE LAST **DONALD SMITH** MOTHER-NAME FIRST MIDDLE LAST **HANSEN**

10. INFORMANT'S NAME (TYPE OR PRINT) **IVETTE RIVERA** FEEL FREE TO FURNISH RECORDS **17c. 836 W. WELLINGTON, CHGO: IL: 60657**

11. IMMEDIATE CAUSE (Final disease or condition resulting in death) **KAPOSIS SARCOMA** MONTHS **0** YEARS **0**

12. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. **(b) ACQUIRED IMMUNE DEFICIENCY SYNDROME**

13. DATE OF OPERATION, IF ANY **NO** MAJOR FINDINGS OF OPERATION **NO**

14. (10b) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON **DEC. 24, 1990** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) **NO**

15. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED. **6:40P M.**

16. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **IRA PIEL, M.D. 2835 SHEFFIELD CHGO: IL: 60657** DATE SIGNED **DEC. 26, 1990**

17. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) **[REDACTED]** ILLINOIS LICENSE NUMBER **36-043775**

18. RURAL CREMATION, REMOVAL (SPECIFY) **NO** CEMETERY OR CREMATORY-NAME **ILLINOIS** LOCATION **24d LOMBARD** CITY OR TOWN **ILLINOIS** STATE **ILLINOIS** DATE (MONTH, DAY, YEAR) **28, 1990**

19. FUNERAL HOME **24c PHOENIX** STREET AND NUMBER OR R.F.D. **24c LOMBARD** CITY OR TOWN **ILLINOIS** STATE **ILLINOIS** DATE (MONTH, DAY, YEAR) **28, 1990**

20. FUNERAL HOME **24c PHOENIX** STREET AND NUMBER OR R.F.D. **24c LOMBARD** CITY OR TOWN **ILLINOIS** STATE **ILLINOIS** DATE (MONTH, DAY, YEAR) **28, 1990**

21. LOCAL REGISTRAR'S SIGNATURE **[Signature]** WESTLEY A. STINICH

22. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **DEC 27 1990**

23. LOCAL REGISTRAR'S SIGNATURE **[Signature]** WESTLEY A. STINICH

24. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **DEC 27 1990**

25. FURNER'S NAME, ADDRESS AND PHONE NUMBER **RAMME FUNERAL HOME 3918 IRVING PARK CHICAGO ILLINOIS 60618**

26. FURNER'S SIGNATURE **[Signature]** WESTLEY A. STINICH

27. LOCAL REGISTRAR'S SIGNATURE **[Signature]** WESTLEY A. STINICH

28. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **DEC 27 1990**

29. LOCAL REGISTRAR'S SIGNATURE **[Signature]** WESTLEY A. STINICH

30. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **DEC 27 1990**

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH - DIVISION OF VITAL RECORDS

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LAST WILL AND TESTAMENT

OF

JEFFREY T. SMITH

I, JEFFREY T. SMITH, of CHICAGO, IL, hereby revoke all prior wills and testamentary instruments.

SECTION ONE

I give all of my personal effects, household goods, automobiles and all other items of goods and chattels to my wife CHRISTINA M. SMITH (hereinafter my "wife"), if she survives me.

SECTION TWO

I give the residue of my estate, excluding any property over which I have a power of appointment, to my wife, if she survives me. If she does not survive me, I give the residue of my estate to my mother, Nancy J. Smith, if she survives me.

SECTION THREE

No person hereinabove named or described in this Will shall be deemed to have survived me unless he or she is living on the thirtieth (30th) day after the day of my death.

SECTION FOUR

1. I name my wife as the executor of this Will. If for any reason she is unable or unwilling to act, I name Nancy J. Smith as executor.

I direct that no security on the executor's bond be required of any executor named herein.

I direct the executor to pay out of the residue of my estate passing hereunder all expenses of administering my estate

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and all estate, inheritance, transfer and succession taxes other than any tax on a generation-skipping transfer which is not a liability of my estate (including interest and penalties, if any) which become due by reason of my death. I waive on behalf of my estate any right to recover from any person, including any beneficiary of insurance upon my life, any part of such taxes.

4. I give the executor the following powers and discretions, in each case to be exercisable without court order:

(a) To sell at public or private sale, to retain, to lease, to borrow money and for that purpose to mortgage or to pledge, all or part of the real or personal property of my estate;

(b) To settle claims in favor of or against my estate;

(c) To exercise or not to exercise any election or option granted to executors by the Internal Revenue Code in force at my death, even though such exercise or non-exercise increases or decreases estate principal or income, without adjustment to principal or income;

(d) To distribute the residue of my estate in cash or in kind or partly in each, and for this purpose the determination of the executor as to the value of any property distributed in kind shall be conclusive;

(e) To execute and deliver any deeds, contracts, mortgages, bills of sale or other instruments necessary or desirable for the exercise of the executor's powers and discretions; and

(f) To employ and pay reasonable compensation to agents and counsel, including investment counsel.

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STATE OF ILLINOIS)

COUNTY OF C O O K)

We, the attesting witnesses to the Will of JEFFREY T. SMITH, on oath state that each of us was present and saw the testator sign the Will, to which this Affidavit is attached, in our presence; that the Will was attested by each of us in the presence of the testator and the other witnesses; and that each of us believed the testator to be of sound mind and memory at the time the testator signed the Will and at the time we signed as witnesses.

Richard Repearing

Ginnette McCorquodale

Subscribed and sworn to
before me this 17th
day of December, 1990.

John W. Speari

