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JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

Doc#: 1505055159 Fee: \$42.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 02/19/2015 12:18 PM Pg: 1 of 3

WILLIAM G. HOLZAPFEL,
hereby referred to as the affiant, states under
oath that the affiant resides at _____
425 W. Burning Tree Lane

In the City of Arlington Heights,
State of Illinois;
that the affiant was acquainted with _____
JOANNE E. HOLZAPFEL aka JOAN E. HOLZAPFEL,
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:

LOT 12 IN BLOCK 5 IN BERKLEY SQUARE UNIT 7, A SUBDIVISION OF PART OF THE
SOUTHEAST 1/4 OF SECTION 7 AND PART OF THE SOUTHWEST 1/4 OF SECTION 8
TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN,
ACCORDING TO THE PLAT THEREOF RECORDED 8/8/68 AS DOCUMENT 20578659,
IN COOK COUNTY, ILLINOIS

PIN NO. 03-07-403-044-0000

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 23, 2009, leaving ~~no~~ a last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ 200,000.00, and that the value of the above property individually was \$ 100,000.00.

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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JOINT TENANCY AFFIDAVIT (continued)

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 JOANNE E. HOLZAPFEL a/k/a JOAN E. HOLZAPFEL, 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.

William G. Holzappel (Seal)

_____ (Seal)

Subscribed and sworn to before me this

26th day of November, 2014
(Month) (Year)

Lisa Hendrix
(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:

James C. Siebert
(Name)

3325 N. Arlington Heights Rd., Suite 500
(Address)

Arlington Heights, IL 60004
(City, State, Zip)

Return to:

James C. Siebert
(Name)

3325 N. Arlington Heights Rd., Suite 500
(Address)

Arlington Heights, IL 60004
(City, State, Zip)

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CERTIFICATION OF DEATH RECORD

CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

DATE ISSUED 04/27/2009

STATE FILE NUMBER 2009 0015158

DECEDENT'S LEGAL NAME JOAN E HOLZAPFEL		SEX FEMALE	DATE OF DEATH APRIL 23, 2009																			
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 71 YEARS	DATE OF BIRTH NOVEMBER 21, 1937																				
CITY OR TOWN ARLINGTON HEIGHTS		HOSPITAL OR OTHER INSTITUTION NAME NORTHWEST COMMUNITY HOSPITAL																				
PLACE OF DEATH INPATIENT																						
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 356-28-5534	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME WILLIAM G HOLZAPFEL	EVER IN U.S. ARMED FORCES? NO																		
RESIDENCE 425 W BURNING TREE LANE		APT. NO.	CITY OR TOWN ARLINGTON HEIGHTS	INSIDE CITY LIMITS? YES																		
COUNTY COOK	STATE IL	ZIP CODE 60004	FATHER'S NAME GEORGE DOLAN	MOTHER'S NAME PRIOR TO FIRST MARRIAGE IRENE SOBCZAK																		
INFORMANT'S NAME WILLIAM G HOLZAPFEL		RELATIONSHIP HUSBAND	MAILING ADDRESS 425 W BURNING TREE LANE, ARLINGTON HEIGHTS, IL, 60004																			
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION IRVING PARK CEMETERY	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION APRIL 27, 2009																		
FUNERAL HOME GLUECKERT FUNERAL HOME LTD, 1520 N. ARLINGTON HEIGHTS ROAD, ARLINGTON HEIGHTS, IL, 60004																						
FUNERAL DIRECTOR'S NAME THOMAS GOTLUND			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014754																			
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR APRIL 24, 2009																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="width: 20%; vertical-align: top;"> CAUSE OF DEATH IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small> </td> <td style="width: 10%;">PART I.</td> <td style="width: 60%;">END STAGE EMPHYSEMA</td> <td rowspan="4" style="width: 10%; text-align: center; vertical-align: middle;"> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH </td> <td style="width: 10%;"></td> </tr> <tr> <td>a.</td> <td>_____</td> <td>Due to (or as a consequence of):</td> <td></td> </tr> <tr> <td>b.</td> <td>RESPIRATORY FAILURE</td> <td>_____</td> <td>Due to (or as a consequence of):</td> <td></td> </tr> <tr> <td>c.</td> <td>_____</td> <td>Due to (or as a consequence of):</td> <td></td> </tr> </table>					CAUSE OF DEATH IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	PART I.	END STAGE EMPHYSEMA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		a.	_____	Due to (or as a consequence of):		b.	RESPIRATORY FAILURE	_____	Due to (or as a consequence of):		c.	_____	Due to (or as a consequence of):	
CAUSE OF DEATH IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	PART I.	END STAGE EMPHYSEMA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH																			
	a.	_____		Due to (or as a consequence of):																		
	b.	RESPIRATORY FAILURE		_____		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.			WAS AN AUTOPSY PERFORMED? NO																			
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A																			
DID TOBACCO USE CONTRIBUTE TO DEATH? YES			MANNER OF DEATH NATURAL																			
FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR			INJURY AT WORK?																			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY																				
LOCATION OF INJURY				IF TRANSPORTATION INJURY, SPECIFY:																		
DESCRIBE HOW INJURY OCCURRED:																						
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE APRIL 23, 2009	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 10:30 AM																		
CERTIFIER PHYSICIAN			DATE CERTIFIED APRIL 23, 2009																			
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH GOODE, GALINA, 3880 SALEM LAKE STE F, LONG GROVE, ILLINOIS, 60047			PHYSICIAN'S LICENSE NUMBER 036099384																			



This is to certify that this is a true and correct copy from the official death record filed with Illinois Department of Health.

David Orr
 Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE