**UNOFFICIAL COPY** 



ATTORNEYS' TITLE GUARANTY FUND. INC.

## JOINT TENANCY AFFIDAVIT

STATE OF

**COUNTY OF** 



1514044068 Fee: \$42.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 05/20/2015 03:33 PM Pg: 1 of 3

Wheeling, IL. that the affiant was acquainted with Ucha Tanes SR; at the time of the decedent's death, the decedent was one of the owners of a parcel of property by virtue of a properly recorded joint tenancy or tenancy by the entirety deed, said property located in COOK County, Illinois, and legally described as follows:

IN BLOCK 4 IN TIERCE'S ADDITION TO HOLSTEIN, BEING A SUBDIVISION OF THE NORTH 1/2 OF THE SOUTHWEST 1/4 OF SECTION 31, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT RECORDED DECEMBER 21, 1854, IN COOK COUNTY, ILLINOIS.

Property: 1932 N. Oakley, Chicago, 74, 60647

PIN: 14-31-301-027-0000

The decedent died on \_\_\_\_\_\_/3, 20/ WITHOUT a last will and testament;

The decedent had no interest in any business or partnership, nor held provided 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 value of the estate was

The total value of decedent's estate, including the taxable interest in the above property, is \$ under \$675,000, and that the value of the above property individually is \$ the value of

the estate was under \$675,000.00

The State Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from the discontinuous 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.

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, damage, 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 Uch Jones SR, deceased, 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.

15-260511

at m. Turrest

NORTH AMERICAN TITLE COMPANY

ATG FORM 3007 © ATG (REV. 1/00)

Prepared by ATG



1514044068 Page: 2 of 3

(continued)

Subscribed and sworn to before me this

21/2 day of Oc

(Notary Public)

Arnold Rivera

Notary Public, State of Illinois My Commission Expires 6/18/2016

My commission expires:

ion expires:

se decedent left a with, ertificate and evidence of p.

trument prepared by:

Apro & Arona Aro Note: If the decedent left a will, a continuous thereof has be presented to ATG for inspection, along with a certified copy of the death certificate and evidence of payment of death taxes, if any.

This instrument prepared by:

# THE WOHD VOID APPEARS WHEN PHOTOCOPIED

# CERTIFICATION OF DEATH RECORD

# COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

		MEDI	CAL CENTIFI	CALE OF DEA	FH 1955 T	i li sak	-	
STATE FILE NUMBER 2014 00	03703							
DECEDENTS LEGAL NAME VICTOR M TORRES				A Signatural Company	SEX	DATE OF DEATH		1/24/201
COUNTY OF DEATH		AGE AT LAST BIS		DATE OF	MALE BIRTH GH 27, 1923	JANUARY 1	3, 2014	
CITY OR TOWN CHICAGO			HOSPITAL 1932 N	OR OTHER INSTITUTION	N NAME			
PLACE OF DEATH DECEDENT'S HOME								<u> </u>
BIRTHPLACE UNKNOWN, PR			IS AT TIME OF DEATH OWED	SURVIVING SPO	USECIVIL UNION PARTN	HS MAIDEN RANE	EVER IN U.S. A	
RESIDENCE 1932 N OAKLEY AVE			APT. NO.	CITY OR TOWN		1	NSIDE CITY LIMIT	
COUNTY STATE	ZIF CODE	FATHERICO PARENT	S NAME PRIOR TO FIRST	WARRIAGE/CIVIL UNION	MOTHERICO PARENT UNKNOWN L	S MANY PRIOR TO FI	YES RET HARRIAGE/CIVI	IL UNION
INFORMANT'S NAME GLADYS TORRES		RELATIONS DAUGI	HIP	MAILING ADDI				
METHOD OF DISPOSITION CREMATION		FOF DISPOSITION	TION SERVICE	LOCATION C	TY OR TOWN AND S	ATE. DATE OF	DISPOSITION	
PUNERALHOME GERARD MORGAN JR FL			THE STATE OF THE	1. (24°) 2 3 1.4	22 22 31	JANUA	RY 16, 2014	
FUNERAL DIRECTOR'S NAME GERARD MORGAN JR				IC, OENGENVILLE	FUNERAL DIRECT	OP'S ILLINOIS LICI	ENSE NUMBER	
LOCAL REGISTRAR'S NAME DAVID-ORR					034014745 DATE FILED WITH JANUARY 1	LOCAL REGISTRA	R	
CAUSE OF DEATH PART I	UREMIA.				I ONISOMAL E	, 2014		
IMMEDIATE CAUSE a. Final disease or condition				)			7 DAY	<b>'</b> S
Peaulting in death) . 0.	OBSTRUCTIVE	UROPATHY	Due to (or as a consequin				2 MOI	MITLLE
			Due to (or as a consequen	oit of)			2 19)()1	vino.
<b>.</b>	PROSTATE CA	NCER						
PART II F			Due to jor as a consequent	a of)			7 YEA	HŞ.
PART II. Enter other aignificent confi	them contributing	to death but not res	uiting in the underlying	cause given in PART I	WAS A	N'AUTOPSY PERF	ORMED? NO	
FEMALE PREDINANCY STATUS					1372 0'-	ALTOPSY FINDING ETE CAUSE OF D	SS USED TO .	
NOT APPLICABLE					MV AND	TOF DEATH		
DATE OF INJURY	<b>1</b>	ME OF INJURY	PLACE OF IN	UURY			INJURY AT WO	RKT
LOCATION OF INJURY								
DESCRIBE HOW INJURY OCCURRED				<u> </u>		IF TRANSPORTA	TeO a Via Lettik Pro	réme S
						ir inesseonia	IN A THE SPI	ECIFY
	TE LAST SEEN ALT JANUARY 11, 1		DICAL EXAMINER OR ER CONTACTED?		RONOUNCED		TIME OF DEATH	
CERTIFIER PHYSICIAN						DATE CERTIFIES		
NAME ADDRESS AND ZIP CODE OF JOSH BARU, ILLINOIS	PERSON COMPLET	TING CAUSE OF DE	ATH				UCENSE NUMBE	R 🦠



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.



