



Doc#: 1514722065 Fee: \$64.00  
RHSP Fee:\$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 05/27/2015 11:33 AM Pg: 1 of 3

JOINT TENANCY AFFIDAVIT

State of Illinois )  
                          )     SS.  
County of Cook    )

Kimberly Kainrath, hereinafter referred to as the affiant, states under oath that the affiant resides at 2717 W. 55<sup>th</sup> Street in the City of Chicago, Illinois; that the affiant was acquainted with Robert G. Kainrath, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of properly recorded joint tenancy warranty deed, said property located in Cook County, Illinois, and legally described as follows:

SEE ATTACHED LEGAL DESCRIPTION

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 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 May 8, 2009, leaving no a last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$200,000; and

That the value of the above property individually was \$100,000

That the affiant makes this affidavit to induce **ATTORNEYS' TITLE INSURANCE FUND, INC.** 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 INSURANCE FUND, INC.** harmless and to reimburse the Fund for all loss, costs, damages, suits, attorney's fees and expenses and every 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 Robert G. Kainrath, the decedent;
2. Illinois State Inheritance Tax and Federal Tax which may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights to contribution.

Kimberly Kainrath (Seal)

\_\_\_\_\_ (Seal)

Subscribed and Sworn to before me

this 1st day of Dec, 2014.  
N Siedlecki  
Notary Public



This document prepared by and please return to: Nancy Siedlecki, 5300 Main Street, Downers Grove, IL 60515.

Vertical stamp: S, D, S, M, C, Y, N, 7/16

# UNOFFICIAL COPY

## LEGAL DESCRIPTION

LOTS FIVE AND SIX IN THE RESUBDIVISION OF LOTS ONE TO FIVE INCLUSIVE IN CHICAGO TITLE AND TRUST COMPANY'S SUBDIVISION OF THE EAST HALF OF THE WEST HALF OF THE NORTH WEST QUARTER OF THE NORTH EAST QUARTER AND THE SOUTH WEST QUARTER OF THE NORTH EAST QUARTER OF SECTION THIRTEEN, TOWNSHIP THIRTY-EIGHT, NORTH, RANGE THIRTEEN, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

ADDRESS: 2717 W. 55<sup>TH</sup> STREET, CHICAGO, ILLINOIS 60632

PIN NOS: 19-13-201-004-0000 & 19-13-201-005-0000

Property of Cook County Clerk's Office

# UNOFFICIAL COPY

REGISTRATION DISTRICT NO. <b>16.10</b>		<b>STATE OF ILLINOIS CERTIFICATE OF DEATH</b>				STATE FILE NUMBER
LOCAL FILE NUMBER		1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) <b>ROBERT G. Kainrath</b>		2. SEX <b>M</b>	3. DATE OF DEATH (Month/Day/Year) (Spell Month) <b>05/08/09</b>	
4. COUNTY OF DEATH <b>COOK</b>		5a. AGE AT LAST BIRTHDAY (years) <b>66</b>	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Month/Day/Year) <b>July 4, 1942</b>	
7a. CITY OR TOWN <b>CHICAGO</b>			7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) <b>2717 W. 55TH STREET</b>			
7c. PLACE OF DEATH (Check only one; see instructions) IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input checked="" type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____						
8. BIRTHPLACE (City and State or Foreign Country) <b>Blue Island, IL</b>		9. SOCIAL SECURITY NUMBER <b>341-32-6613</b>		10. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) <b>Carol Hagan</b>
12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13a. RESIDENCE (Street and Number) <b>2717 W. 55TH STREET</b>		13b. APT. NO.	13c. CITY OR TOWN <b>CHICAGO</b>	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13e. COUNTY <b>COOK</b>		13f. STATE <b>IL</b>	13g. ZIP CODE <b>60632</b>	14. FATHER'S NAME (First, Middle, Last) <b>Robert Kainrath</b>		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>Dorothy Hameister</b>
16a. INFORMANT'S NAME <b>Carol Kainrath</b>		16b. RELATIONSHIP <b>WIFE</b>		16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) <b>2717 W. 55TH STREET, CHICAGO, IL</b>		
17. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____		18. PLACE OF DISPOSITION (Name of cemetery or other place) <b>St. Casimir Cemetery</b>		19. LOCATION - CITY, TOWN AND STATE <b>Chicago, IL</b>		20. DATE OF DISPOSITION (Month/Day/Year) <b>May 12, 2009</b>
21a. FUNERAL HOME - NAME <b>SZYKOWNY FUNERAL HOME</b>		21b. FUNERAL HOME - STREET AND NUMBER <b>4901 S. ARCHER AVE.</b>		21c. FUNERAL HOME - CITY OR TOWN <b>CHICAGO</b>		21d. FUNERAL HOME - STATE <b>IL</b>
21e. FUNERAL HOME - ZIP <b>60632</b>		21f. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034-011163</b>		21g. FUNERAL DIRECTOR'S SIGNATURE <i>Jonathan F. Siedlecki</i>		
22. LOCAL REGISTRAR'S SIGNATURE <i>May Johnson MD</i>		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) <b>051109</b>				
24. PART I. Enter the chain of events, diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.						
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>Chances of Bladder with Metastases</b> Due to (or as a consequence of):						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. <b>Smoking</b> Due to (or as a consequence of):						
c. <b>Hypertension</b> Due to (or as a consequence of):						
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.						25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown						26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No
28. IF FEMALE: <input type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death		29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation				
30. DATE OF INJURY (Month/Day/Year)		31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area)		33. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
34. LOCATION OF INJURY - Street and Number, Apartment Number, City or Town, State, ZIP Code						
35. DESCRIBE HOW INJURY OCCURRED: IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify): _____						
37. I (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON <b>10/11/08</b>		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		39. DATE PROMULGATED <b>5/5/09</b>		40. TIME OF DEATH <b>1:30 P.M.</b>
41. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.						
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) <b>Win Myint MD 4700 W 95th Oak Lawn IL 60453</b>					43. PHYSICIAN'S LICENSE NUMBER <b>IL036081876</b>	
44. TITLE OF CERTIFIER <b>MD</b>		45. DATE CERTIFIED (Month/Day/Year) <b>5/9/09</b>		46. SIGNATURE OF CERTIFIER <i>Win Myint</i>		

Illinois Department of Public Health - Division of Vital Records (Based on the 2003 U.S. Standard Certificate) VR200 (Rev. 1/08)

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

CITY OF CHICAGO  
DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN  
EMPOWERED SEAL IS APPLIED OVER  
REGISTRAR'S SIGNATURE

*Cheryl Mason MD*

JERRY WAGON, M.D., LOCAL  
REGISTRAR OF VITAL STATISTICS OF  
CHICAGO THAT I AM THE REGISTRAR OF  
THE RECORDS OF BIRTH, STILLBIRTH  
AND DEATH FOR THE CITY OF CHICAGO  
BY VIRTUE OF THE LAWS OF THE STATE  
OF ILLINOIS AND THE ORDINANCES OF  
THE CITY OF CHICAGO, THAT THE  
ACCOMPANYING CERTIFICATE ON THIS  
SHEET IS A TRUE COPY OF A RECORD  
KEPT BY ME IN OBEYANCE OF SAID  
LAWS AND ORDINANCE.

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO  
**051109**