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JOINT TENANCY AFFIDAVIT

STATE OF IL)
) SS
COUNTY OF Cook)



Doc#: 1517312034 Fee: \$42.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 06/22/2015 10:56 AM Pg: 1 of 3

150406300393

Ronald Clarke,
hereby referred to as the affiant, states under
oath that the affiant resides at
522 Cloud Ct

In the City of Schaumburg,
State of IL;
that the affiant was acquainted with

Roberta Clarke,
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
IL, and legally
described as follows:

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Legal Description:

Lot 12149 in Weathersfield Unit No. 12, being a Subdivision in the Northwest 1/4 of Section 29, Township 41 North, Range 10, East of the Third Principal Meridian, and the Southwest 1/4 of Section 20, Township 41 North, Range 10, East of the Third Principal Meridian, according to the Plat thereof recorded August 21, 1967 as Document No. 20234745, all in Cook County, Illinois.

522 CLOUD CT. SCHAUMBURG, IL 60193
07-29-104-024-0000

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 8/20/11, leaving no/a last will and testament.

The total value of decedent's estate, including the taxable interest in the above property was \$ <15,000.00, and that the value of the above property individually was \$ <15,000.00.

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.

Attorneys' Title Guaranty Fund, Inc.
13. Wacker Dr., STE 2400
Chicago, IL 60605-1650
Attn: Search Department

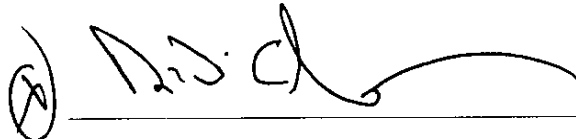
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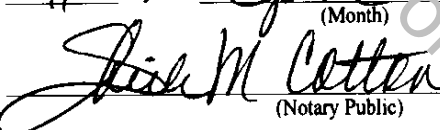
JOINT TENANCY AFFIDAVIT (continued)

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 Roberta Clarke, 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.

 _____ (Seal)
 _____ (Seal)

Subscribed and sworn to before me this

11 day of June, 2015
 (Month) (Year)

 (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:

Return to:

Law Offices of
 David R. Schlueter, Ltd.
 401 W. Irving Park Rd.
 Itasca, IL 60143
 (630) 285-5300
 (City, State, Zip)

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CERTIFICATION OF DEATH RECORD

COPY

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

STATE FILE NUMBER 2011 0062307

DATE ISSUED 08/24/2011

DECEDENT'S LEGAL NAME ROBERTA MARIE CLARKE		SEX FEMALE	DATE OF DEATH AUGUST 20, 2011
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 59 YEARS	DATE OF BIRTH DECEMBER 26, 1951	
CITY OR TOWN SCHAUMBURG		HOSPITAL OR OTHER INSTITUTION NAME 522 CLOUD CT	
PLACE OF DEATH DECEDENT'S HOME			
BIRTHPLACE CHICAGO, IL	MARRIAGE LICENSE NUMBER	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME RONALD JAMES CLARKE
EVER IN U.S. ARMED FORCES? NO			
RESIDENCE 522 CLOUD CT		APT. NO.	CITY OR TOWN SCHAUMBURG
INSIDE CITY LIMITS? YES			
COUNTY COOK	STATE IL	FATHER'S NAME ROBERT TITSCHLER	MOTHER'S NAME PRIOR TO FIRST MARRIAGE MILDRED DE BARTOLO
INFORMANT'S NAME RONALD JAMES CLARKE	RELATIONSHIP HUSBAND	MAILING ADDRESS 522 CLOUD CT, SCHAUMBURG, IL, 60183	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION ARBON LAINTE CREMATORY	LOCATION - CITY OR TOWN AND STATE WEST CHICAGO, IL	DATE OF DISPOSITION AUGUST 27, 2011
FUNERAL HOME DUPAGE CREMATIONS LTD, 951 W. WASHINGTON ST., WEST CHICAGO, IL, 60185			
FUNERAL DIRECTOR'S NAME ALEX J CARBONARA		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014858	
LOCAL REGISTRAR'S NAME DAVID ORR		DATE FILED WITH LOCAL REGISTRAR AUGUST 23, 2011	
CAUSE OF DEATH		PART I. CARCINOMATOSIS	
IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>		a. _____ <small>Due to (or as a consequence of)</small>	
		b. BREAST CANCER <small>Due to (or as a consequence of)</small>	
		c. _____ <small>Due to (or as a consequence of)</small>	
		UNKNOWN UNKNOWN	
		UNKNOWN UNKNOWN	
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. DIABETES, BRAIN METASTASIS		WAS AN AUTOPSY PERFORMED? NO	
		WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DID TOBACCO USE CONTRIBUTE TO DEATH?	FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR	MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
LOCATION OF INJURY			
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE AUGUST 11, 2011	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED
			TIME OF DEATH 02:48 AM
CERTIFIER PHYSICIAN		DATE CERTIFIED AUGUST 22, 2011	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH K MCGUIRE, 1555 BARRINGTON RD, STE 315, HOFFMAN ESTATES, ILLINOIS, 60169			PHYSICIAN'S LICENSE NUMBER 036064578

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.

David Orr
David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED