

# UNOFFICIAL COPY



151841026

Doc#: 1518941026 Fee: \$42.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 07/08/2015 09:53 AM Pg: 1 of 3

150730200742

1/3

Property of Cook County Clerk's Office

## JOINT TENANCY AFFIDAVIT

18552 WEST POINT DRIVE

TINLEY PARK, IL 60477

31-06-214-014-0000

Attorneys' Title Guaranty Fund, Inc.  
1000 North Dearborn Street, Suite 2400  
Chicago, IL 60610-4459  
Attorney-in-Charge Department

S Y  
P 1/3  
S N  
SC X  
INT [Signature]

# UNOFFICIAL COPY

150236200743

## JOINT TENANCY AFFIDAVIT

Prepared By & Return To:  
Lynn M. Hickey  
Hutchison, Anders & Hickey  
16860 South Oak Park Avenue  
Tinley Park, IL 60477

STATE OF ILLINOIS )  
 ) SS  
COUNTY OF COOK )

**Michael J. Grady**, hereby referred to as the affiant, states under oath that the affiant resides at 14838 Moorings Lane, Oak Forest, Illinois 60452; that the affiant was acquainted with **William J. Grady, Decedent**, 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:

Parcel 1: Lot 2 (Except the Westerly 78 Feet of the Northerly 70 Feet thereof) in West Point Meadows Unit 2 being a subdivision of part of the Southwest 1/4 of the Northeast 1/4 and part of the South 1/2 of the Northwest 1/4 of Fractional Section 6, Township 35 North, Range 13 East of the Third Principal Meridian, Lying North of the Indian Boundary Line according to the Plat thereof recorded March 24, 2000 as Document 00210552, in Cook County, Illinois.

Parcel 2: Non-Exclusive easement for ingress and egress appurtenant to and for the benefit of Parcel 1 as created by the Declaration of Covenants and Restrictions and Easements recorded as Document 99940254, as amended from time to time.

Permanent Index Number(s): 31-06-214-014-0000

Property Address: 18552 West Point Drive, Tinley Park, IL 60477

**ATGF, INC.**

The decedent died on June 24, 2002, leaving a last Will and Testament;

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 total value of decedent's estate, including the taxable interest in the above property, is \$166,900.00, and that the value of the above property individually is \$166,900.00;

The State Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from the decedent's estate has been paid in full;

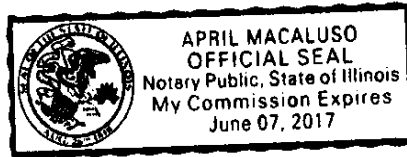
The affiant makes this affidavit to induce Attorneys' Title Guaranty Fund, Inc. (ATG) to issue its policy of title insurance on the above described property.

*Michael J. Grady*  
\_\_\_\_\_  
Michael J. Grady

Subscribed and sworn to before me this

25 day of JUNE, 2015  
(Month) (Year)

*April Macaluso*  
\_\_\_\_\_  
(Notary Public)



My commission expires: JUNE 7 2017

S  
P  
2  
N  
SC  
INT

# UNOFFICIAL COPY

## CERTIFICATION OF VITAL RECORD

# BLUE ISLAND, ILLINOIS

## DISTRICT 16.31

DECEASED'S BIRTH NO.	REGISTRATION DISTRICT NO. <b>16.31</b>	STATE OF ILLINOIS	STATE FILE NUMBER
	REGISTERED NUMBER <b>268</b>	<b>MEDICAL CERTIFICATE OF DEATH</b>	
DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR) <b>1. William J. Grady Male 3 June 24, 2002</b>			
COUNTY OF DEATH AGE—LAST BIRTHDAY (YR) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) <b>4. Cook 5a. 81 5b. 5d. June 13, 1921</b>			
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE D.O.A. OVERSEER, INPATIENT (SPECIFY) <b>6a. Blue Island 6b. St. Francis Hospital 6c. Inpatient</b>			
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) <b>7. Chicago, IL 8a. Married 8b. Betty J. Sporre 9. Yes</b>			
SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) <b>10. 11a. Trailer Driver 11b. Shipping 12. Elementary Secondary (0-12) College (1-4 or 5-)</b>			
RESIDENCE (STREET AND NO., CITY, TOWN, TWP. OR ROAD DISTRICT NO., INSIDE CITY (YES/NO), COUNTY <b>13a. 18552 West Point Dr. 13b. Tinley Park 13c. Yes 13d. Cook</b>			
STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <b>13e. Illinois 13f. 60477 14a. White 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:</b>			
FATHER—NAME FIRST MIDDLE LAST MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST <b>15. William J. Grady 16. Mary Mulrooney</b>			
INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <b>17a. Betty J. Grady 17b. Wife 17c. 18552 West Point Dr. Tinley Park, IL 60477</b>			
18. PART I. Enter the diseases, or complications that caused death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause in each line. APPROPRIATE INTERVAL BETWEEN ORBIT AND DEATH Immediate Cause (Final disease or condition resulting in death) → <b>(a) Acute Renal Failure</b> DUE TO, OR AS A CONSEQUENCE OF <b>(b) Pulmonary Edema</b> CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. <b>(c) Severe Thrombocytopenia</b>			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. AUTOPSY (YES/NO) HERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (YES/NO) <b>19a. No 19b.</b>			
DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? <b>20a. 20b. 20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>			
(WHO DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH <b>21a. 6/24/02 21b. No 21c. 8:42 A. M.</b>			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNED (MONTH, DAY, YEAR) <b>22a. SIGNATURE [Signature] 22b. 06-25-02</b>			
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER <b>22c. Rajiv Vasavada MD 2320 High St. Blue Island IL. 22d. 026099216</b>			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INMATE, WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED. <b>23.</b>			
BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) <b>24a. Entombment 24b. Holy Sepulchre 24c. Alsip, Illinois 24d. June 26, 2002</b>			
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP <b>25a. Blake-Lamb Funeral Home 4727 W. 103rd Street Oak Lawn Illinois 60453</b>			
FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>25b. [Signature] 25c. 03-4011832</b>			
LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>26a. [Signature] 26b. June 27, 2002</b>			

VR200 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1973'S STANDARD CERTIFICATE)

### CERTIFIED COPY OF VITAL RECORDS

I HEREBY CERTIFY THAT THE FOREGOING is a true and correct copy of the DEATH record for the individual named therein and that this record was established and filed in my office in accordance with the provisions of the ILLINOIS STATUTES relating to the registration of BIRTHS, STILLBIRTHS and DEATHS.

**D4852**

DATE ISSUED

**JUN 27 2002**

ISSUED AT:

13051 GREENWOOD AVE.  
BLUE ISLAND, ILLINOIS 60406

*[Signature]*  
LOCAL REGISTRAR

This copy not valid unless prepared on engraved border displaying seal and signature of Local Registrar.