## **UNOFFICIAL COPY**



ATTORNEYS'
TITLE
GUARANTY
FUND,
INC.

## JOINT TENANCY AFFIDAVIT

| STATE OF  | ILLINOIS | )    |
|-----------|----------|------|
|           |          | ) SS |
| COUNTY OF | COOK     | )    |



Doc#: 1519744049 Fee: \$42.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A.Yarbrough

Cook County Recorder of Deeds
Date: 07/16/2015 02:39 PM Pg: 1 of 3

Kimberly White, hereby referred to as the affiant, states under oath that the affiant resides at 407 W. Hilltop CT, Lowell, IN 46356; that the affiant was acquainted with Anthony Joseph Nadratowicz; 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:

LEGAL DESCRIPTION.

Lot 65 in Indian Hill Subdivision Unit No. 2, according to the Plat of said Subdivision recorded August 29, 1957 as document number 16999094, 80 sk 500 of Plats page 4 and 5, in Cook County, Illinois

Permanent Index Number: 32-25-411-026-0000

Property Address: 2203 221st St., Sauk Village, IL 50411

The decedent died on May 17, 2008, as evidenced by the attached death certificate;

The decedent had no interest in any business or partnership, nor held any zover of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein on 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 in no taxable estate, and that the value of the above property individually is no taxable estate;;

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

The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representative 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 Anthony Joseph Nadratowicz, 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.

Page 1 of 2 FOR USE IN: ALL STATES

Prepared by ATG REsource™

1519744049 Page: 2 of 3

Subscribed and sworn to before me this

day of June 30th

2015 (Year)

(Month)

My commission expires:

OFFICIAL SEAL CHRISTOPHER J CUMMINGS Notary Public - State of Illinois My Commission Expires Sep 15, 2018

Note: If the deceder: left a will, a certified copy thereof must 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: Christopher J. Cummings Christopher J. Cummings, P.C. 2024 Hickory Road, Suite 205 Homewood, IL 60430,

Coot County Clark's Office

1519744049 Page: 3 of 3

## UNOFFICIAL COPY

| REGISTRATION 99.0  |   |                          |                 | F ILLING                |  | . *                                 |   |                 |   |
|--|---|--------------------------|-----------------|-------------------------|--|-------------------------------------|---|-----------------|---|
| LOCAL FILE<br>NUMBER   |   | <b>V</b>                 |                 |                         |  | E FILE NUM                          | BER   |                 | 2   |
| 1. DECEDENT'S LEGAL NAME (Inclu  | to AKAs I any) (First, Middle,  | (bad)                    |                 |                         |  | 2. SEX                              | 3. DATE OF E                                | DEATH (Hond)    | VCay/Year) (Spell Month)                    |
| Anthony Joseph Nadr  | Blowicz   |                          |                 |                         |  | Male                                | May 17,                                     | 2008            |   |
| 4. COUNTY OF DEATH   | 5a. AGE AT LAST   | BIRTHDAY (Years)         |                 |                         | Sc. UNDER 1 DA   |                                     | 6. DATE OF BIRTH                            | (Month Day/Ye   | eri   |
| Will   | 80  |                          | Months          | Days                    | Hours  | Mirates                             | July 29, 1927                               |                 |   |
| 7s. CITY OR TOWN   | ··········  |                          | 76. H           | OSPITAL OR OT           | HER INSTITUTION N  | AME (II not in el                   | ther, give street and n                     | umber)          |   |
| Crete  |   |                          | S1.             | James Mano              | r and Villa  |                                     |   |                 |   |
| · · · · · · · · · · · · · · · · · · ·  |   | 7c. Pt.                  | ACE OF DEA      | TH (Check only o        | ne; sen instructions)  |                                     |   |                 |   |
| IF DEATH OCCURRED IN A HOSPITAL  |   |                          |                 |                         | OTHER THAN A HOSP  | IIAL                                |   |                 |   |
| ☐ Impotent ☐ Emergency Room  | Outpatient   Danie on   | and the state of the     | spice lacility  | 5 S                     | erLong term care tacilit   |                                     | nifs home   [] (N                           | ner (Specify):_ |   |
| B. BIRTHPLACE  | 9. SOCIAL SECURITY NU   | MBER 10.MA               | VAITAL STATU    | S AT TIME OF D          | EATH .   |                                     | ING SPOUSE'S NA                             |                 | 12. EVER IN U.S.                            |
| (City and State or Forcige Country) Significant PA   |   |                          | Married [       | Manual but sept         | valed 🔲 Widowid  | (il segar il                        | yve full name prior to i                    | first marriage) | ARMED FORCES                                |
| Of etel Minors II I'm  |   |                          | Divorced [      | Mever Memed             | Unknown  | Dora C                              | omplon                                      |                 | B Yes ☐ No                                  |
| 13a. RESIDENCE (Street and Number) 2203 221 st St.   | · <del>"</del> ·  | ISb. APT. F              |                 | CITY OR TOWN            |  |                                     | 134, INSIDE                                 | CITY UNUTS      | 1   |
| 13e, COUNTY 13L  | STATE   13a ZIP CODE  | 14, FATHER'S NA          | WE (First, Mid  | lde, Lasti              |  | 15. MOTHER:                         | S NAME PRIOR TO                             | FIRST MARK      | NAGE (First, Middle, Land)                  |
| Cook Illir   | iois 60411  | Anthony Na               |                 | •                       |  | Mary Bla                            |   |                 |   |
| 184. P. ORM, YTS HAME  | <del></del>   | 100. RELATIONS           | HOP             | 1                       | 18c. MAILING ADDR  | ESS (Sheet are                      | No . City or Town. St                       | ste, ZP Codel   | <u> </u>                                    |
| Dora Nagretowicz   |   | Wife                     |                 | - 1                     | 2203 221st St.   |                                     |   |                 | $v = v_0$                                   |
| 17.METHO! OF PTOSITION: 图 8  |   | DISEOSITION DAM          | o of percetage  | crematory, other)       | 18 LOCATION - GITY   | TOWN AND S                          | TAVE 20.1                                   | MIE OF DIST     | CETTON (Marin/Cay/No.                       |
| Committee (I) Median (III  | Lowell Me   | morial Cemete            | erv             |                         | Lowell, Indiana  | 3                                   |   | day 2           | 0. 2008                                     |
| 21a_FUNEFAL HOY 4 NAV  |   | TREET AND MAKE           | <u> </u>        |                         |  |                                     | STATE                                       |                 | ZDF   |
| Hack Funeral Hom . Vo  |   | Albages Street           |                 |                         | LOWEI.   | Ĭ, In.                              | ) Minols                                    |                 | 60401                                       |
| 216. FUNERAL DIRECTOR'S BIGN'  | UBC / / Ł   | 1100203 311001           |                 |                         |  | 21c. FUNERAL                        | CIRECTOR'S ILLIN                            |                 |   |
| Ditt len   | Cake Che  | endouf                   |                 |                         |  | 034-00833                           | 4   |                 |   |
| 22. LOCAL REGIS GARTS SIGNATUR   |   | A'A                      |                 | 5 1                     | 11   | 23. DATE FILE                       | D WITH LOCAL REC                            |                 |   |
|  | men 9 2   | LY YM                    | `               | 7/1/1                   | you !  |                                     | MAY 2                                       | 0 200           | 8   |
| CAUSE OF DEATH (See Insti<br>24. PART I, Error the chain of ever<br>respiratory arrest or ventificates | rs - diseason, injunes or<br>Ribrillation without showi                         | ons - the                | decedent ha     | id a dementia r         | elated disease, Peri   | kingon's Disea                      | se, or Parkinson                            | APF<br>BETW     | PROXIMATE INTERVAL<br>EEN ONSET AND DEATH   |
| Demantic Complex, indicate in<br>IMMEDIATE CAUSE (Final disease<br>or condition resulting in death) —  | a. DA   |                          | mia             |                         |  | ines II necess                      | ery.  | _               |   |
| Sequentistly list conditions, if any,  |   |                          | ) // (          | to for its a conseq     | vence oil:   |                                     |   | 1               |   |
| leading to the cause listed on line a.  Enter the UNDERLYING CAUSE                                     | 6 <u>130</u>  | MENT                     | Due             | lo (or as a corpeç      | uence cily   |                                     |   | -  -            | <del></del>                                 |
| (decase or injury that initiated the   | . Cor   | ONATH                    | · Phi           | en                      | Disease  |                                     |   |                 |   |
| events resulting in death) LAST  |   |                          | D i             | lo lor as a consec      | vence of):   |                                     |   |                 |   |
| PART II. Enter other significant o   | onditions contributing io   | death but not resul      | ting in the und | lauger value i gin      | en in PART I.  |                                     | 25. WAS AN ALITOP                           | SY PERFOR       | MED? [] Yes S No                            |
| "  |   |                          |                 |                         | · .  |                                     | 28. WERE AUTOPS                             |                 |   |
| 27, DID TOBACCO USE  | 28 IF FEMALE:   |                          |                 |                         | <del>/</del>   | <del></del>                         | COMPLETE CA<br>29. MANNER OF DI             |                 | 1H3 □ 7M □ H4                               |
| CONTRIBUTE TO DEATH?   | Hot pregnant within post !  Not pregnant, but pregnar  Not pregnant, but pregna | t william 42 days of dis | ath             |                         | i, ol der i<br>Lone jaar rii dearh bul 9<br>grout wil hij by jaal 12 | Integration (m)                     | [3] Natural [] S                            | Luicide (       | Could not be determine Pending invoidpation |
| 30. DATE OF INJURY PAGENTY DOLLARS   |   | E OF BUJURY              | 32.PI           |                         | f (u.p. Daceas hor   |                                     | site, restaurant; wo                        | oded area)      | 23. HUURY AT WORK                           |
| 34, LOCATION OF INJURY Street  | and Mumber  | DAM D                    |                 | mi Mumber               | City or Town   |                                     | Transfer                                    | State           |   |
| 35. DESCRIBE HOW INJURY OCCU   | RIPED:  |                          |                 |                         |  | 38. IF TRAI                         |   | ariam           | f: · · · · · · · · · · · · · · · · · · ·    |
| 37.1 (DID) (DID NOT) ATTEND THE<br>AND LAST SAW HIMMER ALIVE   |   |                          | EDICAL EXAM     | WINER OR<br>TED? [] Yes |  |                                     | D (Mort /Day// -;                           |                 | TIME OF DEATH<br>52 BYAM () P.I             |
| 41. CERTIFIER (Check only one):  B Physician in charge of padent D Physician in attendance at the      | 's care . To the best of my )   | crowledge, cleath or     | death occurr    | ed at the time, de      | te and place, and du   | e to the cause(s<br>d place, and du | ) and manner states<br>e to the cause(s) an |                 |   |
| 42. HAME, ADDRESS AND ZIP CO   |   |                          |                 |                         |  |                                     |   | 43. PHYSICA     | 'AS I' LENSE NUMBER                         |
| Savio Manatt 30 East 15th  | St. Chicago Hts., I   | Kinois 60411             | •               |                         |  |                                     | }   | 036             | -069553                                     |
| 44. TITLE OF CERTIFIER   |   | 45. DATE CERTI           | FIED (Monty)    | Day/Year)               | 46. SIGNATURI  | E OF CERTIFIE                       | :R  |                 | <b>6</b>                                    |

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

James E. Zelko
Executive Director
Local Registrar
Will County Health Department
DATE ISSUED: MAY 2 0 2008

Printed by the Authority of the State of Rincis

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