



Doc#: 1531326068 Fee: \$42.00  
RHSP Fee: \$9.00 RPAF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 11/09/2015 03:54 PM Pg: 1 of 3



ATTORNEYS'  
TITLE  
GUARANTY  
FUND,  
INC.

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JOINT TENANCY AFFIDAVIT

STATE OF Illinois  
COUNTY OF Cook

Nanacy M. Klein hereby referred to as the affiant, states under oath that the affiant resides at 3650 N. Artesian Ave., in the City of Chicago, State of Illinois; that the affiant was acquainted with Marie Klein, 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 Illinois, and legally described as follows:

LOT 25 IN WILLIAM ZELOSKY'S SUBDIVISION OF THE NORTH 1/2 AND THE WEST 1/2 OF THE SOUTH 1/2 OF BLOCK 20 IN KINZIE'S SUBDIVISION OF THE NORTHEAST 1/4 OF SECTION 24, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

3650 N. ARTESIAN AVE  
CHICAGO IL 60618  
1324-208-018-0000

Attorneys' Title Guaranty Fund, Inc.  
1 S. Wacker Rd., STE 2400  
Chicago, IL 60606-4650  
Attn: Search Department

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 August 19, 2010, leaving no ~~last~~ last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ 250,000.00, and the value of the above property individually was \$ 150,000.00;

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.

S Y  
P 3  
S N  
SC Y  
INT [Signature]

150604800012

1/2

# UNOFFICIAL COPY

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 Marie Klein, 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.

*Nancy M Klein*

(Seal)

Nancy M. Klein

(Seal)

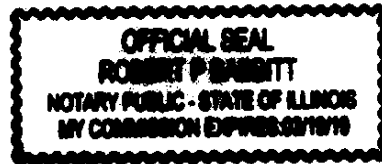
Subscribed and sworn to before me this

24TH day of OCTOBER, 2015

Day Month Year

*Robert P Babbitt*

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:

Robert P. Babbitt Atty At Law

Name

6121 N. Northwest Highway Suite 104

Address

Chicago, Illinois 60631

City, State, Zip

Referred to:

Robert P. Babbitt Atty at Law

Name

6121 N. Northwest Highway Suite 104

Address

Chicago, Illinois 60631

City, State, Zip

# UNOFFICIAL COPY

## CERTIFICATION OF DEATH RECORD

# COPY

### CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER, 2010 0059894

DATE ISSUED 08/20/2010

DECEDENT'S LEGAL NAME <b>MARIE KLEIN</b>		SEX <b>FEMALE</b>	DATE OF DEATH <b>AUGUST 19, 2010</b>	
COUNTY OF DEATH <b>COOK</b>	AGE AT LAST BIRTHDAY <b>83 YEARS</b>	DATE OF BIRTH <b>APRIL 04, 1927</b>		
CITY OR TOWN <b>CHICAGO</b>		HOSPITAL OR OTHER INSTITUTION NAME <b>ILLINOIS MASONIC MEDICAL CENTER</b>		
PLACE OF DEATH <b>INPATIENT</b>				
BIRTHPLACE <b>CHICAGO, IL</b>	SOCIAL SECURITY NUMBER	MARITAL STATUS AT TIME OF DEATH <b>MARRIED</b>	SURVIVING SPOUSE'S NAME <b>WILLIAM KLEIN</b>	EVER IN U.S. ARMED FORCES? <b>NO</b>
RESIDENCE <b>3650 N ARTESIAN</b>		APT. NO.	CITY OR TOWN <b>CHICAGO</b>	INSIDE CITY LIMITS? <b>YES</b>
COUNTY <b>COOK</b>	STATE <b>IL</b>	ZIP CODE <b>60618</b>	FATHER'S NAME <b>JOHN BART</b>	MOTHER'S NAME PRIOR TO FIRST MARRIAGE <b>FRANCES YOUNG</b>
INFORMANT'S NAME <b>WILLIAM KLEIN</b>		RELATIONSHIP <b>HUSBAND</b>	MAILING ADDRESS <b>3650 N ARTESIAN, CHICAGO, IL, 60618</b>	
METHOD OF DISPOSITION <b>BURIAL</b>	PLACE OF DISPOSITION <b>SANT JOSEPH CATHOLIC CEMETERY</b>	LOCATION - CITY OR TOWN AND STATE <b>RIVER GROVE, IL</b>	DATE OF DISPOSITION <b>AUGUST 23, 2010</b>	
FUNERAL HOME <b>COONEY FUNERAL HOME IRVING PK, 3918 W IRVING PARK ROAD, CHICAGO, IL, 60618</b>				
FUNERAL DIRECTOR'S NAME <b>MICHAEL J COONEY</b>			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034014307</b>	
LOCAL REGISTRAR'S NAME <b>DAVID ORR</b>			DATE FILED WITH LOCAL REGISTRAR <b>AUGUST 20, 2010</b>	
<b>CAUSE OF DEATH</b> PART I. <b>CARDIOGENIC SHOCK</b>				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ <small>Due to (or as a consequence of):</small>		
		b. <b>ACUTE CORONARY SYNDROME</b> <small>Due to (or as a consequence of):</small>		
		c. _____ <small>Due to (or as a consequence of):</small>		
		<small>Due to (or as a consequence of):</small>		
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I.				
			WAS AN AUTOPSY PERFORMED? <b>NO</b>	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <b>N/A</b>	
DID TOBACCO USE CONTRIBUTE TO DEATH?	FEMALE PREGNANCY STATUS <b>NOT APPLICABLE</b>		MANNER OF DEATH <b>NATURAL</b>	
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? <b>YES</b>	DATE LAST SEEN ALIVE <b>AUGUST 18, 2010</b>	WAS MEDICAL EXAMINER OR CORONER CONTACTED? <b>NO</b>	DATE PRONOUNCED	TIME OF DEATH <b>08:00 AM</b>
CERTIFIER <b>PHYSICIAN</b>			DATE CERTIFIED <b>AUGUST 19, 2010</b>	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH <b>MOHAMMED SAMEE, ILLINOIS</b>			PHYSICIAN'S LICENSE NUMBER <b>036122181</b>	

 APPROXIMATE  
INTERVAL BETWEEN  
ONSET AND DEATH


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

David Orr  
 Cook County Clerk

