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JOINT	TENANCY	AFFIDAVIT
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STATE OFILLI	NOIS)
COUNTY OF	COOK) SS)
Stanle	y Lipka	,
hereby referred to a oath that the affiant 6255 W		
In the City of Chi c	ago	
State of Illino	ois	;
that the affiant was		th
Judy F	i Lipka	,
the decedent; at decedent was one oby virtue of a tenancy deed, sa	the time of of the owner; of properly reach	of property. Inded joint
Cook		ity, State o
Illino		and legally
described as follow		



1532118055 Fee: \$42.00 AHSP Fee:\$9.00 APRF Fee: \$1.00 Karen A. Yarbrough Cook County Recorder of Deeds Date: 11/17/2015 11:31 AM Pg: 1 of 3

Unit 2B and G8 together with its undivided percentage interest in the common elements, in Shelbourne Courts Condominium, as delineated and defined in the Declaration recorded as Document Number 27303342, in the Northwest 1/4 of Section 20, Township 38 North, Range 13 East of the Third Principal Meridian, in Cook County, Illinois.

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 reat on of interests to take effect in possession or enjoyment after death;

, leaving no/a last will and testament; July 17, 2015 The decedent died on

The total value of decedent's estate, including the taxable interest in the above property was \$ 47,000.00 that the value of the above property individually was \$ 98,000.00

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 o Litle insurance on the above described property.

Property Address: 6255 W. 63rd Street 1W

Chicago, Illinois 60638

Permanent Tax No: 19-20-101-067-1004

19-20-101-067-1020

At a Bridge Desputation

1532118055 Page: 2 of 3

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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 Judy A.	Lipka	, the decedent;	
 State Estate/Inheritance Tax and Federal Estate Tax that may be Legacies, if any, created by the will of said decedent; Rights of contribution. 	e charged again:	st the estate of said decedent;	
	Han	ly hyke Stanley Lipka	(Seal)
		/ Scanley hipka	(Seal)
Subscribed and sworn to before me this			
30 th day of Cctohe, 2015 (Month) (Year) (Notary Public)	- N	OFFICIAL SEAL JOHN W O'ROURKE DTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:01/26/16	
Note: If the decedent left a will, it will be necessary that inspection. A death certificate, together with evidence of payments	the original or ent of death taxe	certified copy thereof be presented as, if any, should accompany this affida	o ATG for vit.
This instrument prepared by:	Return		
John O'Rourke	/	John O'Rourke	
(Name)		(Name)	
4239 W. 63rd Street		4239 W. 63rd Street	
(Address		(Address)	
Chicago, IL 60629		Chicago, IL 60629	
(City, State, Zip)	***	(City, State, Zip)	
		Office	
		C	

1532118055 Page: 3 of 3

CIRTIFICATION OF DEATH RECOPD

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

ATE FILE NUMBER 2015	0056658								DATI	E ISSUED 7/23/201
DECEDENT'S LEGAL NAME JUDY A LIPKA							SEX FEMALE	1	OF DEATH	
COUNTY OF DEATH			AST BIRTHDAY				24, 1946			***************************************
OAK LAWN	-			HOSPITAL C	R OTH	ER INSTITUTIO CHRIST MEI	N NAME DICAL CENT	TER		······································
PLACE OF DEATH INPATIENT										
BIRTHPLACE CHICAGO, IL	SOCIAL SEC	URITY NUMBER	STATUS AT TIM MARRIED	NE OF DEATH		SURVIVING SPO	USE/CIVIL UNION	PARTNER'S MA	AIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 6255 W 63RD ST	5		APT.		С	Y OR TOWN HICAGO			ł	INSIDE CITY LIMITS? YES
COOK IL	ZIP COD 60 338		PARENT'S NAME F		MARRIA	SE/CIVIL UNION		E UNKNO		IRST MARRIAGE/CIVIL UNION
NFORMANT'S NAME STANLEY LIPKA	0	. 1	_ATIONSHIP SPOUSE				3RD ST, CH			
METHOD OF DISPOSITION CREMATION		FLACE OF DISPO	OSITION IN CREMATO	ORY		LOCATION - C	OR TOWN ARK, IL	AND STATE	1	DISPOSITION 20, 2015
FUNERAL HOME NEPTUNE SOCIETY, 1	5111 S LA G	RANGE RCA	D, ORLAND	PARK, IL, 6	0462					
FUNERAL DIRECTOR'S NAME SARAH MORROW SEE			C				FUNERAL I 03401		ILLINOIS LI	CENSE NUMBER
LOCAL REGISTRAR'S NAME DAVID ORR			0					D WITH LOC 20, 2015	AL REGISTI	RAR
IMMEDIATE CAUSE	TI. CONGES a.	TIVE HEART F		C				I	ETWEEN DEATH	YEARS
(Final disease or condition resulting in death)	b. CORONA	RY ARTERY D		(or as a couse , uer	re or):			TAMIX Odda	INTERVAL BETWEEN	YEARS
	c.		Due to	(or as a consequer	nce of):	7/			ONO	
			Due to	(or as a consequer	nce of):)			
PART II. Enter other significant	conditions contr	ibuting to death				given in PART	0.	WAS AN A	UTOPSY PE	REORMED? NO
DIABETES MELLITUS W	ITH HENAL IN	SUPPICIENCY					74	COMPLETE	E CAUSE OF	INGS USED TO DEATH? N/A
FEMALE PREGNANCY STATUS NOT PREGNANT WIT		AR					,	NATUR		
DATE OF INJURY		TIME OF I	NJURY	PLACE OF I	INJURY				XC.	INJURY AT WORK?
LOCATION OF INJURY				· · · · · · · · · · · · · · · · · · ·					6	
DESCRIBE HOW INJURY OCCU	JRRED:							IF	TRANS 20	TATION INJURY, SPECIFY
ATTEND THE DECEASED? YES	DATE LAST S		WAS MEDICA CORONER CO	L EXAMINER CONTACTED?	R YES		E PRONOUNCE	D		TIME OF DEATH 04:34 AM
CERTIFIER PHYSICIAN								E	ATE CERTI	
NAME, ADDRESS AND ZIP COL DR ROBERT ANDINA	DE OF PERSON O	COMPLETING CA	USE OF DEATH	DIS 60453						N'S LICENSE NUMBER 59350
DU UODENT VIADINA	, THOU IN DOI	, 0/1/6		,					<u> </u>	



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.



