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Doc#: 1603604016 Fee: \$44.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 02/05/2016 10:40 AM Pg: 1 of 4

## JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF COOK

JOSEPH P. CZERNIAK hereby referred to as the affiant, states under oath that the affiant resides at 189 MICHAEL ROAD, in the City of DES PLAINES, State of ILLINOIS; that the affiant was acquainted with ROGER D. CZERNIAK, 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:

SEE EXHIBIT A, ATTACHED

SY  
P  
S  
SC  
NT

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 JUNE 19, 2007, leaving  a last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ 230,000, and the value of the above property individually was \$ 212,500;

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.  
1 S. Wacker Dr., STE 2400  
Chicago, IL 60606-4650  
Attn: Search Department

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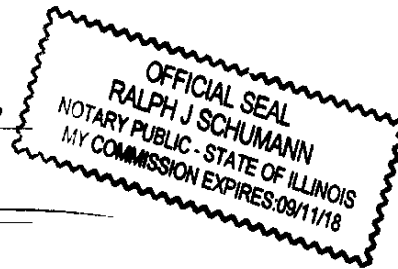
The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATG harmless and to reimburse ATG for all loss, costs, damages, suits, attorney's fees, and expenses of every kind and nature 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 ROGER D. CZERNIAK, 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.

*Joseph P. Czerniak* (Seal)  
JOSEPH P. CZERNIAK (Seal)

Subscribed and sworn to before me this

29<sup>th</sup> day of JANUARY, 2016  
 Day Month Year



*Ralph J. Schumann*  
 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:

RALPH J. SCHUMANN  
 Name  
LAW OFFICES OF RALPH J. SCHUMANN  
1701 E. WOODFIELD ROAD, STE 910  
 Address  
SCHAUMBURG, IL 60173  
 City, State, Zip

Return to:

\_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 City, State, Zip

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## EXHIBIT A

### Legal Description:

THAT PART OF LOT 2 DESCRIBED AS FOLLOWS: COMMENCING AT THE NORTHWEST CORNER OF SAID LOT AND RUNNING THENCE EAST ALONG THE NORTH LINE THEREOF A DISTANCE OF 105 FEET; THENCE SOUTH PARALLEL TO THE WEST LINE OF SAID LOT TO A POINT IN A STRAIGHT LINE DRAWN FROM A POINT IN THE WEST LINE OF SAID LOT THAT IS 53.04 FEET SOUTH OF THE NORTHWEST CORNER, TO A POINT IN THE EAST LINE OF SAID LOT THAT IS 51.69 FEET SOUTH OF THE NORTHEAST CORNER THEREOF; THENCE WEST ALONG SAID LINE TO THE WEST LINE OF SAID LOT; THENCE NORTH ALONG SAID WEST LINE TO THE PLACE OF BEGINNING, IN BLOCK 13 IN BUSSE AND WILLE'S RESUBDIVISION IN MT. PROSPECT, IN THE WEST 1/2 OF SECTION 12, TOWNSHIP 41 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Tax No: 08-12-108-031-0000

Commonly Known As: 101 S. Main Street  
Mount Prospect, IL 60056

# UNOFFICIAL COPY

STATE OF ILLINOIS  
County of Cook

DAVID ORR, County Clerk

JUN 21 2007

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

*David Orr*  
COUNTY CLERK

<b>DECEDENT'S BIRTH NO.</b>	REGISTRATION DISTRICT NO. <b>16.0</b>	STATE OF ILLINOIS		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
	REGISTERED NUMBER	<b>MEDICAL CERTIFICATE OF DEATH</b>		2. MALE	3. JUNE 19, 2007
<b>DECEASED</b>					
1. DECEASED NAME FIRST MIDDLE LAST: <b>ROGER D. CZERNIAK</b>					
2. COUNTY OF DEATH: <b>COOK</b>					
3. AGE - LAST BIRTHDAY (YRS) MOS. DAYS HOURS MIN. UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR): 5a. <b>55</b> 5b. <b>55</b> 5c. <b>55</b> 5d. <b>NOVEMBER 20, 1951</b>					
4. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: <b>DES PLAINES</b>					
5. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): <b>1288 PERRY ST., # 14</b>					
6. IF HOSP. OR INST. INDICATE D.O.A. OPENER, IN, OPATIENT (SPECIFY): <b>6c.</b>					
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): <b>CHICAGO, ILLINOIS</b>					
8. MARRIED, NEVER MARRIED, DIVORCED, WIDOWED (SPECIFY): <b>DIVORCED</b>					
9. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): <b>B.</b>					
10. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): <b>9. YES</b>					
11. SOCIAL SECURITY NUMBER: <b>10.</b>					
12. USUAL OCCUPATION: <b>OWNER</b>					
13. KIND OF BUSINESS OR INDUSTRY: <b>BAKERY</b>					
14. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): Elementary/Secondary (9-12) <b>10</b> College (1-4 or 5+) <b>12.</b>					
15. RESIDENCE (STREET AND NUMBER): <b>1288 PERRY ST., # 14</b>					
16. CITY, TOWN, TWP, OR ROAD DISTRICT NO.: <b>DES PLAINES</b>					
17. INSIDE CITY (YES/NO): <b>13c. YES</b>					
18. COUNTY: <b>COOK</b>					
19. STATE: <b>ILLINOIS</b>					
20. ZIP CODE: <b>60016</b>					
21. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): <b>WHITE</b>					
22. OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): <b>14b. NO</b>					
<b>PARENTS</b>					
23. FATHER - NAME FIRST MIDDLE LAST: <b>TED CZERNIAK</b>					
24. MOTHER - NAME FIRST MIDDLE LAST (MAIDEN) LAST: <b>DOLORES SCHERER</b>					
25. INFORMANT'S NAME (TYPE OR PRINT): <b>TINA SMITH</b>					
26. RELATIONSHIP: <b>DAUGHTER</b>					
27. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): <b>719 WILLOWFIELD CT., NEW LENOX, IL 60451</b>					
<b>CAUSE</b>					
18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.					
Immediate Cause (Final disease or condition resulting in death): <b>(a) Hypertension</b>					
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: <b>(b) Hypertension</b>					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
19. AUTOPSY: <b>YES</b>					
20. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO): <b>19b.</b>					
<b>OPERATION</b>					
21. DATE OF OPERATION, IF ANY: <b>20a.</b>					
22. MAJOR FINDINGS OF OPERATION: <b>20b.</b>					
23. (I DID) (I DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON: <b>February 5, 07</b>					
24. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): <b>21b. Yes</b>					
25. HOUR OF DEATH: <b>21c. 8:12 P M.</b>					
<b>CERTIFIER</b>					
26. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.					
27. SIGNATURE: <b>S. Sarwar, M.D.</b>					
28. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): <b>2380 S. Elmhurst Rd., Mt. Prospect, IL 60056</b>					
29. ILLINOIS LICENSE NUMBER: <b>03606645511</b>					
30. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): <b>23.</b>					
<b>DISPOSITION</b>					
31. BURIAL, CREMATION, REMOVAL (SPECIFY): <b>24a. BURIAL</b>					
32. CEMETERY OR CREMATORY - NAME: <b>24b. ALL SAINTS CEMETERY</b>					
33. LOCATION CITY OR TOWN STATE: <b>24c. DES PLAINES, ILLINOIS</b>					
34. DATE (MONTH, DAY, YEAR): <b>24d. JUNE 25, 2007</b>					
35. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP: <b>25a. OEHLER FUNERAL HOME 2099 MINER STREET DES PLAINES, ILLINOIS 60016</b>					
36. FUNERAL DIRECTOR'S SIGNATURE: <b>25b. Kenneth R. Schmucker</b>					
37. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: <b>25c. 034-011641</b>					
38. LOCAL REGISTRAR'S SIGNATURE: <b>26a.</b>					
39. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): <b>26b. JUN 21 2007</b>					