



Doc#: 1607001000 Fee: \$42.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 03/10/2016 09:42 AM Pg: 1 of 3



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JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF COOK

SS

CHARLES B. WYNN hereby referred to as the affiant, states under oath that the affiant resides at 2610 Quail Lane, in the City of Northbrook, State of Illinois; that the affiant was acquainted with Marina Gali, 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 TWO (2) IN FOX RUN, BEING A SUBDIVISION OF PART OF THE SOUTH HALF (1/2) OF THE WEST HALF (1/2) OF THE NORTHWEST QUARTER (1/4) OF SECTION 21, TOWNSHIP 42 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED ON OCTOBER 7, 1976 AS DOCUMENT NUMBER 23664988, IN COOK COUNTY, ILLINOIS

PIN: 04-21-112-002-0000  
Property Address: 2610 Quail Lane, Northbrook, IL 60062

S  
P  
S  
SC  
INT  
Y  
3  
N  
Y  
D

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 12-1-10, leaving no/a last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ 0, and the value of the above property individually was \$ 0;

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  
Search Department

# UNOFFICIAL COPY

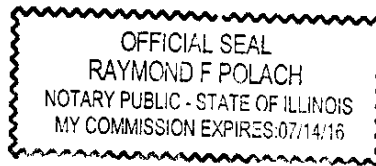
The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATG harmless and to reimburse ATG for all loss, costs, damages, suits, attorney's fees, and expenses of every kind and nature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

Charles E. Wynn (Seal)  
 \_\_\_\_\_ (Seal)

Subscribed and sworn to before me this

29<sup>th</sup> day of February, 2016  
 Day Month Year  
[Signature]  
 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:

Raymond F. Polach Name  
1111 Plaza Drive, Suite 460 Address  
Schaumburg, IL 60173 City, State, Zip

Return to:

Raymond F. Polach Name  
1111 Plaza Drive, Suite 460 Address  
Schaumburg, IL 60173 City, State, Zip

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## CERTIFICATION OF DEATH RECORD


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

STATE FILE NUMBER 2010 0087326

DATE ISSUED 2/29/2016

DECEDENT'S LEGAL NAME <b>MARINA GALI</b>		SEX <b>FEMALE</b>	DATE OF DEATH <b>DECEMBER 01, 2010</b>	
COUNTY OF DEATH <b>COOK</b>	AGE AT LAST BIRTHDAY <b>51 YEARS</b>	DATE OF BIRTH <b>AUGUST 15, 1959</b>		
CITY OR TOWN <b>NORTHBROOK</b>		HOSPITAL OR OTHER INSTITUTION NAME <b>2610 QUAIL LANE</b>		
PLACE OF DEATH <b>DECEDENT'S HOME</b>				
BIRTHPLACE <b>CHICAGO, IL</b>	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH <b>NEVER MARRIED/NEVER IN CIVIL UNION</b>	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? <b>NO</b>
RESIDENCE <b>2610 QUAIL LANE</b>	APT. NO.	CITY OR TOWN <b>NORTHBROOK</b>		INSIDE CITY LIMITS? <b>YES</b>
COUNTY <b>COOK</b>	STATE <b>IL</b>	ZIP CODE <b>60062</b>	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION <b>VICTOR GALI</b>	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION <b>MARINA JAQUINDE</b>
INFORMANT'S NAME <b>CHARLES WYNN</b>		RELATIONSHIP <b>SIGNIFICANT OTHER</b>	MAILING ADDRESS <b>2610 QUAIL LANE, NORTHBROOK, IL, 60062</b>	
METHOD OF DISPOSITION <b>ENTOMBMENT</b>	PLACE OF DISPOSITION <b>ALL SAINTS CATHOLIC CEMETERY</b>	LOCATION - CITY OR TOWN AND STATE <b>DES PLAINES, IL</b>	DATE OF DISPOSITION <b>DECEMBER 06, 2010</b>	
FUNERAL HOME <b>COLONIAL-WOJCIECHOWSKI FH, 8025 W. GOLF ROAD, NILES, IL, 60714</b>				
FUNERAL DIRECTOR'S NAME <b>JOSEPH DAVID WOJCIECHOWSKI</b>			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034012366</b>	
LOCAL REGISTRAR'S NAME <b>DAVID ORR</b>			DATE FILED WITH LOCAL REGISTRAR <b>DECEMBER 3, 2010</b>	
<b>CAUSE OF DEATH</b> PART I. <b>METASTATIC CERVICAL CANCER</b>				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	UNKNOWN YEARS	
		b.	Due to (or as a consequence of):	
		c.	Due to (or as a consequence of):	
			Due to (or as a consequence of):	
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>	
FEMALE PREGNANCY STATUS <b>NOT PREGNANT WITHIN LAST YEAR</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>DECEMBER 01, 2010</b>	WAS MEDICAL EXAMINER OR CORONER CONTACTED? <b>NO</b>	DATE PRONOUNCED	TIME OF DEATH <b>05:25 PM</b>
CERTIFIER <b>PHYSICIAN</b>			DATE CERTIFIED <b>DECEMBER 01, 2010</b>	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH <b>MARGARET THOMAS, 2650 RIDGE, EVANSTON, ILLINOIS, 60201</b>			PHYSICIAN'S LICENSE NUMBER <b>036-110893</b>	

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.

  
 David Orr  
 Cook County Clerk

