UNOFFICIAL COP

STATE OF ILLINOIS SS.

COUNTY OF COOK

DECEASED JOINT TENANCY AFFIDAVIT

JOSEPHINE T. GONZALES, hereinafter referred to as the Affiant, states under oath that the Affiant resides at 3250 N. HOYNE AVE., in the City of CHICAGO, Illinois, that the Affiant was acquainted with ROBERT A. GONZALES, the Decedent; that at the time of death, the Decedent was one of the owners of the property, by virtue of a properly recorded joint tenancy warranty deed, said property, located at 3250 N. HOYNE AVE. in CHICAGO, IL, Cook County, Illinois, and legally described as follows:

See attached EXHIBIT "A'

P.I.N. 14-19-326-041-0000



1610904061 Fee; \$42.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 04/18/2016 03:09 PM Pg: 1 of 3

That 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.

That the Decedent died on JUNE 10, 1993, as evidenced by the attached death certificate, leaving no/a last will and testament.

That the total value of decedent's estate, including the tal able interest in the above property was under \$10,000 and that the value of the above property individually was under \$10,000.

That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the Decedent's estate has been paid in full.

That the Affiant makes this Affidavit to induce the title company to issue its rulicy of title insurance on the above described property.

The Affiant hereby covenants and agrees, for himself/herself, heirs, personal representative or assignees, to forever fully indemnify, protect, defend and hold the title company harmless and to reimburse the Fund for an ioss, costs, damages, suits, attorney's fees and expenses of every kind and nature which the title company may suffer, expend or incur by eason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of ROBERT A. GONZALES, the Decedent.

2. Illinois State Inheritance Tax and Federal Estate Tax which may be charged against the estate of said Decedent.

3. Legacies, if any, created by the Will of said Decedent.

4. Rights to contribution.

Subscribed and sworth before me

This Instrument was prepared by and mail to: JAKUBCO, RICHARDS & JAKUBCO, 2224 W. Irving Park Road, Chicago, IL 60618

OFFICIAL SEAL KRISTAN J RICHARDS

JOSEPHINE T. GONZALES

Notary Public - State of Illinois

My Commission Expires Sep 20, 2017

Attorneys' Title Guaranty Fund, Inc. 1 S. Wacker Dr., STE 2400 Chicago, IL 60606-4650

Attn:Search Department

1610904061 Page: 2 of 3

UNOFFICIAL COPY

LEGAL DESCRIPTION RIDER

Permanent Index Number:

Property ID: 14-19-326-041-0000

Property Address:

Chicago, IL 60618

EXHIBITA 3250 N. Hoyne Ave.

Legal Description:

LOT 4 IN BLOCK 1 IN THE SUBDIVISION OF BLOCK 47 IN THE SUBDIVISION OF SECTION 19, TOWNSHIP 40 NORTH, RANGE 1/4, 5/ ST OF THE THIRD PRINCIPAL MERIDIAN (EXCEPT THE SOUTHWEST QUARTER OF THE ESOC R) IN CO.

OF COOK
COUNTY CLORES OFFICE NORTHEAST QUARTER. THE SOUTHEAST QUARTER OF THE NORTHWEST QUARTER AND THE EAST HALF OF THE SOUTHEAST QUARTER) IN COOK COUNTY, ILLINOIS.

OCAL PIGHTBAH'S SIGNATUR	The Control of the Co	RDECE	FUNERAL HOME		MANE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	MAR AND ADDRESS OF CERTIFIE	SIGNATURE >	Did Did NAME BEST OF MY KNOWLEDGE	NOD NOT) ATTEND THE	- S	Motaholic acid	_	ONUTIONS, IF ANY HE RISE TO ONUTION OF THE PROPERTY OF THE P		į.	Marilou M. Va	JUBIT SNAME (TYPEOPPRINT	ER-NAME	Illinois 131 6	3250 N. Hoyne		CIAL SECURITY NUMBER	Philipines	Chicago	Y, TOWN, TWP, OR ROAD DISTRICT NUMBER	COOK	Rob		
SPALLEY, MOA	P. Steraiger	SKE FUNERAL HOME 1356	24b. MSIL YILL LL COUNC COLY (240 NAME . STREET AND NAME OR R.F.	- 41	IF OTHER THAN CERTIFIER FIT O PAINT	Ailwalli Malik	SOUL	June 10 1	20b. DECEASED (MONTH, DAY, YEAR)	FINDINGS OF OPERATION	<u>aigne</u> committuate production and the committee of the c	(6)	(b) Cellulitis of right	(8) DUE TO, OR AS A CONSEQUENCE OF	shock, or heart failure. List only one cause on each line. Hypotension	ons that cause	GOIZALES		0618 NOWN, ac.) (SPEC)	13b.	11a. Attendant 11b.		Ba. married (SPECHY)	<u>_s</u>		AGE-LAST UNDER BIRTHDAY (YRS) WOS. 5a. 84 5b.		MEDICAL)
2	£	W. Wellington Ave.	0	NI LOCATION CHYCATER SALIN AND MAINDAN STATE	Э	Chicago IL 60630		993 21b. NU THE TIME, DATE AND PLACE A VIOLETO THE CAUSE(S) STATED	WAS CORONER OR ME EXAMMER NOTIFIED?		enin PARTI.		foot			COPds 17c 5145 N. Ca	MAILING ADDRESS	NO+	14b. ISNO DYEB	Chicago (136) (136) (136) (136) (136) (136)	TWP, OH HOAD DISTRICT NO.	DUSTRY	١	Covenant Hospital	HOSPITAL OR OTHER INSTITUTION NAME (IF NOT METINER, GIVE STREET AND MUMBER).	HOURS HOURS MAN. Sd. NC.	les 2 Male	SEX	
28b. 13 1933 (25L	25. 034-009363	Chicago Illinois60657	Se secure	383	NOTE: IF AN INJUST WE DEATH THE CORONER IN MUST BE NOTIFIED.	_{22d.} 03	ILLINOIS LICENSE NUMBER	DATE SIGNED	DICAL HOUROF DE	THERE MON	(YESNO) COMPLETONOS CAUGE OF DEATHY (YESNO) 19a. NO 19b.		3 days	32	Sandy Parks	Tifonnia Git. Ccgo. LL 60625	(SINEET VAND BOYEST OF THE STATE ZAS)	ARCADI	SPECIEV: TA MA TO AST	130. YESV 138) COOK:	MANAGER TO TAKE THE T	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Segonglary (0-12) College (1-4 or 5 +)			<u>₹</u>	3, 190	H	610932	

CUTATE OF CHICAGO ...

1.3.7.

STATE OF ILLINOIS

I, VIRGINIA L. PARKER, M.B.A. LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE LAWS OF THE STATE OF ILLINOIS AND MHE GRDINANCES, OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCES OF SAID LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID WHEN HULTICOLOR SIGNATURE SEAL IS

itinois Department of Public Health—Division of Vital Records

(BASEDON 1989 U.S. STANDARD CERTIFICAT