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Doc#: 1613742019 Fee: \$44.00  
RHSP Fee: \$9.00 RPPF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 05/16/2016 09:21 AM Pg: 1 of 4



ATTORNEYS'  
TITLE  
GUARANTY  
FUND,  
INC.

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## JOINT TENANCY AFFIDAVIT

STATE OF Illinois  
COUNTY OF Cook

SS

Albert Rainey hereby referred to as the affiant, states under oath that the affiant resides at 10856 WASHINGTON BAY DR, in the City of FISHERS, State of INDIANA; that the affiant was acquainted with Wylene Rainey, 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 10320 S. Vernon, Cook County, State of Illinois, and legally described as follows:

10320 S. VERNON AVE  
CHICAGO IL 60628

25-15-200-025-0000

Attorneys' Title Guaranty Fund, Inc.  
1 S. Wacker Dr., 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 January 1, 2009, leaving no/a last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ 99,900, and the value of the above property individually was \$ 99,900;

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.

Y  
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INT

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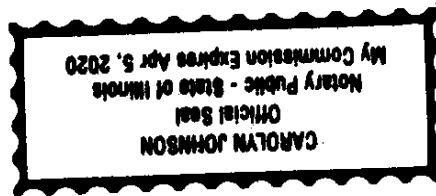
The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATG harmless and to reimburse ATG for all loss, costs, damages, suits, attorney's fees, and expenses of every kind and nature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

x Albert Rainey (Seal)  
 \_\_\_\_\_ (Seal)

Subscribed and sworn to before me this

\_\_\_\_\_ day of April, 2011  
 Day Month Year  
Carolyn Johnson  
 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:  
Carolyn Johnson  
 Name  
715 W. North Ave  
 Address  
Dak Park IL 60302  
 City, State, Zip

Return to:  
Carolyn Johnson  
 Name  
715 W. North Ave  
 Address  
Dak Park IL 60302  
 City, State, Zip

# UNOFFICIAL COPY

REGISTRATION DISTRICT NO. <b>16.10</b>		<b>STATE OF ILLINOIS CERTIFICATE OF DEATH</b>				STATE FILE NUMBER
LOCAL FILE NUMBER		1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last) <b>WYLENE RAINNEY</b>				
2. SEX <b>FEMALE</b>		3. DATE OF DEATH (Month/Day/Year) (Spell Month) <b>JANUARY 1, 2009</b>				
4. COUNTY OF DEATH <b>Cook</b>	5a. AGE AT LAST BIRTHDAY (Years) <b>63</b>	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Month/Day/Year) <b>September 12, 1945</b>		
7a. CITY OR TOWN <b>Chicago</b>		7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) <b>Mercy Hospital -- VITAS Hospice</b>				
7c. PLACE OF DEATH (Check only one; see instructions)						
IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input checked="" type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____			
8. BIRTHPLACE (City and State or Foreign Country) <b>Chicago, IL</b>	9. SOCIAL SECURITY NUMBER	10. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) <b>Tommie Rainey</b>	12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
13a. RESIDENCE (Street and Number) <b>10421 South Prairie</b>		13b. APT. NO.	13c. CITY OR TOWN <b>Chicago</b>		13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
13e. COUNTY <b>Cook</b>	13f. STATE <b>IL</b>	13g. ZIP CODE <b>60628</b>	14. FATHER'S NAME (First, Middle, Last) <b>Henry Taylor</b>		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>Cleo Cox</b>	
16a. INFORMANT'S NAME <b>Tommie Rainey</b>		16b. RELATIONSHIP <b>Husband</b>		16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) <b>10421 S. Prairie, Chicago, IL 60628</b>		
17. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____		18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) <b>Heights Crematory</b>		19. LOCATION - CITY, TOWN AND STATE <b>Chicago Heights, IL</b>	20. DATE OF DISPOSITION (Month/Day/Year) <b>January 12, 2009</b>	
21a. FUNERAL HOME NAME <b>McCullough Funeral &amp; Cremation Services</b>		STREET AND NUMBER <b>851 East 75th Street</b>		CITY OR TOWN <b>Chicago</b>	STATE <b>IL</b>	
21b. FUNERAL DIRECTOR'S SIGNATURE <i>David Ambrose</i>		21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>34-15791</b>		22. LOCAL REGISTRAR'S SIGNATURE <i>Jerry Mason MD</i>		
22. LOCAL REGISTRAR'S SIGNATURE		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) <b>010809</b>				
CAUSE OF DEATH (See instructions and examples)					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
24. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.						
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>Chest cancer</b> Due to (or as a consequence of): _____						
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. _____ Due to (or as a consequence of): _____						
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. c. _____ Due to (or as a consequence of): _____						
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		28. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within one year of death but time unknown <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past 12 months		29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation		
30. DATE OF INJURY (Month/Day/Year)		31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		32. PLACE OF INJURY (e.g. Decedent's home, construction site; restaurant; wooded area)		
33. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		34. LOCATION OF INJURY Street and Number Apartment Number City or Town State ZIP Code				
35. DESCRIBE HOW INJURY OCCURRED:					36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify): _____	
37. (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON <b>1/1/2009</b>		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		39. DATE PRONOUNCED (Month/Day/Year) <b>1/1/2009</b>		
40. TIME OF DEATH <b>7:15</b> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.		41. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.				
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Name on 21) <b>DOMINIC HO, MD 2525 S MICHIGAN CHICAGO, IL 60616</b>					43. PHYSICIAN'S LICENSE NUMBER <b>036-080288</b>	
44. TITLE OF CERTIFIER <b>MD</b>		45. DATE CERTIFIED (Month/Day/Year) <b>1/1/09</b>		46. SIGNATURE OF CERTIFIER <i>[Signature]</i>		

Based on the 2003 U.S. Standard Certificate) Illinois Department of Public Health - Division of Vital Records VR2006 (Rev. 1/08)

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ATTORNEYS' TITLE GUARANTY FUND, INC.

## LEGAL DESCRIPTION

**Permanent Index Number:**

Property ID: 25-15-200-025-0000

**Property Address:**

10320 S. Vernon Ave

Chicago, IL 60628

**Legal Description:**

LOT 1476 IN FREDERICK H. BARTLETT'S GREATER CHICAGO SUBDIVISION NUMBER 2, BEING A SUBDIVISION OF THAT PART OF THE NORTH HALF OF THE NORTH HALF OF THE NORTHEAST QUARTER OF SECTION 15, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING WEST OF AND ADJOINING THE ILLINOIS CENTRAL RAILROAD RIGHT OF WAY, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office