



1614001021

Doc#: 1614001021 Fee: \$44.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 05/19/2016 10:18 AM Pg: 1 of 4



ATTORNEYS'
TITLE
GUARANTY
FUND,
INC.

Illinois Offices:

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JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF COOK

Linda Rudolf hereby referred to as the affiant, states under oath that the affiant resides at 2634 N. Phelps, in the City of Arlington Hts., State of Illinois; that the affiant was

the daughter of NATHAN ROSENBERG, the decedent; at the time of death, the decedent was one of 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 ATTACHED LEGAL DESCRIPTION

Attorneys' Title Guaranty Fund, Inc.
1 S. Wacker Dr., STE 2400
Chicago, IL 60605-4650
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 August 28, 2009, 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.

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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 NATHAN ROSENBERG, 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 Leandra Rusey (Seal)
 _____ (Seal)

Subscribed and sworn to before me this

2 day of May, 2016
Day Month Year
Alisa Swerdlove
 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 and Return to:

Scott Z. Berman, Attorney at Law _____
Name
9816 Keeler _____
Address
Skokie, IL 60076 _____
City, State, Zip

UNOFFICIAL COPY

ATTORNEYS' TITLE GUARANTY FUND, INC.

LEGAL DESCRIPTION

Permanent Index Number:

Property ID: 10-16-204-033-1034

Property Address:

9242 GROSS POINT RD., UNIT X-310
SKOKIE, IL 60077

Legal Description:

PARCEL 1: UNIT A-210 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN 9242 GROSS POINT TOWERS CONDOMINIUM, AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NO. 23286211, AS AMENDED FROM TIME TO TIME, IN THE NORTHEAST 1/4 OF SECTION 16, TOWNSHIP 41 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL 2: EASEMENT APPURTENANT TO AND FOR THE BENEFIT OF PARCEL 1 FOR INGRESS, EGRESS, SEWER AND WATER AS CONTAINED IN THE DECLARATION RECORDED AS DOCUMENT NO. 23284854, AS AMENDED BY DOCUMENT NO. 23286210 IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office

UNOFFICIAL COPY**CERTIFICATION OF DEATH RECORD****COPY****SKOKIE HEALTH DEPARTMENT
SKOKIE, ILLINOIS
MEDICAL CERTIFICATE OF DEATH**

DATE ISSUED 09/14/2009

STATE FILE NUMBER 2009 0065271

DECEDENT'S LEGAL NAME NATHAN ROSENBERG		SEX MALE	DATE OF DEATH AUGUST 28, 2009	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 95 YEARS	DATE OF BIRTH MAY 14, 1914		
CITY OR TOWN SKOKIE	HOSPITAL OR OTHER INSTITUTION NAME 9242 GROSS POINT ROAD			
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME RHEA MATLOW	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 9242 GROSS POINT ROAD	APT. NO. 310	CITY OR TOWN SKOKIE	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60077	FATHER'S NAME LOUIS ROSENBERG	MOTHER'S NAME PRIOR TO FIRST MARRIAGE IDA BRAIDMAN
INFORMANT'S NAME RHEA ROSENBERG	RELATIONSHIP WIFE	MAILING ADDRESS 9242 GROSS POINT ROAD, SKOKIE, IL, 60077		
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION WALDHEIM JEWISH CEMETERY	LOCATION - CITY OR TOWN AND STATE FOREST PARK, IL	DATE OF DISPOSITION SEPTEMBER 01, 2009	
FUNERAL HOME WEINSTEIN FUNERAL HOME, 111 SKOKIE BLVD., WILMETTE, IL, 60091				
FUNERAL DIRECTOR'S NAME ROBERT D SHECK		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014708		
LOCAL REGISTRAR'S NAME CATHERINE COUNARD		DATE FILED WITH LOCAL REGISTRAR SEPTEMBER 10, 2009		
CAUSE OF DEATH	PART I. PROSTATE CANCER		10 YEARS	
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. _____ Due to (or as a consequence of)		3 YEARS	
	b. CONGESTIVE HEART FAILURE Due to (or as a consequence of)			
	c. _____ 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.				
BLADDER CANCER		WAS AN AUTOPSY PERFORMED? UNKNOWN		
		WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? UNKNOWN		
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN	FEMALE PREGNANCY STATUS NOT APPLICABLE		MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY		IF TRANSPORTATION INJURY, SPECIFY:		
DESCRIBE HOW INJURY OCCURRED:				
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE JULY 16, 2009	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 11:09 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED AUGUST 31, 2009	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DAVID MUTCHNIK, 9669 N KENTON, SKOKIE, ILLINOIS, 60076			PHYSICIAN'S LICENSE NUMBER 039038702	

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.

Catherine A. Counard, M.D., M.P.H.

Catherine A. Counard, M.D., M.P.H.
Local Registrar/Director of Health
Skokie, Illinois

