



STATE OF ILLINOIS)
) SS.
COUNTY OF COOK) ①

Doc#: 1615901023 Fee: \$42.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 06/07/2016 11:50 AM Pg: 1 of 3

160250301884

DECEASED JOINT TENANCY AFFIDAVIT

LING LEE, hereinafter referred to as the Affiant, states under oath that the Affiant resides at 2112 W. NORTH AVE., UNIT 1E, in the City of Chicago, Illinois, that the Affiant was acquainted with JASON HINKLE, 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 2112 W. NORTH AVE., UNITS 1E & 1E in Chicago, Cook County, Illinois, and legally described as follows:

See attached EXHIBIT "A"

P.I.N. 14-31-331-028-1014 and 14-31-331-028-1015

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 March 20, 2016 as evidenced by the attached death certificate, leaving no/a last will and testament.

That the total value of decedent's estate, including the taxable interest in the above property was \$ _____ and that the value of the above property individually was \$ _____.

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 policy 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 all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature which the title company 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 JASON HINKLE, 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.

Ling Lee (SEAL)
LING LEE

Subscribed and sworn to before me
this 19 day of May, 2014.
Kristan J Richards
Notary Public



S Y
P 3
S N
SC 1
INT ID

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

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

UNOFFICIAL COPY

LEGAL DESCRIPTION RIDER

Permanent Index Number:

Property ID: 14-31-331-028-1014 and 14-31-331-028-1015

Property Address:

2112 W. North Ave., Unit 1E and BE
Chicago, IL 60647

Legal Description:

UNIT 2112-1E AND 2112-BE IN THE CLOISTER OF WICKER PARK CONDOMINIUMS AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE:

LOTS 69 TO 76, BOTH INCLUSIVE IN JOHNSON'S ADDITION TO CHICAGO, A SUBDIVISION OF PARTS OF LOTS 3, 5 AND 6 IN ASSESSOR'S DIVISION OF UNSUBDIVIDED LANDS IN SECTION 31, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, WHICH SURVEY IS ATTACHED AS EXHIBIT "D" TO THE DECLARATION OF CONDOMINIUM RECORDED JULY 24, 1990 AS DOCUMENT NUMBER 90354045, AS AMENDED FROM TIME TO TIME, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office

UNOFFICIAL COPY

1. Decedent's Full Name (Print or Type)	JASON MICHAEL HINKLE	2. Social Security Number	312-92-2784	3. Age - Yrs	45	4. Single / Yrs	5. Under 1 Month	6. Under 1 Day	7. Date of Birth (MM/DD/YYYY)	08/26/1970	8. Residence / County / State at Time of Death	KOKOMO, IN					
9. Ever in U.S. Armed Forces?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	10. If Death Occurred in A Hospital	<input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival	11. If Death Occurred Somewhere Other Than A Hospital	<input type="checkbox"/> Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)	12. City Or Town, State, And Zip Code	KOKOMO, IN, 46901	13. County Of Death	HOWARD	14. Marital Status At Time Of Death	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	15. Surviving Spouse's Name	LING D. LEE				
16. (If Wife) Give Maiden Last Name	LEE	17. Decedent's Usual Occupation	CHIEF TECHNOLOGY OFFICER	18. Kind Of Business/Industry	SOFTWARE	19. Residence - State	INDIANA	20. County	HOWARD	21. City Or Town	KOKOMO	22. Street And Number	1736 WEST TAYLOR STREET				
23. Apt. No.		24. Zip Code	46901	25. Inside City Limits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	26. Decedent's Education	BACHELOR'S DEGREE (BA, AB, BS)	27. Or Subject Of Hispanic Origin	NOT HISPANIC	28. Decedent's Race	White	29. Father's Name (First, Middle, Last)	CHARLEY W. HINKLE				
30. Mother's Name (First, Middle, Last)	MARY HINKLE	31. Mother's Maiden Last Name	CLAYTOR	32. Inmate's Name	LING D LEE	33. Relationship To Decedent	WIFE	34. Mailing Address (Street And Number, City, State, Zip Code)	1736 WEST TAYLOR STREET, KOKOMO, IN 46901	35. Method Of Disposition	<input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)	36. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)	S AND S CREMATORY				
37. Location - City, Town, And State	KOKOMO, IN	38. Will Career Contacted?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	39. Name And Complete Address Of Funeral Facility	SHIRLEY & STOUT FUNERAL LINCOLN HOME, 1317 W LINCOLN RD, KOKOMO, IN 46902	40. Funeral Home Licensed Number	FH10500013	41. Signature Of Indiana Funeral Service Boarder	MATTHEW G. GREGU, BY ELECTRONIC SIGNATURE	42. License Number (Of Licenses)	FD29400089	43. Part I: Enter The Chain Of Events - Disease, Injury, Or Complications - That Directly Caused The Death. Do Not Enter To Initial Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter On One Line. Add Additional Lines If Necessary.	Immediate Cause (Final Disease Or Condition Resulting In Death)	A. METASTATIC COLON CANCER	Approximate Interval: Onset To Death	30 MONTHS	
44. Part II: Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I		45. Was An Autopsy Performed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	46. Were Autopsy Finding Available To Complete The Cause Of Death?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	47. Did Tobacco Use Contribute To Death?	<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	48. If Female:	<input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Embryo Implantation Within The Past Year	49. Manner Of Death:	<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined	50. Date Of Injury (Month/Day/Year)	51. Time Of Injury	52. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wedding Area)	53. Injury At Work?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
54. Location Of Injury - State	55. City Or Town	56. Street & Number	57. Apt. No.	58. Zip Code	59. Describe How Injury Occurred	60. If Transportation Injury Specify:	<input type="checkbox"/> Open Car <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	61. Signature Of Person Certifying Cause Of Death:	ANNETTE M. MOORE, BY ELECTRONIC SIGNATURE	62. Certifier (Check Only One)	<input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer	63. Name, Address And Zip Code Of Person Certifying Cause Of Death:	ANNETTE M. MOORE, 3500 SO. LAFOUNTAIN, KOKOMO, IN 46902	64. License Number	01056265A	65. Date Certified	03/21/2016
66. Additional Funeral Service Provider:		67. Signature of Local Health Officer:	DON P ZENT, VIA ELECTRONIC SIGNATURE	68. For Registrar Only - Date Filed (Month/Day/Year):	MAR 22 2016	69. Amendment To Corruptate Of Death (Entry Or Original)											

WARNING