

UNOFFICIAL COPY

100406300619

JOINT TENANCY AFFIDAVIT

STATE OF IL)
) SS
COUNTY OF Cook)

Lisa King

hereby referred to as the affiant, states under oath that the affiant resides at

920 S. Stewart

Lombard

In the City of Lombard,

State of IL;

that the affiant was acquainted with

James Theodore King,

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

IL,

and legally

described as follows:

1/3

Legal Description:

LOT 18 IN BLOCK 8 IN FAIR OAK TERRACE, BEING A SUBDIVISION OF THE EAST 50 ACRES OF THE NORTH 75 ACRES OF THE NORTHWEST 1/4 OF SECTION 5, TOWNSHIP 39 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

10-05-111-018-0000

1100 Hayes Ave

OAK PARK
FL
60302

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 10/15/14, leaving no last will and testament.

The total value of decedent's estate, including the taxable interest in the above property was \$15,000, and that the value of the above property individually was \$5,000.

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
Attn: Search Department

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JOINT TENANCY AFFIDAVIT (continued)

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 JAMES McEON KINS, 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.

James Kin _____ (Seal)
 _____ (Seal)

Subscribed and sworn to before me this

16 day of June, 2016
(Month) (Year)
Sheila M Cotton
(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:

Return to:

(Name)
 Law Offices of
 David R. Schlueter, Ltd.
 401 W. Irving Park Rd.
 Itasca, IL 60143
 (630) 285-5300

(City, State, Zip)

(Name)
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(City, State, Zip)

CERTIFICATION OF DEATH RECORD UNOFFICIAL COPY

DUPAGE COUNTY HEALTH DEPARTMENT WHEATON, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2014 0078955 MEDICAL EXAMINER'S CASE NUMBER 102014PH6 DATE ISSUED 10/20/2014

DECEDENT'S LEGAL NAME JAMES THEODORE KING		SEX MALE	DATE OF DEATH OCTOBER 15, 2014	
COUNTY OF DEATH DU PAGE	AGE AT LAST BIRTHDAY 59 YEARS	DATE OF BIRTH JULY 26, 1955		
CITY OR TOWN OAK BROOK	HOSPITAL OR OTHER INSTITUTION NAME 18 YORKSHIRE WOODS			
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE LOGANSPORT, IN	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME LISA MANN	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 18 YORKSHIRE WOODS	APT. NO.	CITY OR TOWN OAK BROOK	INSIDE CITY LIMITS? YES	
COUNTY DU PAGE	STATE IL	ZIP CODE 60153	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JACK THORGUSON KING	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION DORIS STUBBLEFIELD
INFORMANT'S NAME LISA KING	RELATIONSHIP WIFE	MAILING ADDRESS 18 YORKSHIRE WOODS, OAK BROOK, IL, 60523		
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION YORKSHIRE CREMATORY	LOCATION - CITY OR TOWN AND STATE LOMBARD, IL	DATE OF DISPOSITION OCTOBER 21, 2014	
FUNERAL HOME HULTGREN FUNERAL HOME, 304 NORTH WASHINGTON STREET, WHEATON, IL 60187				
FUNERAL DIRECTOR'S NAME TIMOTHY S HULTGREN		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012050		
LOCAL REGISTRAR'S NAME KAREN J AYALA		DATE FILED WITH LOCAL REGISTRAR OCTOBER 20, 2014		
CAUSE OF DEATH PART I: CENTRAL NEUROLOGICAL DEGENERATION				
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
a. Due to (or as a consequence of):				
b. 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.				
FEMALE PREGNANCY STATUS NOT APPLICABLE			WAS AN AUTOPSY PERFORMED? NO	
DATE OF INJURY			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
TIME OF INJURY			MANNER OF DEATH NATURAL	
PLACE OF INJURY			INJURY AT WORK?	
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE OCTOBER 08, 2014	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 08:09 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED OCTOBER 20, 2014	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ROBERT STRNAD, 353 E BURLINGTON, RIVERSIDE, ILLINOIS, 60546			PHYSICIAN'S LICENSE NUMBER 036054285	



Karen Ayala
Karen J. Ayala
Local Registrar

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.

Not valid without the embossed seal of the DuPage County Health Department.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE