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ATTORNEYS'  
TITLE  
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FUND,  
INC.

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1619619112

Doc#: 1619619112 Fee: \$44.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 07/14/2016 10:56 AM Pg: 1 of 4

160096800282

2/5

## JOINT TENANCY AFFIDAVIT

STATE OF IL

SS

COUNTY OF COOK

Jeffrey Solvig hereby referred to as the affiant, states under oath that the affiant resides at 632 S Fourth Ave, in the City of Des Plaines, State of IL or Tor C. Solvig; that the affiant was acquainted with Tor C. Solvig, 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:

see attached

Address- 5917 N. Mobile Ave, Chicago, IL 60646  
PIN: 13-05-302-019-0000

S Y  
P 3  
S N  
SC Y  
INT Y

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 September 27, 2014, leaving no/a last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ 200,000.00, and the value of the above property individually was \$ \_\_\_\_\_;

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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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 Tor C Solvig, 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.

Jeffrey J. Solvig (Seal)  
 \_\_\_\_\_ (Seal)

Subscribed and sworn to before me this

30 day of June,  
 Day Month

Kathleen Meersman Murphy  
 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:

Kathleen Meersman Murphy Name  
 1100 W. Northwest Hwy. #112 Address  
 Mt. Prospect, IL 60056 City, State, Zip

Return to: \_\_\_\_\_ Name  
 \_\_\_\_\_ Address  
 \_\_\_\_\_ City, State, Zip

**UNOFFICIAL COPY**  
ATTORNEYS' TITLE GUARANTY FUND, INC.

**LEGAL DESCRIPTION**

**Permanent Index Number:**  
Property ID: 13-05-302-019-0000

**Property Address:**  
5917 N Mobile Ave  
Chicago, IL 60646

**Legal Description:**  
In William Zelosky's Rosedale Manor, being a subdivision of the northwest quarter (1/4) of the southwest quarter (1/4) of Section 5, Township 40 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Property of Cook County Clerk's Office

**UNOFFICIAL COPY**

**COOK COUNTY CLERK VITAL RECORDS  
CHICAGO, ILLINOIS  
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER		2014 0073633		DATE ISSUED		10/2/2014	
DECEDENT'S LEGAL NAME TOR C SOLVIG				SEX MALE	DATE OF DEATH SEPTEMBER 27, 2014		
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 84 YEARS		DATE OF BIRTH JANUARY 02, 1930			
CITY OR TOWN NILES			HOSPITAL OR OTHER INSTITUTION NAME PRESENCE SAINT BENEDICT NURSING & REHAB				
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY							
BIRTHPLACE CHICAGO, IL		SOCIAL SECURITY NUMBER		STATUS AT TIME OF DEATH MARRIED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME WAVA KRANZ	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 5917 N MOBILE			APT. NO.	CITY OR TOWN CHICAGO		INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60646	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION CORNELIUS SOLVIG			MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOHANNA UNAVAILABLE	
INFORMANT'S NAME JEFFREY SOLVIG			RELATIONSHIP SON		MAILING ADDRESS 632 S FOURTH AVENUE, DES PLAINES, IL, 60016		
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION MEXICAN CREMATION SERVICES		LOCATION - CITY OR TOWN AND STATE NORTHLAKE, IL		DATE OF DISPOSITION SEPTEMBER 30, 2014	
FUNERAL HOME COLONIAL-WOJCIECHOWSKI FH, 6250 N. MILWAUKEE AVENUE, CHICAGO, IL, 60646							
FUNERAL DIRECTOR'S NAME KAREN C BRULI					FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015746		
LOCAL REGISTRAR'S NAME DAVID ORR					DATE FILED WITH LOCAL REGISTRAR OCTOBER 1, 2014		
<b>CAUSE OF DEATH</b>		PART I. RENAL FAILURE		AS EXAMINATE INTERVAL BETWEEN ONSET AND DEATH		7 DAYS	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.		Due to (or as a consequence of):			
		b. CARDIAC ARRHYTHMIA		Due to (or as a consequence of):		1 DAYS	
		c.		Due to (or as a consequence of):			
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I.						WAS AN AUTOPSY PERFORMED? NO	
						WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE						MANNER OF DEATH NATURAL	
DATE OF INJURY		TIME OF INJURY		PLACE OF INJURY		INJURY AT WORK?	
LOCATION OF INJURY							
DESCRIBE HOW INJURY OCCURRED:						IF TRAUMATIC INJURY, SPECIFY:	
ATTEND THE DECEASED? YES		DATE LAST SEEN ALIVE SEPTEMBER 27, 2014		WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED	
						TIME OF DEATH 05:00 PM	
CERTIFIER PHYSICIAN						DATE CERTIFIED SEPTEMBER 30, 2014	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ASHOK SAWLANI, MD, 7447 W. TALCOTT, CHICAGO, ILLINOIS, 60631						PHYSICIAN'S LICENSE NUMBER 036-088986	

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.

*David Orr*  
David Orr  
Cook County Clerk

