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Doc# 1631345113 Fee \$42.00

RHSP FEE: \$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 11/08/2016 04:18 PM PG: 1 OF 3

After recording, mail to:
Altima Title, LLC
6444 N. Milwaukee Ave.
Chicago, IL 60631
Ph. 312-651-6070

AFFIDAVIT

UNIT 705 IN THE POLO TOWER CONDOMINIUM AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE:

THE EAST 25 FEET OF LOT 3, ALL OF LOTS 4, 5, AND 6 AND LOT "A" (EXCEPT THE WEST 125 FEET THEREOF) IN COUNTY CLERK'S DIVISION OF LOTS 12 AND 13 AND LOT 25 (EXCEPT THE WEST 550 FEET THEREOF) TOGETHER WITH ACCRETIONS THERETO IN SIMMONS AND GORDON'S ADDITION TO CHICAGO IN SECTION 16, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS;

WHICH SURVEY IS ATTACHED TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT 0011054423, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, IN COOK COUNTY, ILLINOIS.

Address of Property:
4180 N MARINE DR UNIT 705
CHICAGO, IL 60613

Parcel ID Number: 14-16-303-040-1074

PREPARED BY:

Jayal Amin,
Amin Law Offices, LTD
1900 E. Golf Road, Suite 1120
Schaumburg, IL 60173

CCRD REVIEW

16383 1 of 2 MAR

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DECEASED JOINT TENANT AFFIDAVIT

State of Illinois)
County of COOK) SS

The undersigned, **ASHISH K. CHUGH**, being first duly sworn and under penalty of perjury on oath states that he resides at 8283 Ridgepinte Dr., Burr Ridge, County of DuPage, State of Illinois.

That he was acquainted with **ANITA K. CHUGH**, deceased, who, at the time of her death, was one of the owners of the land commonly known as 4180 N. Marine Dr., Unit # 705, Chicago, IL 60613 and as legally described in the legal description attached hereto and made a part hereof as Exhibit "A" and is the subject matter of Atima Title Commitment No. 16383.

That the deceased died on June 02, 2015, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will and Testament.
- Leaving a Last Will and Testament, a copy of which is attached hereto. The original of the unproven will is to be filed with the Clerk of the Probate Division of the Circuit Court of Cook County, Illinois.
- Leaving a Last Will and Testament, which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois on _____.
- Leaving a Last Will and Testament which was probated in the Probate Division of the Circuit Court of _____ County, Illinois, on _____ as Case # _____.

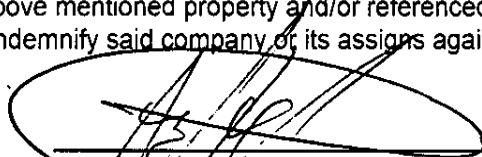
That from the Estate of the Deceased:

- All State Inheritance and/or Federal Estate Taxes which were due have been paid and evidence thereof is attached hereto.
- No State Inheritance and/or Federal Estate Taxes were due.

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \$ 300,000 dollars.

Affiant makes this affidavit for the purpose of inducing OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY to issue a Title Insurance Policy(s), describing the above mentioned property and/or referenced in the above mentioned Title Commitment/ Policy and agrees to indemnify said company or its assigns against any false statement(s) willfully made herein.

Date: 10/31/2016



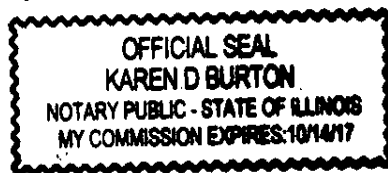
Affiant's Signature

Subscribed and Sworn before me this 31 day of OCT, 2016.

My Commission Expires: 10-14-17

Karen D. Burton

Notary Public



CERTIFICATION OF DEATH RECORD UNOFFICIAL COPY

DUPAGE COUNTY HEALTH DEPARTMENT WHEATON, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2015 0044550 MEDICAL EXAMINER'S CASE NUMBER 060415-JG2 DATE ISSUED 6/4/2015

DECEDENT'S LEGAL NAME ANITA K. CHUGH		SEX FEMALE	DATE OF DEATH JUNE 02, 2015	
COUNTY OF DEATH DU PAGE	AGE AT LAST BIRTHDAY 57 YEARS	DATE OF BIRTH DECEMBER 02, 1957		
CITY OR TOWN HINSDALE		HOSPITAL OR OTHER INSTITUTION NAME MANORCARE AT HINSDALE		
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY				
BIRTHPLACE INDIA	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH DIVORCED FROM MARRIAGE	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 8283 RIDGEPOINT DR	APT. NO.	CITY OR TOWN BURR RIDGE	INSIDE CITY LIMITS? YES	
COUNTY DU PAGE	STATE IL	ZIP CODE 60527	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LACHMANDAS DARRA	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION INDRA CHHUGOMAL KALATI
INFORMANT'S NAME ASHISH CHUGH		RELATIONSHIP SON	MAILING ADDRESS 8283 RIDGEPOINT DR, BURR RIDGE, IL 60527	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION BOLINGBROOK-MCCAULEY CREMATORY	LOCATION - CITY OR TOWN AND STATE BOLINGBROOK, IL	DATE OF DISPOSITION JUNE 04, 2015	
FUNERAL HOME BOLINGBROOK-MCCAULEY FUNERAL CHAPEL & CREMATORIUM, 530 W. BOUGHTON RD., BOLINGBROOK, IL 60440				
FUNERAL DIRECTOR'S NAME MEGAN GUIDERA MCCAULEY			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016079	
LOCAL REGISTRAR'S NAME KAREN AYALA			DATE FILED WITH LOCAL REGISTRAR JUNE 4, 2015	

CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death)	PART I. IDIOPATHIC PULMONARY FIBROSIS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH YEARS
	b. RHEUMATOID ARTHRITIS	

PART II. Enter other significant conditions contributing to death 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 PREGNANT WITHIN LAST YEAR	MANNER OF DEATH NATURAL		
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?

LOCATION OF INJURY	DESCRIBE HOW INJURY OCCURRED	IF TRANSPORTATION INJURY, SPECIFY
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ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE MAY 27, 2015	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 01:30 PM
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CERTIFIER PHYSICIAN	DATE CERTIFIED JUNE 03, 2015
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH UMANG PATEL, 7530 S WOODWARD AVE, WOODRIDGE, ILLINOIS 60517	PHYSICIAN'S LICENSE NUMBER 036067855



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.

Karen J. Ayala
Local Registrar

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