

## UNOFFICIALIOPY

\*1634042016 Fee \$42.00

RHSP FEE:\$9.00 RPRF FEE: \$1,00

KAREN A.YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 12/05/2016 10:34 AM PG: 1 OF 3

INC.
Illinois Offices:

ATTORNEYS'
TITLE

**GUARANTY** 

FUND,

CHAMPAIGN | CHICAGO
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ATG FORM 3007

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## JOINT TENANCY AFFIDAVIT

STATE OF THE MOIS		
STATE OF ILLINOIS		
COUNTY OF COOK		
	referred to as the affiant, states under oath that the	
851 N. Mapleton , in the City of acquainted with JOHN M. LAVIN	Chicago, State of Illinois; t	that the attiant was
owners of property, by virtue of a properly recorded joint tenance	leed, said property located in Cook	County
State of Illinois , and legally described as follow		
LOT 8 IN DUDECK'S RESUBDIVISION OF PART OF LOTS 22	38 AND 39 IN LS HOVEAND'S RESURDIVE	SION OF LS
HOVLANS'S 103RD STREET SUBDIVISION OF THE WEST 1.	2 AND THE NORTH 1/2 OF THE EAST 1/2 OF	THE
NORTHWEST 1/4 OF SECTION 14, TOWNSHIP 37 NORTH, R COOK COUNTY, ILLINOIS.	ANGE 13 EAST OF THE THIRD PRINCIPAL M	MERIDIAN, IN
PIN: 24-14-102-081-0000	C/C/T/S	
Address: 10330 S. Ridgeway Avenue, Chicago, IL 60655	T	
	0.	
	$O_{\mathcal{K}_{\alpha}}$	
The decedent had no interest in any business or partnership, nor h	eld any power of appointment at death, nor crea	ted any remainder
interests in property by transfer with retention of a life interest enjoyment after death;	therein or the creation of interests to take effect	t in possession or
• •	C	
The decedent died on July 5, 1999, lea	ving no/a last will and testament;	
The total value of decedent's estate, including the taxable interest in	the above property was \$ 233,000.00	, and
the value of the above property individually was \$ 233,000.00	;	,
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 Guarar	ity Fund Inc. (ATG®) to issue its policy of title	incurance on the
above described property.	ty rund, me., (ATO ) to issue its policy of thic	msurance on the
s V	Attorneys rates	4
<u> </u>	1 S. Wacker Dr., S1E 2400	
۲ <u>۵</u>	Chicago IL 60606-4650	
S.N	Attn:Search Department	

Prepared by ATG REsource®

FOR USE IN: ALL STATES

## **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	JOHN M. LAVIN	, the decedent;
2. State Estate/Inheritance Tax and Federa	Estate Tax that may be charged again	nst the estate of said decedent;
3. Legacies, if any, created by the will of sa	aid decedent;	
4. Rights of contribution.		
	John T. Jas Altaen Joann T. Lavin ATTORNEY-IN-	(Seal)  Aun Dyllernsdelle Mulle  (Seal)  August 1  (Seal)  FACT (Seal)
Subscribed and sworn to before me wis		
day of November  Day  Month  Notary Public	Qoilb Year	APRIL MACALUSO OFFICIAL SEAL Notary Public, State of Illinois My Commission Expires June 07, 2017
death certificate, together with evidence of payr	essary that the original or certified coperation of death according to the control of the contro	by thereof be presented to ATG for inspection. A company this affidavit.
	Co,	
This instrument prepared by:	Return to:	
HUTCHISON, ANDERS & HICKEY Name	HUTCH/SON, A	NDERS & HICKEY Name
16860 S. OAK PARK AVENUE, SUITE 101	16860 S. OAK P	ARK AVENUE, SUITE 101
TINLEY PARK, IL 60477  City, State, Zip	TINLEY PARK,	Address IL 60477 City, State, Zip
		SOM CO

DEPUTY REGISTRAR

<u>EVERGREEN PARK,</u> ILLINOIS

TA

REGISTRATION DISTRICT NO.

16:33

STATE OF ILLINOIS

10LY DATE 6661

STILLBIRTHS AND DEATHS.

DANCE WITH THE PROVISIONS OF THE LLLLLLOOPS RELATING TO THE REGISTRATION OF BIRTHS, I HEREBY CERTIFY THE PROVISIONS OF THE LLLLLOOPS RELATING TO THE REGISTRATION OF BIRTHS,

COLUMN TOTAL COLUMN	26b. July 6, 1999	Illinois Department of Public Health—Division of Vital Records	26a. ►
TOHN    ACCUMENT   AND RESIDENCE   LAST   DATE OF DEATH MODING DAY, YEARS   LAST   DATE OF DEATH MODING, WARRAND DAY, YEARS   LAST   DATE OF DEATH MODING DAY, YEARS   LAST   DAY, YEARS   LAS	FILEDBY LOCAL	D	знант)
JOHN   M.   LAST   SEX   DATE OF DEATH MODIN, DAY, PARK   JOHN STATE, MALE   JULY 5, 1999   STRICT NUMBER   S.   S.   S.   S.   S.   S.   S.   S	034	A Color	25h V Quelius J. n
JOHN   M.   LAVIN	ROAD, CHICAGO, IL	HOME, 10727 SOUTH PULAS	N & SON
JOHN  M.  IAVIN  M.  M.  IAVIN  M.  M.  IAVIN  M.  M.  M.  M.  M.  M.  M.  M.  M.  M	STATE	AND NUMBER OR R.F.D. C	NAME
JOHN  M.  IAVIN  M.  M.  IAVIN  M.  M.  IAVIN  M.  M.  M.  M.  M.  M.  M.  M.  M.  M	IS 24d JU	E 24c WORTH,	24b. HOLY
JOHN  M.  LAVIN  LAVIN  M.  LAVIN  MARIE J.  MALE  J.  J.  J.  J.  J.  J.  J.  J.  J.  J		(TECOTERIN)	
JOHN  M. LAVIN  LAVIN  DATE OF DEATH MODITION VERMINGS POLICE INTO PROCESS OF REPORT MODES OF REAL MANDERS OF	w	TH STREET, OAK LAWN, IL	DR. ICR ISHNAN, 5019 WEST
JOHN  M. LAVIN  LAVIN  B. LITTLE  COMPANY  B. LAVIN  B. COOK  BROOD DISTRICT NO.  BROOD DISTRICT NO.  BROOGNAME SPECIFY COMPANIES SPECIFY  B. COOK  BROOD BUSINESS OR ADDUSTRY  BROOGNAMA ADDUSTRY  BROONNAMA A	ILLINOIS LICENSE NUMBER		
JOHN    ACE-LAST   LAVIN   LAVIN   2 MALE   3 JULY 5, 1999	DATESIGNED	TIME, DATE AND PLACE AND DIJE TO THE	ENTH OCCURRE
THE THAT MIDLE LAST LAVIN  JOHN  M. LAVIN  LAVIN  LAVIN  LAVIN  JAMEOFERATH MONTH, DAY, YEAR)  MALE  JANUARY  J	HOUR OF DEATH	9	VEON MONTH
JOHN	20c. YES NO		
JOHN  M.  LAVIN  LAVIN  DATE OF DEATH MONTH, DAY, YEAR]  MACE-LAST  S. A. G. LAST  S. A. G. LAST  RK  METHODAY  S. A. G. LAST  S. A. G. LAST  BATE OF BIRTH MONTH, DAY, YEAR]  MACE LAST  MACE LAST  S. A. G. LAST  S. A. G. LAST  MACHIED, LIVERA ACCE LAST  MACHIED, DIVORCED SECURY  S. A. G. LAST  MACHIED, DIVORCED SECURY  S. B. MARRIED, DIVORCED SECURY  SECURIOR MACHIED  MACE LAST  MANDOF BUSINESS OR NOUSTRY  MEDIDE  OF HISPA 11 TOWN, TWP. OR ROAD DISTRICT NO.  MIDDLE  MACE LAST  MALING ACONESS OF COMPANY  PERMITE BLACK, MACHOLAN  MIDDLE  LAST  LAVIN  116  DELLA  MALING ACONESS OF COMPS SECURY CHARGES SECURY CHARLES SECURY CH		ng in the underlying cause given in PART I.	PATE DEDEEDSTON IS ANY AND SECUNDATED TO SECUNDATE OF THE OFFICE OF THE OFFICE OF THE OFFICE
JOHN  M. LAVIN  DATE OF BIRTH IMONTH, DAY, YEAR]  AGE—LAST BIRTHDAY  AGE—LATION  AGE—LAST BIRTHDAY  AGE—LAST BIRCHAY  AGE—LAST BIRTHDAY  AGE—LAST BIRCHAY  AGE—LAST BIRTHDAY  AGE—LAST BIRTHDAY  AGE—LAST BIRTHDAY  AGE—LAST BIRTHDAY  AGE—LAST BIRTHDAY  AGE—LAST BIRTHDAY  AGE—LAST BIRCHAY  AGE—LAST BIRTHDAY  AGE—LAST BI		15/6	
DEATH  JOHN  M. LAVIN  JOHN  M. LAVIN  JOHN  M. LAVIN  JOHN  M. LAVIN  JOHN  JOHN  M. LAVIN  JOHN  JOH		NITA	(a) DUE TO,
DEATH  JOHN  M.  LAVIN  2. MALE  3. JULY  5, 1999  DEATH  MODER INDER INDER  MARCE  DORON  REFLAST  BRELAST  BROPER INDER  BROARY  BRELAST  BROARY  BRELATION WINDERLANK IPWORKE INMORRANCE INVOICES INMORRANCE INMORRANCE INMORRANCE INMORRANCE INMORRANCE INVOICES INMORRANCE INMORRANCE INMORRANCE INMORRANCE INMORRANCE INVOICES INMORRANCE INVOICES INMORRANCE INMORRANCE INMORRANCE INMORRANCE INMORRANCE INVOICES INVOICES INMORRANCE INVOICES INVOICES INFORMAL EXCLASION OF THE INSTITUTION OF TOWN, STATE ZIPL  JOHNN M. LAVIN  JOHNN M. LAVIN  JOHNN M. LAVIN  JOHNN M. MAILING ADDRESS INTREE AND NO OR RED, CITY OR TOWN, STATE ZIPL  JOHNN M. LAVIN  JOHNN M. LAVIN  JOHNN M. LAVIN  JOHNN M. LAVIN  JOHNN M. MAILING ADDRESS INTREE AND NO OR RED, CITY OR TOWN, STATE ZIPL  JOHNN M. LAVIN  JOHNN M. MAILING ADDRESS INTREE AND NO OR RED, CITY OR TOWN, STATE ZIPL  JOHNN M. LAVIN  JOHNN M. LAVIN  JOHNN M. LAVIN  JOHNN M. LAVIN  JOHNN M. MAILING ADDRESS INTREE AND NO OR RED, CITY OR TOWN, STATE ZIPL  JOHNN M. LAVIN  JOHNN M. LAVIN  JOHNN M. MAILING ADDRESS INTREE AND NO OR RED, CITY OR TOWN, STATE ZIPL  JOHNN M. LAVIN  JOHNN M. LAVIN  JULY S. MAIL MAINTHEAU M	respiratory arrest.	nat caused the de. th. Do not enter the mode cause on each line.	shock, or heart fail
DEATH  JOHN  M.  LAVIN  2. MALE  3. JULY 5, 1999  BIRTHDAY (YRS)  ROSE   DATE OF DEATH   MONTH, DAY, YEAR]  K  LAVIN  2. MALE  3. JULY 5, 1999  BATE OF DEATH   MONTH, DAY, YEAR]  K  SEX  DATE OF DEATH   MONTH, DAY, YEAR]  BIRTHDAY (YRS)  SO. 5. 64  So. 50  So. 64  So. 50  So. 64  So. 50  So. 64  So. 50  So. 64  So. 6	RIDGEWAY, CHICAGO,	7c.10330 S	ANN M. LAVIN
TINOIS 131. 60655 144a. MIDDLE  NAME FIRST MIDDLE  NINDER LAST LAVIN  M. LAVIN	BROGAN	DELL.	
TOHN  THAT  TOHN  TOTOLE  TOTO	(MAIDEN)	MOT EF-NAME F	HER-NAME FIRST MIDDLE
THAT HOLE  JOHN  M. LAVIN  DEATH  AGE-LAST  BIRTHDAY (YNS)  BIRTHDAY (YNS)  SEX  DATE OF DISTRICT NUMBER   DAYS   DA		145	ILLINOIS 13t 60655
THAST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)  DEATH  DEATH  AGE-LAST UNDERLYEAR UNDERLYEAR HOURS MIN SECURITH (MONTH, DAY, YEAR)  K  K  TWP, OR ROAD DISTRICT NUMBER  HOSPITAL OR OTHER INSTITUTION—VAME (IF NOTIVETHER, GIVE STREET AND NUMBER)  FIRST  MARRIED, NEVER MA		ICAGO	10330 SOUTH RIDGEWAY
ASED-NAME FIRST MIDDLE LAST  M. LAVIN 2. MALE 3. JULY 5, 1.9  TYOF DEATH TYOF DEATH TYOF DEATH TOWN, TWP, OR ROAD DISTRICT NUMBER AGE-LAST Sa. 64 56 1000  EVERGREEN PARK FIRST MIDDLE FLAGE (CITY AND STATE OR WIDOWED, DIVORCED (SPECIFY) SICOUNITRY) ANARGE (CITY AND STATE OR WIDOWED, DIVORCED (SPECIFY) ACCOUNTITY NUMBER USUAL OCCUPATION  MIDDLE LAST MALE 2. MALE 3. JULY 5, 1.9  AGE-LAST MODER 1 PARY MOSER 1	12 INSIDE CITY COUNTY	CITY, TOWN, TWP, OR ROAD DISTRICT NO.	(STREET AND NUMBER)
ASED-NAME FIRST MIDDLE LAST  LAVIN 2. MALE 3. JULY 5, 10  TYOF DEATH TYOF DEATH  AGE-LAST BIRTHDAY (YRS) TOWN, TWP.OR ROAD DISTRICT NUMBER PLACE (CITY AND STATE OF B.  WARRIED, NEVER MARRIED, NEVER MARRHEID, NEVER MARRIED, NEVER MARRHEID,	ATION (SPECIFY ONLY HIGHEST GRADE COMPLETE any Secondary (0-12) College (1-4 or 5 + )	KIND OF BUSINESS OF INDUSTRY	CIAL SECURITY NUMBER USUA
ASED-NAME FIRST MIDDLE LAST LAVIN 2. MALE 3. JULY TYOF DEATH AGE-LAST BIRTHDAY (YRS) TOWN, TWP, OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT INETTHER, GIVE STREET AND NUMBER)  EVERGREEN PARK  FIRST MIDDLE LAST UNDER 1 DAY HOSPITAL OR DEATH MOS   DAYS   MIN   DATE OF BIRTH (MONTH, DAY) So.   DAY   DATE OF BIRTH (MONTH, DAY) So.   DAYS   MIN   DAY   DATE OF BIRTH (MONTH, DAY) So.   DATE OF DEATH ASED-MALE 3. JULY BIRTHDAY (YRS) So.   DATE OF DEATH ASED-MALE 3. JULY BIRTHDAY (YRS) So.   DATE OF DEATH ASED-MALE 3. JULY BIRTHDAY (YRS) So.   DATE OF DEATH ASED-MALE 3. JULY BIRTHDAY (YRS) So.   DATE OF DEATH ASED-MALE 3. JULY BIRTHDAY (YRS) SO.   DATE OF DEATH ASED-MALE 3. JULY BIRTHDAY (YRS) SO.   DATE OF DEATH ASED-MALE 3. JULY BIRTHDAY (YRS) SO.   DATE OF DEATH ASED-MALE 3. JULY BIRTHDAY (YRS) SO.   DATE OF DEATH ASED-MALE 3. JULY BIRTHDAY (YRS) SO.   DATE OF DEATH ASED-MALE 3. JULY BIRTHDAY (YRS) SO.   DAYS   DAYS   DATE OF DEATH ASED-MALE 3. JULY BIRTHDAY (YRS) SO.   DAYS   DAYS   DATE OF DEATH ASED-MALE 3. JULY BIRTHDAY (YRS) SO.   DAYS   DAYS	Carlo	CIPY) NAME OF SURVIVING SPOUSE (M. Bb. JOANN M. McH	IS
ASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH  JOHN M. LAVIN 2. MALE 3. JULY  TYOF DEATH AGE-LAST BIRTHDAY (YRS) BIRTHDAY (YRS) 55. DAYS HOURS MIN COOK COOK TOWN TWO OR ROAD DISTRICT NUMBER HOSEITAL OR OTHER INSTITUTION WATER TOWN TWO OR ROAD DISTRICT NUMBER  TOWN TWO OR ROAD DISTRICT NUMBER  HOSEITAL OR OTHER INSTITUTION WATER TOWN TWO OR ROAD DISTRICT NUMBER  TOWN TWO OR ROAD DISTRICT NUMBER  HOSEITAL OR OTHER INSTITUTION WATER TOWN TWO OR ROAD DISTRICT NUMBER  TOWN TWO OR ROAD DISTRICT NUMBER  HOSEITAL OR OTHER INSTITUTION WATER TOWN TWO OR ROAD DISTRICT NUMBER  TOWN TWO OR		. LITTLE COMPANY OF MARY HOSPI	EVERGREEN PARK
JOHN M. LAVIN 2 MALE	26	(YRS) MOS. DAYS HOURS MIN. 5d.	COOK TOWN TWP OR BOAD DISTRICT NUMBER
ME FIAST MIDDLE LAST SEX	a JULY 5, 1999	LAVIN 2. MALI	JOHN
	DATE OF DEATH (MONTH, DAY, YEAR)	LAST	NE F