



ATTORNEYS' TITLE GUARANTY FUND, INC.

Illinois Offices: CHAMPAIGN | CHICAGO ARLINGTON HEIGHTS | BELLEVILLE FRANKFORT | GURNEE | LIBERTYVILLE LOMBARD | OAK LAWN | SKOKIE | WHEATON 800 252 0402

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www.atgf.com



\*1703242071\*

Doc# 1703242071 Fee \$42.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 02/01/2017 03:45 PM PG: 1 OF 3

641007207071

JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF MCHENRY

HANNELORE SABO

hereby referred to as the affiant, states under oath that the affiant resides at 1220 VILLAGE DRIVE UNIT 249, in the City of ARLINGTON HEIGHTS, State of ILLINOIS

acquainted with NIKOLAUS SABO, 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 ILLINOIS, and legally described as follows:

LOTS 19 AND LOT 20 IN BLOCK 2 IN KOSTNER AVENUE ADDITION TO KENILWORTH HIGHLANDS, BEING A SUBDIVISION OF THE SOUTH 1/2 OF THE WEST 10 ACRES OF THE SOUTH 20 ACRES OF THE WEST 80 ACRES OF THE SOUTHEAST 1/4 OF SECTION 28, TOWNSHIP 41 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

10-27-425-027-0000 / 10-27-425-028-0000 7214 N. Kildare Ave

Lincolnwood, IL 60712

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

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 DECEMBER 9, 2014, leaving no/a last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ 600,000.00, and the value of the above property individually was \$ 300,000.00

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 Guaranty Fund, Inc., (ATG®) to issue its policy of title insurance on the above described property.

SEARCHED INDEXED SERIALIZED FILED

# 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 NIKOLAUS SABO, 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.

*Hannelore Sabo* (Seal)

HANNELORE SABO (Seal)

Subscribed and sworn to before me this

23<sup>rd</sup> day of JANUARY, 2017  
Day Month Year

*Beverly E. Stanis*  
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:

BEVERLY E. STANIS  
Name  
3681 GRAYHAWK DRIVE  
Address  
ALGONQUIN, IL 60102  
City, State, Zip

Return to:

HANNELORE SABO  
Name  
1220 VILLAGE DRIVE UNIT 249C  
Address  
ARLINGTON HEIGHTS, IL 60004  
City, State, Zip

# CERTIFICATION OF DEATH RECORD

## UNOFFICIAL COPY

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

STATE FILE NUMBER 2014 0093887

DATE ISSUED 12/15/2014

DECEDENT'S LEGAL NAME NIKOLAUS E SABO			SEX MALE	DATE OF DEATH DECEMBER 09, 2014
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 86 YEARS	DATE OF BIRTH AUGUST 07, 1928		
CITY OR TOWN GLENVIEW	HOSPITAL OR OTHER INSTITUTION NAME MIDWEST PALLIATIVE & HOSPICE CARE CENTER			
PLACE OF DEATH HOSPICE FACILITY				
BIRTHPLACE ROMANIA	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME HANNELORE A GEBBEKEN	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 7214 N KILDARE AVE	APT. NO.	CITY OR TOWN LINCOLNWOOD	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60712	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ERNEST SABO	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARIA BINDER
INFORMANT'S NAME HANNELORE A SABO		RELATIONSHIP WIFE	MAILING ADDRESS 7214 N KILDARE AVE, LINCOLNWOOD, IL, 60712	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION NORTH SHORE CREMATION CARE, LLC	LOCATION - CITY OR TOWN AND STATE SKOKIE, IL	DATE OF DISPOSITION DECEMBER 12, 2014	
FUNERAL HOME HABEN FUNERAL HOME & CREMATORY, 8057 NILES CENTER RD, SKOKIE, IL, 60077				
FUNERAL DIRECTOR'S NAME JOHN W HABEN			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011820	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR DECEMBER 10, 2014	
CAUSE OF DEATH				
PART I METASTATIC LUNG CANCER				
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
Due to (or as a consequence of):				
Due to (or as a consequence of):				
Due to (or as a consequence of):				
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				
CORONARY ARTERY DISEASE			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 TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE DECEMBER 04, 2014	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 07:20 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED DECEMBER 10, 2014	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ANGEL G GALVEZ MD, 1700 LUTHER LANE, PARK RIDGE, ILLINOIS, 60068			PHYSICIAN'S LICENSE NUMBER 036089010	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE