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ATTORNEYS' TITLE GUARANTY FUND, INC.



\*1705218108\*

Doc# 1705218108 Fee \$42.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 02/21/2017 03:05 PM PG: 1 OF 3

JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS )
COUNTY OF COOK ) SS

PAUL ABRAM, hereby referred to as the affiant, states under oath that the affiant resides at 17049 Jeffrey Ave., Hammond, IN 60473 that the affiant was acquainted with ANNA P. ABRAM; at the time of the decedent's death, the decedent was one of the owners of a parcel of property by virtue of a property recorded joint tenancy or tenancy by the entirety deed, said property located in COOK County, Illinois, and legally described as follows:

The East 8 feet of Lot 9 and all of Lot 10 in Block 1 in Calumet Park 3rd Addition being a Subdivision of part of the Southwest 1/4 of Section 2, Township 36 North, Range 14, East of the Third Principal Meridian, according to the Plat thereof recorded August 7, 1925 as Document Number 8999101, in Cook County, Illinois.

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

Permanent Index Number(s): 29-02-304-036-0000
Property Address: 1019 E. 142nd St., Dolton, IL 60419

The decedent died on Oct. 22, 2016 leaving no/a last will and testament;

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 total value of decedent's estate, including the taxable interest in the above property, is 300,000.00, and that the value of the above property individually is 25,000.00;

The State 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.

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

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JA.

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## JOINT TENANCY AFFIDAVIT

(continued)

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 ANNA P. ABRAM deceased, 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.

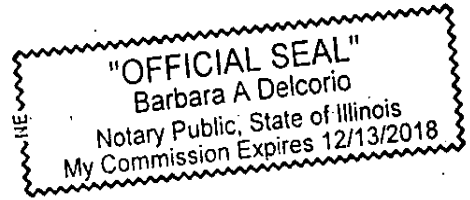
Paul Abram  
PAUL ABRAM

Subscribed and sworn to before me this

6th day of February, 2017  
(Month) (Year)

Barbara A. Delcorio  
(Notary Public)

My commission expires: 12/13/2018



**Note:** If the decedent left a will, a certified copy thereof must be presented to ATG for inspection, along with a certified copy of the death certificate and evidence of payment of death taxes, if any.

This instrument prepared by:

ROBERT C. COLLINS, JR.  
ATTORNEY AT LAW  
850 Burnham Ave.  
Calumet City, IL 60409

Return to:

ROBERT C. COLLINS, JR.  
ATTORNEY AT LAW  
850 Burnham Ave.  
Calumet City, IL 60409

**CERTIFICATION OF DEATH RECORD**

**UNOFFICIAL COPY**  
 COOK COUNTY CLERK VITAL RECORDS  
 CHICAGO, ILLINOIS

**MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2016 0082889

DATE ISSUED 10/26/2016

DECEDENT'S LEGAL NAME ANNA PEARL ABRAM		SEX FEMALE	DATE OF DEATH OCTOBER 22, 2016	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 68 YEARS	DATE OF BIRTH AUGUST 15, 1948		
CITY OR TOWN HARVEY	HOSPITAL OR OTHER INSTITUTION NAME INGALLS HOME HOSPICE			
PLACE OF DEATH HOSPICE FACILITY				
BIRTHPLACE ANNISTON, AL	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME PAUL ABRAM	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 17049 JEFFREY AVE	APT. NO.	CITY OR TOWN SOUTH HOLLAND	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60473	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION FLETCHER BAILEY	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION VICTORIA KYLES
INFORMANT'S NAME PAUL ABRAM		RELATIONSHIP HUSBAND	MAILING ADDRESS 17049 JEFFREY AVE, SOUTH HOLLAND, IL, 60473	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION OAKLAND MEMORY LANES	LOCATION - CITY OR TOWN AND STATE DOLTON, IL	DATE OF DISPOSITION OCTOBER 28, 2016	
FUNERAL HOME LEAK AND SONS, 7838 SOUTH COTTAGE GROVE, CHICAGO, IL, 60619				
FUNERAL DIRECTOR'S NAME SPENCER LEAK SR			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031007489	
LOCAL REGISTRAR'S NAME NANCY L CLARK			DATE FILED WITH LOCAL REGISTRAR OCTOBER 26, 2016	
<b>CAUSE OF DEATH</b> PART I. LUNG CANCER IMMEDIATE CAUSE a. _____ (Final disease or condition resulting in death) 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.			WAS AN AUTOPSY PERFORMED? NO WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A MANNER OF DEATH NATURAL	
FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR				
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:				
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 11:10 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED OCTOBER 25, 2016	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH MARK KOZLOFF MD, 71 W 156TH ST, HARVEY, ILLINOIS, 60426			PHYSICIAN'S LICENSE NUMBER 036047581	



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