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FUND,
INC.

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Doc# 1715810021 Fee \$42.00

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KAREN A.YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 06/07/2017 11:25 AM PG: 1 OF 3

FOR USE I

JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK
Alfred L. Levinson hereby referred to as the affiant, states under oath that the affiant resides at 1470 Countryside Dr. , in the City of Buffalo Grove , State of Illinois ; that the affiant was
acquainted with Sandra J. Levinson, 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:
Lot 75 in Windfield Phase I, a subdivision of part of the North 1/2 of the Southeast 1/4 of Section 6, Township 42 North, Range 11, East of the Third Principal Meridian, in Cook County, Illinois.
PIN: 03-06-401-002-0000
Commonly known as: 1470 Countryside Drive, Buffalo Grove, IL 60089 Attorneys' Title Guaranty Fund, Inc. 1 S. Wacker Dr., Ste. 2400 Chicago, IL 60606-4650 A.tn: Search Department
The decedent had no interest in any business or partnership, nor held any power of appointment at death, are 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 February 4, 2011 , leaving no/a last will and testament;
The total value of decedent's estate, including the taxable interest in the above property was \$ 300,000, and the value of the above property individually was \$ 150,000.00;
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;

above described property.

The affiant makes this affidavit to induce Attorneys' Title Guaranty Fund, Inc., (ATG%) to issue its policy of title insurance on the

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Arlington Heights, IL 60004

2/t/s Office

The affiant hereby covenants and agrees, individually, and for the affiants, neirs, 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	Sandra J. Levinson	the decedent;	
2. State Estate/Inheritance Tax and Fede	ral Estate Tax that may be charged	against the estate of said decedent;	
3. Legacies, if any, created by the will of	f said decedent;		
4. Rights of contribution.		WAR BUMBA	(Seal)
\(\bar{\chi}_{\chi} \)			(Seal)
Subscribed and sworn to be ore me this			
day of	,	OFFICIAL SEAL JENNIFER S DOMPKE Notary Public - State of Illinois My Commission Expires Jan 29, 2019	
Notary Public			
Note: If the decedent left a will, it will be not death certificate, together with evidence of pa			spection. A
	4		
This instrument prepared by:	Return to:		
James C. Siebert	Jaynes C. Si		
Name 3325 N. Arlington Heights Rd #500	3325 N Ai	Name lington Heights Rd #500	
Address	202011111	Address	

Arlington Heights, IL 60004

City, State, Zip

HEWORDWOID/APPEARSWHENIPHOILOCOP

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

DATE ISSUED 5/15/2017

DECEDENT'S LEGAL NAME SANDRA J LEVINSON SEX DATE OF DEATH FEBRUARY 04: 2011
COUNTY OF DEATH COOK AGE AT LAST BIRTHDAY 67. YEARS DATE OF BIRTH SEPTEMBER 15, 1943
CITY OR TOWN CHICAGO HOSPITAL OR OTHER INSTITUTION NAME NORTHWESTERN MEMORIAL HOSPITAL
PLACE OF DEATH: INPATIENT
BIRTHPLACE SOCIAL SECURITY NUMBER STATUS AT TIME OF DEATH SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME EVER IN U.S. ARMED CHICAGO, IL MARRIED ALFRED LEVINSON FORCES? NO
RESIDENCE APT NO. CITY OR TOWN INSIDE CITY LIMITS? 1470 COUNTRYSIDE 1R /E YES
COUNTY STATE ZIP CODE FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LEONA MANN
INFORMANT'S NAME ALFRED LEVINSON RELATIONSHIP HUSBAND MAILING ADDRESS 1470 COUNTRYSIDE DRIVE BUFFALO GROVE, IL 60089
METHOD OF DISPOSITION PLACE OF DISPOSITION LOCATION CITY OF TOWN AND STATE DATE OF DISPOSITION BURIAL PARK ARLINGTON HEIGHTS, IL FEBRUARY 08, 2011
FUNERAL HOME SHALOM MEMORIAL FUNERAL HOME, 170) W. PAND ROAD, ARLINGTON HEIGHTS, IL, 60004
FUNERAL DIRECTOR'S NAME MINDY BOTBOL FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015328
LOCAL REGISTRAR'S NAME DAVID ORR DAVID ORR
CAUSE OF DEATH PART I. SEPTIC SHOCK
(Final disease or condition Due to (or as a Lysequence of): Presulting in dealth) B. HYPOXEMIC RESPIRATORY FAILURE
E STANK STAN
Due to (of 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.
WERE AUTOPSY FINDINGS USED TO
FEMALE PREGNANCY STATUS COMPLETE CAUSE OF DEATH? N/A MANNER OF DEATH
NOT APPLICABLE DATE OF INJURY TIME OF INJURY PLACE OF INJURY INJURY AT WORK?
LOCATION OF INJURY
DESCRIBE HOW INJURY OCCURRED.
ATTEND THE DECEASED? DATE LAST SEEN ALIVE. WAS MEDICAL EXAMINER OR DATE PRONOUNCED. TIME OF DEATH YES FEBRUARY 04 2011 CORONER CONTACTED? NO 09:27:AM
CERTIFIER PHYSICIAN DATE CERTIFIED FEBRUARY 04: 2011
NAME ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH MICHAEL KRISS MD, 251 E-HURON STREET, CHICAGO, ILLINOIS, 60611 125-54105



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





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