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1718134965

Doc# 1718134965 Fee \$42.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 06/30/2017 01:34 PM PG: 1 OF 3

170244200771
1/3

JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF COOK

FLORENCE M. LYONS hereby referred to as the affiant, states under oath that the affiant resides at 6016 S. MONITOR AVE., in the City of CHICAGO, State of ILLINOIS; that the affiant was acquainted with JOHN J. LYONS, 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 SIX (6) AND THE SOUTH HALF OF LOT FIVE (5) IN BLOCK TWO (2) IN FOURTH ADDITION TO CLEARING, A SUBDIVISION OF THE SOUTH THREE QUARTERS OF THE WEST HALF OF THE SOUTH EAST QUARTER OF SECTION SEVENTEEN (17) TOWNSHIP THIRTY-EIGHT (38) NORTH, RANGE THIRTEEN (13) EAST OF THE THIRD PRINCIPAL MERIDIAN IV COOK COUNTY, ILLINOIS.

PIN: 19-17-410-024-0000
6016 S. Monitor Ave, Chicago IL 60638

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 AUGUST 2, 2011, leaving no/a last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ 450,000.00, and the value of the above property individually was \$ 187,000.00;

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.

S
P
S
SC
INT

CCRD REVIEW

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

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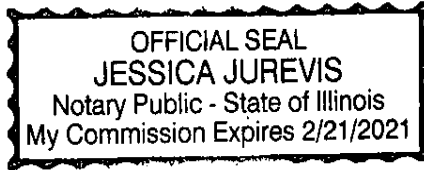
The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATG harmless and to reimburse ATG for all loss, costs, damages, suits, attorney's fees, and expenses of every kind and nature 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 J. LYONS, 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.

Florence Lyons by Anthony Lyons agent (Seal)
 _____ (Seal)

Subscribed and sworn to before me this

5th day of June, 2011
 Day Month Year



Jessica Jurevis
 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:

JAMES J. KASH

Name

6545 W. ARCHER AVE.

Address

CHICAGO, IL 60638

City, State, Zip

Return to:

Name

Address

City, State, Zip

CERTIFICATION OF DEATH RECORD**UNOFFICIAL COPY**
**BERWYN HEALTH DISTRICT
 BERWYN, ILLINOIS
 MEDICAL CERTIFICATE OF DEATH**

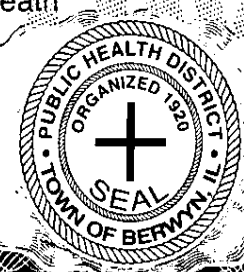
STATE FILE NUMBER 2011-0057891

DATE ISSUED 08/09/2011

DECEDENT'S LEGAL NAME JOHN JOSEPH LYONS JR		SEX MALE	DATE OF DEATH AUGUST 02, 2011	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 89 YEARS		DATE OF BIRTH MARCH 22, 1922	
CITY OR TOWN BERWYN		HOSPITAL OR OTHER INSTITUTION NAME MAC NEAL MEMORIAL HOSPITAL		
PLACE OF DEATH INPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME FLORENCE MARIE HARTE	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 6016 SOUTH MONITOR AVENUE		APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60638	FATHER'S NAME JOHN JOSEPH LYONS SR	MOTHER'S NAME PRIOR TO FIRST MARRIAGE ANASTASIA O NEILL
INFORMANT'S NAME FLORENCE MARIE LYONS		RELATIONSHIP SPOUSE	MAILING ADDRESS 8016 SOUTH MONITOR AVENUE, CHICAGO, IL, 60638	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION QUEEN OF HEAVEN CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE HILLSIDE, IL	DATE OF DISPOSITION AUGUST 05, 2011
FUNERAL HOME FEELEY BALTO FUNERAL SERVICE, 10315 S HUMAN AVE, CHICAGO, IL, 60655				
FUNERAL DIRECTOR'S NAME MAUREEN F FEELEY-BALTO			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014167	
LOCAL REGISTRAR'S NAME ELIZABETH A PECHOUS			DATE FILED WITH LOCAL REGISTRAR AUGUST 5, 2011	
CAUSE OF DEATH	PART I:	PNEUMONIA WITH RESP FAILURE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a			
	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 CARDIOMYOPATHY			WAS AN AUTOPSY PERFORMED? UNKNOWN	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? UNKNOWN	
DID TOBACCO USE CONTRIBUTE TO DEATH?	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 AUGUST 01, 2011	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 02:13 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED AUGUST 02, 2011	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH MOHAMMED QURESHI, 6538 WEST CERMAK ROAD, BERWYN, ILLINOIS, 60402				PHYSICIAN'S LICENSE NUMBER 036-092505

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.

Elizabeth A. Pechous
 Elizabeth A. Pechous
 Registrar



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

HOLD UP TO LIGHT TO VERIFY TRUE WATERMARK

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 - Document is protected with tactile holographic seals. Hold to light to verify both.
 - Left seal shows "ILLINOIS DEATH CERTIFICATE" with tactile lines over printing seal.
 - Right seal shows "LOCK-KEY-SAFE" flip imagery and guilloche tactile ridges with "D" and "C" latent images.
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