UNOFFICIAL COPY

	JOINT TENANCY AFFIDAVIT	Doc#. 1723501209 Fee: \$52.00
	T)	Karen A.Yarbrough Cook County Recorder of Deeds
	STATE OF	Date: 08/23/2017 11:51 AM Pg: 1 of 3
	COUNTY OF COOK SS	
1/2	Hazel Jackson	
72	hereby referred to as the affiant, states under oath that the affiant resides at	
52	In the City of Chicky v State of TUNOTS:	
13557	that the affiant was acquainted with	
.670	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 legal y	
	WALL S OL STOKE WALL WOOF YOUR	
	AND	20-10-203-027-0000
	MCCLASHAN'S SUBDIVISION OF THE NOR' VINCENNES) OF SECTION 10, TOWNSHIP SCOUNTY, ILLINOIS. (COMMONLY KNOWN A	T 18 IN BLOCK THE SUBDIVISION OF LOTS 3, 4, AND 5 IN STONE AND THE HALF OF THE NORTHEAST QUARTER (EAST OF 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK AS 4730 S. CHAMPLAIN) CHICAGO FL COULS
	The decedent had no interest in any business or p	partnership, nor held any power of appointment at death, nor created any remainder of a life interest therein or the creauco of interests to take effect in possession or
	The decedent died on De Climber	23, 2005 leaving no/a last will and testamen;
	The total value of decedent's estate, including the that the value of the above property individually w	taxable interest in the above property was \$, and was \$
	The State and Estate/Inheritance Tax and the Federal	eral Estate Tax, if any, that was due from the decedent's estate, best been paid in full;
	The affiant makes this affidavit to induce Attornabove described property.	neys' Title Guaranty Fund, Inc. (ATG) to issue its policy of title insurance on the
		Attorneys' Title Guaranty Fund, Inc.

Afternavs' Title Guaranty Fund, Inc. 1.8. Wacker Dr., Ste. 2400 Cate 37. IL 60606-4650 Attn: Search Department

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JOINT TENANCY AFFIDAVIT (continued)

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 ofEddie Jackson	, the decedent;
2. State Estate/Inheritance Tax and Federal Estate Tax that m	ay be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;	
4. Rights of contribution.	It and factorial (Seal)
	(Seal)
Subscribed and sworn to before me this	
day of August, 201 Otomor (Year)	EARLLINE L. DAVIS OFFICIAL SEAL Notary Public - State of Illinois My Commission Expires
(Notary Public)	May 21, 2018
Note: If the decedent left a will, it will be necessary th inspection. A death certificate, together with evidence of pays	at the original or certified copy thereof be presented to ATG for ment of death taxes, if any, should accompany this affidavit.
Mail To:	
This instrument prepared by:	Return to:
Jennifer Hayes, Attorney at Law	
(Name)	(Name)
15W030 N. Frontage Road	C)
(Address	(Address)
Burr Ridge, IL 60527	Tie
(City, State, Zip)	(City stan, Zip)

THIS CERTIFICATE: COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

DEPARTMENT OF PUBLIC HEALTH

SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORIDINANCE OF SAID CERTIFY THAT I AND THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS ACCOMPANYING CERTIFICATE ON THIS OF ILLINOIS AND THE ORDINANCES!OF BY VIRTUE OF THE LAWS OF THE STATE! THE CITY OF CHIC.AGO; THAT THE AND DEATHS FOR THE CITY OF CHICAGO LAW AND ORDINATICES. THE CITY OF CHIC_AGO, DO HEREBY LESSTRAN OF VIEAL STATISTICS OF J THILL WILHELM M.D., LOCAL

DEC 2 8 2005 ...

25c. 34-11559 oningther of the state of the	William Jeffeld	SSD. SEGISTRANS SIGNATURE
Outn Wichigan Ave. Chgo. II. 60653	MURE ALLIGES, 100. 4114 S	١ <u>٩</u>
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Chicago, Illinois 24d. D	k Woods	24aEntombinent
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Chicago. IL 60615		NAME OF ATTENDING PHYSI
LLINOISI	TOTAL	
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21b. V 0 21c. 0 6		AND CAST SAW HIMHERALIVE ON
	20b.	HTGNOIGH TATTERD THE
No	MAJORFINDINGS OF OPERATION	DA E OF OPERATION, IF ANY
STAPATTL AUTOPSY WINDOWS PROPERTY AND AUTOPS	Other significant conditions combating to do unbout but out recusting in the underlying cause of	PART II. One staniform constit
	(e)	STATING THE UNDERLYING
4	(b)	MALICH GIVE RISE TO
13	ETO, OHAS A CO	from the Barrers
•	NISALIS EA	
se of dying, such as cardiac or respiriting the	Enterthodiseases, or compications that caused the des shock, or heart failure. List only one cause on each is	
17c. 4726 So. Champlain Chg	on 17b,	Hazel L.
is. Pearl	L. Jackso	INFORMANTSNAME TYPE CREEKING
MOTHER-MAME FIRST	ISVI B	FA HER-NAME FIRST
14b. X□NO □YES SPECIFY:	160615 NOUM AND SPECENT	3
OF HISPANIC ORIGINA ISPRIENT MICHAELE VEN	ZIP CODE RACE WHITE BLACK AMERICAN	SOUTE SOUTH
, TWP, OH ROAD DISTRICT NO. INSIDE CITY COUNTY		o Mashi
Dementary Secondary (0-12) Con-	11aWachinist	10.
Bhlazel L. Jackson 9. White Forecast Meshon 1. Jackson 9. Yes	88. Married	· 程程平均公司
White of suraving abouse phose was was try I dent tent	MARRIED, NEVERMARRED, 1 de	BIRTHPLACE CLEV KND STATEON
HOSPITAL OR OTHER INSTITUTION-NAME OF NOT IN BITHER, GIVE STREET AND NAMEER) FROSE OR INST, INDICATE D.O.A.		CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER
DAYS HOURS MON. DAYS OF BIRTH MONTH, DAY, YEARS 7		4. Cook
Jackson 2 Maie December 23, 2005		1. COUNTY OF DEATH
LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)	FIRST MIDDLE	DECEASED-WAWE

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- MEDICAL CERTIFICATE OF DEATH 1/19/19/19

STATE OF ILLINOIS

COUNTY OF CHICAGO

STATE FILE

REGISTERED NUMBER