

UNOFFICIAL COPY

JOINT TENANCY AFFIDAVIT



STATE OF ILLINOIS )  
COUNTY OF COOK ) SS

Doc# 1724310070 Fee \$42.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 08/31/2017 03:43 PM PG: 1 OF 3

170322600488

Barbara Thomas  
hereby referred to as the affiant, states under  
oath that the affiant resides at  
5105 S. Melvina

In the City of Chicago  
State of Illinois

that the affiant was acquainted with  
Dorothy M. Lavorci

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 45 in Block 2 in Bartlett Highlands, being a Subdivision of the Southwest  
1/4 (except the East 1/2 of the East 1/2 thereof) of Section 8, Township 38  
North, Range 13 East of the Third Principal Meridian, in Cook County, Illinois.

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 February 17, 1994, leaving no/a last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ 50,000.00, and  
that the value of the above property individually was \$ 100,000.00

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.

Property Address: 5105 S. Melvina  
Chicago, Illinois 60638

Permanent Tax No: 19-08-304-002-0000

Y  
3  
N  
Y  
INT

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

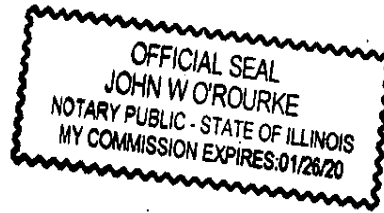
1. Claims against the estate of Dorothy M. Lavorci, the decedent;
2. State Estate/Inheritance Tax and Federal Estate Tax that may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

Barbara C. Thomas (Seal)  
 Barbara Thomas (Seal)

Subscribed and sworn to before me this

25<sup>th</sup> day of August, 2017  
 (Month) (Year)

[Signature]  
 (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:

John O'Rourke  
 (Name)  
4239 W. 63rd Street  
 (Address)  
Chicago, IL 60629  
 (City, State, Zip)

Return to:

John O'Rourke  
 (Name)  
4239 W. 63rd Street  
 (Address)  
Chicago, IL 60629  
 (City, State, Zip)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in Item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

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Date February 17, 1994

Signed *Charles Petrucci*

At Cook County Department of Public Health Official Title Chief Deputy Registrar, 1010 Lake Street, Oak Park, Illinois 60301

STATE OF ILLINOIS  
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 16.0  
REGISTERED NUMBER

DECEASED NAME FIRST MIDDLE LAST  
DOLORES M LAVORCI

SEX FEMALE

DATE OF BIRTH (MONTH, DAY, YEAR)  
APRIL 18, 1921

DATE OF DEATH (MONTH, DAY, YEAR)  
FEBRUARY 17, 1994

COUNTY OF DEATH COOK

CITY, TOWN, TWP. OR ROAD/DISTRICT NUMBER  
LA GRANGE

HOSPITAL OR INSTITUTION NAME (IF PATIENT)  
TRANSITIONAL CARE PATIENTS

HOSP. OR INST. INDICATE D.O.A. (OPERER, RM, INPATIENT (SPECIFY))  
INPATIENT

WAS DECEASED EVER IN US ARMED FORCES? (YES/NO)  
NO

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)  
CHICAGO IL.

MARRIED NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)  
MARRIED

NAME OF SURVIVING SPOUSE (Maiden Name, if wife)  
JAMES LAVORCI

EDUCATION (SPECIFY ON Y HIGHEST GRADE COMPLETED)  
Elementary (Specify 0-12)

WAS DECEASED EVER IN US ARMED FORCES? (YES/NO)  
NO

SOCIAL SECURITY NUMBER  
111-111-1111

RESIDENCE (SHEET AND NUMBER)  
5108 S. MELVINA

CITY, TOWN, TWP. OR ROAD/DISTRICT NO.  
CHICAGO

COUNTY  
COOK

STATE  
ILLINOIS

ZIP CODE  
60638

RACE (WHITE, BLACK, AMERICAN INDIAN, etc. (SPECIFY))  
WHITE

10. HISPANIC ORIGIN? (SPECIFY OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)  
NO

13c. YES

FATHER-NAME FIRST MIDDLE LAST  
JOSEPH DOLORES

MOTHER-NAME FIRST MIDDLE LAST  
JOSEPHINE KLANIK

16. MOTHER-NAME FIRST MIDDLE LAST  
JOSEPHINE KLANIK

17a. DOLORES L. MESSELEIN REGISTRAR RECORDS

15. INFORMANT NAME (TYPE OR PRINT)  
JOSEPH DOLORES

17b. PATIENT RECORDS

17c. LA GRANGE, ILLINOIS 60525

18. PART I. Immediate Cause (Final disease or condition resulting in death) Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Shock, or heart failure. List only one cause on each line.  
Cardiovascular arrest

18. PART II. CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.  
Coronary artery disease

(b) CONSEQUENCE OF  
myocardial infarction

(c) CONSEQUENCE OF  
of pneumonia

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  
6 w.

19a. DATE OF OPERATION, IF ANY  
none

19b. MAJOR FINDINGS OF OPERATION  
myocardial infarction

19c. AUTOPSY (YES/NO)  
NO

19d. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO CORNER OR CAUSE OF DEATH? (YES/NO)  
NO

20a. (LID) (DID NOT ATTEND TO THE DECEASED AND LAST SAW HIM, HER, ALIVE ON  
2/16/94

20b. WAS CORNER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)  
NO

20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?  
NO

20d. HOUR OF DEATH  
1:24 A.M.

21a. TO THE BEST OF YOUR KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.  
2/16/94

21b. DATE SIGNED (MONTH, DAY, YEAR)  
2/17/94

21c. ILLINOIS LICENSE NUMBER  
08-053443

NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORNER OR MEDICAL EXAMINER MUST BE NOTIFIED.

22. SIGNATURE (TYPE OR PRINT)  
Edward W. Williams MD

22a. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)  
Edward W. Williams, MD, 4165 S. Archer, Chicago, IL

22b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

23. BUREL CREMATION, REMOVAL, (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)  
BURIAL RESURRECTION JUSTICE ILL. FEB 21, 1994

24a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)  
Hecher Funeral Home 6108 S. Hecher Ave. Chicago IL 60638

24b. FUNERAL DIRECTOR'S SIGNATURE

24c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

24d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)  
2/17/94

25a. LOCAL REGISTRAR'S SIGNATURE

KAREN L SCOTT MD

25b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

25c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)