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Doc# 1727255014 Fee \$42.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF BEEDS

DATE: 09/29/2017 12:46 PM PG: 1 OF 3

**AFFIDAVIT** 

| STATE OF ILLINOIS SS  |
|---|
| COUNTY OF COOK  |
| BOHDAN TROJAN   |
| Property Address: 2540 W. Superior, Chicago, IL 60612   |
| P.1.N.: 16-12-202-030-0000  |
| THE EAST 18 FEET OF LOT 33 AND THE WEST 12 FEET OF LOT 34, IN SUBDIVISION OF BLOCK 2 IN WRIGHT AND WEBSTER'S SUBDIVISION OF THE NORTHEAST 1/4 OF SECTION 12, 7 DWNSHIP 39 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, her agated 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 21, 2017, leaving no last will and testament;   |
| The total value of decedent's estate, including the taxable interest in the above property was $$10,000.00$ , and the value of the above property individually was $$10,000.00$ ;   |
| 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.   |

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Prepared by ATG REsource®

FOR USE IN: ALL STATES
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## **UNOFFICIAL COPY**

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   | ANNA TROJAN  | , the decedent;   |               |
|---|--|---|---------------|
| 2. State Estate/Inheritance Tax and Federa  | Estate Tax that may be charged   | d against the estate of said decedent;  |               |
| 3. Legacies, if any, created by the will of s   | aid decedent;  | 7   |               |
| 4. Rights of contribution.  |  | I min   | (Seal)        |
|   |  |   | (Seal)        |
| Subscribed and sworn to before me this  | <sub>p</sub>   | ~ ~ ~ ~ ~ ~ <b>~ ~ ~ ~ ~ ~</b> ~ <b>~</b> |               |
| Q <sub>A</sub>  |  | JULIE A. RODGERS  |               |
| 22nd day of September   | ,  | OFFICIAL SEAL   |               |
| Day Month   | Year (   | Notary Public - State of Illinois My Commission Expires   |               |
| Julie a. Roclala  |  | June 15, 2018   |               |
| Notary Public   | <i>6</i>   | Challe and a straight of the s  |               |
| Note: If the decedent left a will, it will be nec death certificate, together with evidence of payr | essary that the original or certification of death taxes, if any, shou | ied copy thereof be presented to A1G for all accompany this affidavit.  | inspection. A |
| This instrument prepared by:  | Retarn to:   |   |               |
| B. George Oleksiuk, Esq.  | B. George  | Oleksiuk, Esq.  |               |
| Name  | 7  | Name  |               |
| 422 E. Palatine Rd.   | 422 E. Pa  |   |               |
| Address   | Detection  | Address   |               |
| Palatine, 11 60074  City, State, Zip  | Palatine, l  | City, State, Zip  |               |
| City, June, 21p   |  | Only Guild, Sip   |               |
|   |  | 2,  |               |
|   |  | O <sub>ff</sub>   |               |
|   |  | (CO   |               |
|   |  |   |               |

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## CRIME CATE (NY) DEATH RECORY

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

| STATE FILE NUMBER 2017 0067860:   | CALCENTIFICAT  | E OF DEATH                        |  | DATE ISSUED 8                       | B/28/20                             |
|---|--|-----------------------------------|--|-------------------------------------|-------------------------------------|
| DECEDENT'S LEGAL NAME ANNA TROJAN   |  | 37.75                             | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | OF DEATH                            | 74012U                              |
| COUNTY OF DEATH AGE AT LAST BI<br>COOK 89 YEARS                               | <ol> <li>T. M. M.</li></ol> | DATE OF BIR                       | TH THE STATE OF TH | GUST 21, 2017                       |                                     |
| CITY OR TOWN<br>CHICAGO   | HOSPITAL OR OT   | HER INSTITUTION NOT PERIOR STREET | ME SEE SEE   |                                     |                                     |
| PLACE OF DEATH DECEDENT'S HOME  | 2070 17 000  | LINOAGIAEEI                       |  |                                     |                                     |
| BIRTHPLACE SOCIAL SECURITY NUMBER STATE UKRAINE WIE                           | S AT TIME OF DEATH   | SURVIVING SPOUSE/                 | DIVIL UNION PARTNER'S MA   | IDEN NAME EVER IN U.S. AR           | IMED                                |
| RESIDENCE 2540 W SUPERIOR SURFET  | APT NO. CI   | TY OR TOWN<br>CHICAGO             |  | INSIDE CITY LIMITS                  | 3?                                  |
| COUR IL F0612 MAKSYM IN   | S NAME PRIOR TO FIRST MARRIA                                 | GE/CIVIL UNION M                  | OTHERICO PARENTS NAME  | YES  PRIOR TO FIRST MARRIAGE/CIVIL  | UNION                               |
| INFORMANT'S NAME BOHDAN TROJAN SON  |  | MAILING ADDRESS                   | 1 10 10 10 10 10 10 10 10 10 10 10 10 10   | Pagaran gala                        | i Artusti<br>I variori<br>Valto - F |
| METHOD OF DISPOSITION FLAC OF DISPOSITION SAINT NICHOLAS                      |  |                                   | R TOWN AND STATE   | DATE OF DISPOSITION AUGUST 29, 2017 |                                     |
| FUNERAL HOME<br>MUZYKA FUNERAL HOME, 2157 W. CHICACO A' ENU                   | E, CHICAGO, IL, 6062   | 84.40% 4% W                       |  | A00031 28;201/                      |                                     |
| FUNERAL DIRECTOR'S NAME MARGARET MARY MUZYKA                                  |  |                                   | JNERAL DIRECTOR'S IL   | LINOIS LICENSE NUMBER               |                                     |
| LOCAL REGISTRAR'S NAME DAVID ORR  |  | D                                 | ATE FILED WITH LOCAL<br>AUGUST 26, 201   |                                     | A SAT<br>SAM<br>SAS                 |
| CAUSE OF DEATH PART I. CEREBRO VASCULAR ACCIDE IMMEDIATE CAUSE 8.             | TV   |                                   |  | H = A                               |                                     |
| (Final disease or condition resulting in death) b. CONGESTIVE HEART FAILURE   | Due to (or as a con. er -t)                                  |                                   | XIIV   |                                     |                                     |
|   | Due to (or as a consequence of):                             |                                   | APPR   | YEAR                                | ≀S                                  |
| CORONARY ARTERY DISEASE   | was a second of the  |                                   |  | ð.<br>YEAR                          | 10                                  |
| PART II. Enter other significant conditions contributing to death but not res | Due to (or as a consequence of):                             | Iven in DADY                      |  |                                     | 10                                  |
|   |  | William Canada                    | WERE AUTOR   | OPSY PERFORMED? NO                  |                                     |
| FÉMALE PREGNANCY STATUS<br>NOT APPLICABLE                                     |  |                                   | M. N. JER OF I   | AUSE OF DEATHY N/A                  |                                     |
| DATE OF INJURY TIME OF INJURY   | PLACE OF INJURY  |                                   | NATUTA.  | INJURY AT WORK                      | k?                                  |
| LOCATION OF INJURY  |  |                                   |  |                                     |                                     |
| DESCRIBE HOW INJURY OCCURRED  |  |                                   | IF TA  | ANSPOR: TION INJURY, SPEC           | JIFY:                               |
| ATTEND THE DECEASED? DATE LAST SEEN ALIVE WAS ME                              | DICAL EXAMINER OR  | DATE PRON                         | OUNCED .   |                                     |                                     |
| YES AUGUST 03, 2017 CORON CERTIFIER   | ER CONTACTED? NO   | FOUR FROM                         |  | TIME OF DEATH<br>05:00 PM           |                                     |
| PHYSICIAN  NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DE        | ATH  |                                   | AL   | CEATIFIED<br>JGUST 24, 2017         |                                     |
| RAMADURAL RAGHU, 2222 W DIVISION STREET, SUIT                                 | E 200 CHICAGO  |                                   | p <sub>1</sub>   | YSICIAN'S LICENSE NUMBER            |                                     |



D00083722



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 Cook County Clerk

