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1729812027

Doc# 1729812027 Fee \$44.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 10/25/2017 03:08 PM PG: 1 OF 4

170724000800



ATTORNEYS' TITLE GUARANTY FUND, INC.

Illinois Offices:

CHAMPAIGN | CHICAGO ARLINGTON HEIGHTS | BELLEVILLE FRANKFORT | GURNEE | LIBERTYVILLE LOMBARD | OAK LAWN | SKOKIE | WHEATON 800 252 0402

Wisconsin Office:

WAUKESHA 800 788 2389

www.atgf.com

JOINT TENANCY AFFIDAVIT

STATE OF Illinois COUNTY OF Cook

Emily J. May hereby referred to as the affiant, states under oath that the affiant resides at 1911 E 173rd, in the City of South Holland State of Illinois; that the affiant was acquainted with James Corwin May, 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:

See LEGAL DESCRIPTION

Attorneys' Title Guaranty Fund, Inc 1 S. Wacker Dr. Ste. 2400 Chicago, IL 60603-4750 Attn: Sec'n Department

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 October 12, 2013, leaving no/a last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ 11,000, and the value of the above property individually was \$ Same as Above;

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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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 James Corwin May, 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.

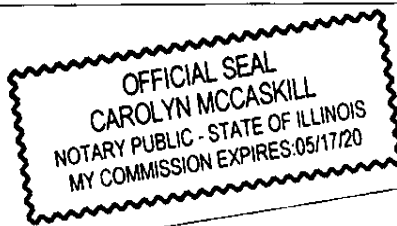
x Emily J. May (Seal)

_____ (Seal)

Subscribed and sworn to before me this

19 day of October, 2017
Day Month Year

Carolyn McCaskill
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: ^{+ Mail to}
Carolyn McCaskill
 Name
7115 W. North Ave #366
 Address
Oak Park IL 60302
 City, State, Zip

Return to: Same as listed
 Name
 Address
 City, State, Zip

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ATTORNEYS' TITLE GUARANTY FUND, INC.

LEGAL DESCRIPTION

Permanent Index Number:
Property ID: 20-22-230-006-0000

Property Address:
6617 S. Langley Ave
Chicago, IL 60637

Legal Description:
LOT 46 IN BLOCK 2 IN MC CHESNEYS RESUBDIVISION OF THE NORTH 1//2 OF BLOCKS 1 TO 7 IN MC CHESNEYS HYDE PARK HOMESTEAD SUBDIVISION OF THE SOUTH 1/4 OF THE NORTHEAST 1/4 IN SECTION 22, TOWNSHIP 36 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

Property of Cook County Clerk's Office

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COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2013 0078433

DATE ISSUED 10/18/2013

DECEDENT'S LEGAL NAME JAMES CORWIN MAY		SEX MALE	DATE OF DEATH OCTOBER 12, 2013	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 83 YEARS	DATE OF BIRTH APRIL 18, 1930		
CITY OR TOWN HOMewood		HOSPITAL OR OTHER INSTITUTION NAME MANORCARE HEALTH SVS-HOMewood		
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME EMILY JEANETTE MCCULLOUGH	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 1911 EAST 173RD STREET	APT. NO.	CITY OR TOWN SOUTH HOLLAND	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60473	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JAMES A MAY	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION FLORINE FELTON
INFORMANT'S NAME EMILY JEANETTE MAY		RELATIONSHIP WIFE	MAILING ADDRESS 1911 E 173RD STREET, SOUTH HOLLAND, IL, 60473	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION WASHINGTON MEMORY GARDENS	LOCATION - CITY OR TOWN AND STATE HOMewood, IL	DATE OF DISPOSITION OCTOBER 16, 2013	
FUNERAL HOME MCCULLOUGH FUNERAL AND CREMATION SERVICES, 851 EAST 75TH STREET, CHICAGO, IL, 60619				
FUNERAL DIRECTOR'S NAME ADRIENNE L MCCULLOUGH			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014366	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR OCTOBER 18, 2013	
CAUSE OF DEATH PART I. CARDIORESPIRATORY ARREST				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of)		
		b. CONGESTIVE HEART FAILURE Due to (or as a consequence of)		
		c. HYPERTENSION Due to (or 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 I.			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 06:11 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED OCTOBER 17, 2013	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH SHARMA, REKHA, 3330 WEST 177TH STREET, SUITE E, HAZEL CREST, ILLINOIS, 60429			PHYSICIAN'S LICENSE NUMBER 036095503	



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
David Orr
Cook County Clerk

