DECEASED JOINT TENANCY AFFIDAVIT



Doc# 1734744056 Fee \$48,00

RHSP FEE:\$9.00 RPRF FEE: \$1.00 KAREN A.YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 12/13/2017 12:40 PM PG: 1 OF 6

State of Illinois

County of Cook

Thomas B. Chrisan, being duly sworn states that he resides at 3248 N. Richmond Street, Chicago, Illinois 60618

That he was acquainted with Thomas P. Chrisan, deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

LOT 1 IN BLOCK 1 IN BATEMAN'S SUBDIVISION OF LOT 7 IN WARNER'S SUBDIVISION OF THAT PART OF THE SOUTH EAST 1/4 OF SECTION 22, 10WNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTH OF MILWAUKEE PLANK ROAD IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Number: 13-22-403-006-0000

Address of real estate:

4157 W. Addison, Chicago, Illinois 60641

That the deceased died October 18, 2005 as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

	Leaving no Last Will and Testament.
<u>X</u>	Leaving a Last Will and Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of Cook County, Illinois.



That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \$300,000.00 dollars.

Affiant makes this affidavit for that purpose of inducing the Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said Thomas B. Chrisan this ______ day of _______, 2017.

NOTARY PUBLIC

"OFFICIAL SEAL"
JULIE TURKOWSKI
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 10/23/2019

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

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STATE	EII E N	IIMAFR	20	ነፋፍ ሰበር	18121

STATE FILE NUMBER 2016 0008121	entre tetation				DATE ISSUED	12/13/2017
DECEDENT'S LEGAL NAME THOMAS P CHRISAN				e i kirali erikili ilililizi kesike	DE DEATH UARY 27, 2016	
COUNTY OF DEATH	AGE AT LAST BI		DATE OF BII	тн 109,1938		
CITY OR TOWN PARK RIDGE			OTHER INSTITUTION N	IAME NERAL HOSPITAL		
PLACE OF DEATH INPATIENT						
BIRTHPLACE SOCIALS CHICAGO IL	SECURITY NUMBER STAT	US AT TIME OF DEATH	SURVIVING SPOUSE	CIVIL UNION PARTNER'S MAI	FORCES?	
RESIDENCE 3442 N LAVERGNE		APT, NO.	CITY OR TOWN CHICAGO		INSIDE CITY LI	MITS?
COUNTY STATE ZIP C	T = TANK 1.2	ITS NAME PRIOR TO FIRST MA HRISAN	RRIAGE/CIVIL UNION	MOTHERICO PARENT'S NAME WANDA DRABECK		CIVIL UNION
INFORMANT'S NAME THOMAS B CHRISAN	RELATION	SHIP	MAILING ADDRES 3248 N RICH	s HMOND, CHICAGO	IL, 60618	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION	3.65	LOCATION - CITY ROMEOVILLE	OR TOWN AND STATE	DATE OF DISPOSITION FEBRUARY 02, 2	of the second second
FUNERAL HOME CREMATION SOCIETY OF ILLING	OIS EDISCN FARK,	6471 NORTHWEST	HIGHWAY, CHICA	AGO IL, 60631		
FUNERAL DIRECTOR'S NAME: CAROLYN BETH HARTMANN				FUNERAL DIRECTOR'S IL 034016694	LINOIS LICENSE NUMBE	R
LOCAL REGISTRAR'S NAME DAVID ORR				DATE FILED WITH LOCAL FEBRUARY 2, 20	**************************************	Parties Parties Parties Parties
CAUSE OF DEATH PART SEPSI	S			E	į C)AYS
(Final disease or condition resulting in death) b ACUTE	RESPIRATORY FAILUI	Due to (or as a curiser lenk e	of):	WIIW A	AND DO	
		Due to (or as a consequence	of)	APP APP	ONSET	DAYS
c. PNEUI	<i>I</i> ONIA					DAYS
PART II. Enter other significant conditions con	ntributing to death but not	Due to (or as a consequence				新教育等 1
		estima in the dilaterying co	S. S	WERE AUTO	OPSY PERFORMED? N	
FEMALE PREGNANCY STATUS NOT APPLICABLE	<u>9 6066 582 365</u> 596 Mesar 2 agricos 586			NATURAL		
DATE OF INJURY	TIME OF INJURY	PLACE OF INJ	URY	INA OVA	INJURY AT	WORK?
LOCATION OF INJURY						
DESCRIBE HOW INJURY OCCURRED		<u> </u>		JE TV	ANSPORTATION INJURY	r, SPECIFY:
		MEDICAL EXAMINER OR ONER CONTACTED? N	O DATE PR	ONOUNCED	TIME OF DEA 01:39 Pt	
CERTIFIER PHYSICIAN					E CERTIFIED EBRUARY 01, 2016	3
NAME, ADDRESS AND ZIP CODE OF PERSON MORRIS MAUER, 1460 MARKET			NOIS, 60016	1000	HYSICIAN'S LICENSE NU 036070419	MBER .

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.





THOMAS P. CHRISAN

I, THOMAS P. CHRISAN, of Chicago, Cook County, Illinois, revoke all wills and codicils which I have made and declare this to be my Will.

ARTICLE ONE Family

I am a married man. My wife's name is CATHERINE CHRISAN, who shall hereinafter be referred to as my "Wife". I have one child that was born of me now living, namely, THOMAS B. CHRISAN, which child shall hereinafter be referred to as my "Son". No children were adopted by me during my lifetime.

ARTICLE TWO Administration Expenses and Taxes

- 2.01 My Executor shall pay the expenses of my last illness and funeral, costs of administration including delivery and safeguarding of bequests, and other proper charges against my estate, excluding debts secured by real estate or life insurance. My Executor shall pay all Federal and state death taxes except any generation-skipping tax imposed by Chapter 13 of the Internal Revenue Code or successor provisions, payable by reason of my death (including any interest and penalties). However, notwithstanding the foregoing, my Executor shall request the Trustee under THE THOMAS P. CHRISAN TRUST, dated June 27, 2001 to pay any expenses, debts, and taxes which cannot be paid out of my probate estate without necessitating (1) the abatement of any non-residually devise or legacy, or (2) the sale of assets which are not readily marketable. In any event, United States Treasury bonds redeemable at par in payment of Federal estate taxes (whether held by the Trustee under my Declaration of Trust or the Executor hereunder) shall be used first in payment of such tax. Any such bonds held by my Executor shall be used for the payment of the Federal estate tax before any such bonds held by the Trustee are used for that purpose.
- 2.02 All payments made under this Article shall be paid from the principal of my residuary estate, without apportionment or reimbursement from any person except as provided in Sections 2207 and 2207A of the Internal Revenue Code (or any successor provisions) for any taxes attributable to property over which I have a power of appointment or property in which I have a qualified terminable interest for life.

Personal Property

I direct that all my tangible personal property, wherever located, including but not limited to my clothing, automobiles, collections, furniture and furnishings, and all jewelry, gold and silver is to be distributed to my Wife.

ARTICLE FOUR Residuary Estate

I give all of my residuary estate, being all property passing under this Will reduced by the payments provided for under the preceding Articles, but not including any property over which I have a power of appointment, to the Trustee acting at the time of my death under THE THOMAS ? CHRISAN TRUST executed on June 27, 2001, prior to the execution of this Will, by me as Grantor, and accepted by myself as Trustee.

ARTICLE FIVE Executor

- 5.01 I appoint my Wife, CATHERINE CHRISAN, Executor of this Will.
- 5.02 In the event of the death of my Wife, or her refusal or inability to act as Executor herein, I appoint my Son, THOMAS B. CHRISAN to act as said Executor, and said Successor Executor shall be vested with all the titles, rights, powers, privileges, duties and discretions herein conferred upon my Executor, as if he had originally been appointed Executor herein.
- 5.03 No surety or other security shall be required on any bond furnished by my Executor or my Successor Executor in any jurisdiction for any purpose.
- 5.04 My Executor shall have, during the period of administration of my estate, the power to disclaim any property or interest in property on my tiehalf, the same powers granted to the Trustee of the Trust described in Article Four, and any other powers granted by law, to be exercised without order of any court as my Executor determines to be in the best interest of my estate.

This will, consisting of three (3) pages, each of which has been identified by my name or initials, was signed by me on this <u>27</u> day of June, 2001, at Chicago, Illinois.

THOMAS P CHRISAN

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The foregoing instrument was, on the date above written, signed and declared by the testator to be his last will in the presence of us, who at his request and in his presence and in the presence of each other, have hereunto subscribed our names as witnesses and we hereby that we believe the testator to be of sound mind and memory and under no undue influence.

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Harriet E. Tylera F	Residing at 2905 W. Belmont
	Clicago D. 60618
Laure Cerpu	Residing at 3/5/ n. Francisco
all a a la str	Chicago, Il (006/8)
Charles I bala Tha	Residing at 2927WBellenerally
90	eli 60618
STATE OF ILLINOIS)	
COUNTY OF COOK) SS	
We, the attesting witnesses to the	A A/III - THOMAS D. CURISAN

We, the attesting witnesses to the Will of THOMAS P. CHRISAN on oath state that each of us was present and saw the testator sign the Will, of which this affidavit is a part, in our presence; that the Will was attested by each of us in the presence of the testator; and that each of us believed the testator to be of sound pand and memory at the time of signing.

Thomas & Column	
O/L	
SO _x	

SIGNED AND SWORN BEFORE ME

this 471 day of June, 2001.

Notary Public

OFFICIAL SEAL CONSTANTINE KALAMATIANOS NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 5-7-2003