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DECEASED JOINT TENANCY AFFIDAVIT



Doc# 1734744059 Fee \$48.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 12/13/2017 12:44 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 AND LOT 4 (EXCEPT THE SOUTH 35 FEET THEREOF) IN BLOCK 39 IN IRVING PARK, A SUBDIVISION IN SECTIONS 15 AND 22, TOWNSHIP 46 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Number: 13-22-210-001-0000 and 13-22-210-028-0000

Address of real estate:

3853-55 N. Tripp, 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.

X 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.



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County Clark's Office

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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.

MOTARY PUBLIC

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

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

🛗 - 한국에는 대학생들은 사람들은 사람들은 대학생은 사람들은 한국을 다 다른 사람들은 사람들은 다른 사람들이 다른 사람들		500	100		7.7
STATE FILE NUMBER 2016 0008121		5 W. L. A.		4.0	98.00 A

STATE FILE NUMBER 2016 0008121			DATE ISSUED: 12/13/2017
DECEDENTS LEGAL NAME THOMAS P CHRISAN		- 1967 : 2017 출17 1511 : 1115 : - 1	OF DEATH NUARY 27, 2016
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 77 YEARS	DATE OF BIRTH MARCH 09 1938	
CITY OR TOWN PARK RIDGE	· "我们,我们就是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	OTHER INSTITUTION NAME E LUTHERAN GENERAL HOSPITAI	
PLACE OF DEATH INPATIENT			
CHICAGO, IL SOCIAL SECURITY.	WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S M	AIDEN NAME EVER IN U.S. ARMED FORCES? NO
RESIDENCE 3442 N LAVERGNE	APT NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
1000mm	ATHER/CO PARENTS NAME PRIOR TO FIRST MAR	RIAGE/CIVIL UNION MOTHER/CO PARENTS NAM	E PRIOR TO FIRST MARRIAGE/CIVIL UNION
INFORMANT'S NAME THOMAS B CHRISAN	RELATIONSHIP SON	MAILING ADDRESS 3248 N RICHMOND, CHICAGO	IL, 60618
Bartistan tida dia bilia bart di de de	OF DISPOSITION EST CREMATORY	LOCATION CITY OR TOWN AND STATE ROMEOVILLE, IL	DATE OF DISPOSITION FEBRUARY 02, 2016
FUNERAL HOME CREMATION SOCIETY OF ILLINOIS - EDI	SO: / ARK, 647,1 NORTHWEST	HIGHWAY, CHICAGO IL, 60631	
FUNERAL DIRECTOR'S NAME CAROLYN BETH HARTMANN		FUNERAL DIRECTOR'S 034016694	ILLINOIS LICENSE NUMBER
LOCAL REGISTRAR'S NAME DAVID ORR		DATE FILED WITH LOC FEBRUARY 2, 2	e teatre de la constant de la consta
CAUSE OF DEATH PART I SEPSIS			Ð DAYS
(Final disease or condition resulting in dea(h))	Due to (or as a collection of the collection of		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
			ONSET AN DAYS
c. PNEUMONIA	Oue to (or as a consequence o		Page 1
	Due to (or as a consequence o		DAYS
PART II. Enter other significant conditions contributing to			TOPSY PERFORMED? NO
		COMPLETE	DPSY FINDINGS USED TO CAUSE OF DEATH? N/A
FEMALE PREGNANCY STATUS NOT APPLICABLE		MATUR	err e trade tr
DATE OF INJURY TIM	ME OF INJURY PLACE OF INJU	RY	INJURY AT WORK?
LOCATION OF INJURY			
DESCRIBE HOW INJURY OCCURRED		· F	RANSPORTATION INJURY, SPECIFY
ATTEND THE DECEASED? DATE LAST SEEN ALIV YES JANUARY 27, 2	the transfer of the control of the c	DATE PRONOUNCED	TIME OF DEATH 01:39 PM
CERTIFIER PHYSICIAN			TE CERTIFIED FERRUARY 01 2016



NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH

MORRIS MAUER, 1460 MARKET STREET SUITE 300, DES PLAINES, ILLINOIS, 60016

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.



Cook County Clerk



PHYSICIAN'S LICENSE NUMBER

036070419

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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

Lam 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 2. 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.

UNOFFICIAL COPY ARTICLE THREE 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 2. 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 C. 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.

MASO CHRISAN

(SEAL)

UNOFFICIAL COPY

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.

Harriet E. Typesa	Residing at 2905	W. Belmont
Harriet E. Tylerg	Clicas	o D. 60618
Lauré Cerpu	Residing at 3/5/	1. Francisco
		$\alpha \wedge \alpha \wedge$
Charles I falla The	Residing at 292711)	Belingertuno
90-	<u>eli</u>	60618

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

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 mind and memory at the time of signing.

Thomas of Chrism	
- C/Q/4,	

SIGNED AND SWORN BEFORE ME

this 4714 day of June, 2001.

Notary Public

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