



1803012032



ATTORNEYS' TITLE GUARANTY FUND, INC.

Doc# 1803012032 Fee \$44.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 01/30/2018 11:12 AM PG: 1 OF 4

Illinois Offices:

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

Wisconsin Office:

WAUWATOSA 800 88 2289

www.atg.com

1/2 170415100061

JOINT TENANCY AFFIDAVIT

STATE OF Illinois

COUNTY OF Cook

Karen L. Parker hereby referred to as the affiant, states under oath that the affiant resides at 5285 Granite Court, in the City of Crystal Lake, State of Illinois; that the affiant was acquainted with Patricia W. Anderson aka Patricia L. Anderson 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 72 NIXONS GREENWOOD, CENTRAL DEVELOPMENT UNIT A BEING A SUBDIVISION OF PART OF THE WEST 1/2 OF THE WEST FRACTIONAL 1/2 OF SECTION 11, ALL IN TOWNSHIP 41 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, COOK COUNTY, ILLINOIS.

3319 Thornberry Dr
Glenview, IL 60025
09-11-301-010-0000

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 August 25, 2008, leaving no/a last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ 141,000, and the value of the above property individually was \$ 141,000;

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.

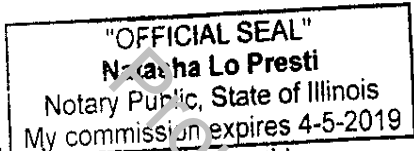
SS Y
PP 4
SS N
SC N
INT

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

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 Patricia W. Ambusen aka Patricia L. Ambusen, 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.



Karen L Parker (Seal)
 _____ (Seal)

Subscribed and sworn to before me this
9th day of January, 2018
Day Month Year
Notasha Lo Presti
 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:
Daniel C. Gentile
Name
1400 E. Touhy Ave, Suite 409
Address
Des Plaines, IL 60018
City, State, Zip

Return to:

Name

Address

City, State, Zip

CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2008 0069208		DATE ISSUED 4/20/2016		
DECEDENT'S LEGAL NAME PATRICIA W ANDERSON			SEX FEMALE	DATE OF DEATH AUGUST 25, 2008
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 79 YEARS	DATE OF BIRTH MAY 25, 1929		
CITY OR TOWN GLENVIEW	HOSPITAL OR OTHER INSTITUTION NAME GLENBROOK HOSPITAL			
PLACE OF DEATH INPATIENT				
BIRTHPLACE GARY, IN	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME WALLACE ANDERSON	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 3319 THORNBERRY DR, IV	APT. NO.	CITY OR TOWN GLENVIEW	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60025	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION RALPH WELKER	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION CONNIE LEGGITT
INFORMANT'S NAME WALLACE ANDERSON		RELATIONSHIP HUSBAND	MAILING ADDRESS 3319 THORNBERRY DR, GLENVIEW, IL 60025	
METHOD OF DISPOSITION ENTOMBMENT	PLACE OF DISPOSITION ALL SAINTS CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE DES PLAINES, IL	DATE OF DISPOSITION AUGUST 28, 2008	
FUNERAL HOME COLONIAL WOJCIECHOWSKI FUNERAL HOME 8025 W. GOLF ROAD, NILES, IL, 60714				
FUNERAL DIRECTOR'S NAME JOSEPH D WOJCIECHOWSKI			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012366	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR AUGUST 26, 2008	
CAUSE OF DEATH PART I		RESPIRATORY FAILURE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Due to (or as a consequence of)		
b. END STAGE EMPHYSEMA		Due to (or as a consequence of)		
c.		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 DIABETES; CHRONIC KIDNEY DISEASE; HTN; CAD		WAS AN AUTOPSY PERFORMED? NO		DAYS YEARS
		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? YES	DATE LAST SEEN ALIVE AUGUST 24, 2008	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 02:10 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED AUGUST 25, 2008	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH VICTORIA BRAUND MD, 2050 PFINGSTEN RD SUITE 330, GLENVIEW, ILLINOIS, 60025			PHYSICIAN'S LICENSE NUMBER 036079020	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CERTIFICATION OF DEATH RECORD
UNOFFICIAL COPY
COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2016 0028093 DATE ISSUED 4/11/2016

DECEDENT'S LEGAL NAME WALLACE H ANDERSON JR		SEX MALE	DATE OF DEATH APRIL 07, 2016
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 88 YEARS	DATE OF BIRTH JULY 28, 1927	
CITY OR TOWN GLENVIEW	HOSPITAL OR OTHER INSTITUTION NAME 3319 THORNBERY DRIVE		
PLACE OF DEATH DECEDENT'S HOME			
BIRTHPLACE EVANSTON, IL	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME EVER IN U.S. ARMED FORCES? YES
RESIDENCE 3319 THORNBERY DRIVE	APT. NO.	CITY OR TOWN GLENVIEW	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60025	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION WALLACE H ANDERSON SR
INFORMANT'S NAME KAREN PARKER		RELATIONSHIP DAUGHTER	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ADELAIDE KUSMERZ
METHOD OF DISPOSITION ENTOMBMENT		PLACE OF DISPOSITION ALL SAINTS CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE DES PLAINES, IL
DATE OF DISPOSITION APRIL 11, 2016		DATE OF DISPOSITION APRIL 11, 2016	
FUNERAL HOME COLONIAL-WOJCIECHOWSKI FH, 8025 W. GOLF ROAD, NILES, IL 60714			
FUNERAL DIRECTOR'S NAME BRADLEY A RUSHTON		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014689	
LOCAL REGISTRAR'S NAME DAVID ORR		DATE FILED WITH LOCAL REGISTRAR APRIL 8, 2016	

CAUSE OF DEATH PART I. PNEUMONIA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 6 WEEKS
IMMEDIATE CAUSE (Final disease or condition resulting in death) b. RIGHT UPPER LOBE LUNG MASS	
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. CHRONIC KIDNEY DISEASE, DIABETES MELLITUS, CORONARY ARTERY DISEASE	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
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DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
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LOCATION OF INJURY	DESCRIBE HOW INJURY OCCURRED:	IF TRANSPORTATION INJURY, SPECIFY:
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ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 12:53 AM
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CERTIFIER PHYSICIAN	DATE CERTIFIED APRIL 07, 2016
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NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ARON HALL FEINBERG, D.O., 211 WAUKEGAN ROAD, SUITE 200, NORTHFIELD, ILLINOIS 60093	PHYSICIAN'S LICENSE NUMBER 036-087314
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THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE