



# UNOFFICIAL COPY

ATTORNEYS'  
TITLE  
GUARANTY  
FUND,  
INC.



\*1804445065\*

Doc# 1804445065 Fee \$42.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 02/13/2018 02:56 PM PG: 1 OF 3

## JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS )  
 ) SS  
COUNTY OF COOK )

JAMES MOLLIN hereby referred to as the affiant, states under oath that the affiant resides at 1532 Calumet Ave., Apt. 203, Dyer, IN\* that the affiant was acquainted with GAETANA MOLLIN at the time of the decedent's death, the decedent was one of the owners of a parcel of property by virtue of a properly recorded joint tenancy or tenancy by the entirety deed, said property located in COOK County, Illinois, and legally described as follows: \*46311  
Unit 301 and Parking Space 17 in Film Exchange Lofts Condominium Association, as delineated on the survey of certain lots or parts thereof in Lunt and Hamlin's Subdivision, being a subdivision located in Section 2, Township 39 North, Range 14, East of the Third Principal Meridian; which survey is attached as Exhibit "B" to the Declaration of Condominium Ownership recorded March 20, 2000 as Document 00196242 in Cook County, Illinois, together with an undivided percentage interest in the common elements appurtenant to said unit, as set forth in said Declaration.

Permanent Index Number(s): 17-22-104-032-1002 and 17-22-104-032-1088  
Property Address: 1307 S. Wabash Ave., Unit 301 and P17, Chicago, IL 60605

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

The decedent died on June 4, 2017 leaving no last will and testament;

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 total value of decedent's estate, including the taxable interest in the above property, is \$200,000.00, and that the value of the above property individually is \$100,000.00;

The State 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.

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

*[Handwritten signature]*

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## JOINT TENANCY AFFIDAVIT

(continued)

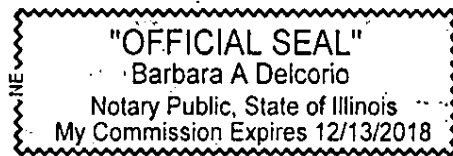
expenses of every kind and nature that ATG may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of GAETANA MOLLIN deceased, 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.

James Mollin  
JAMES MOLLIN

Subscribed and sworn to before me this

18 day of January, 2018  
(Month) (Year)  
Barbara A Delcorio  
(Notary Public)



My commission expires: December 13, 2018

**Note:** If the decedent left a will, a certified copy thereof must be presented to ATG for inspection, along with a certified copy of the death certificate and evidence of payment of death taxes, if any.

This instrument prepared by:

ROBERT C. COLLINS, JR.  
ATTORNEY AT LAW  
850 Burnham Ave.  
Calumet City, IL 60409  
(708) 862-5800

Return to:

ROBERT C. COLLINS, JR.  
ATTORNEY AT LAW  
850 Burnham Ave.  
Calumet City, IL 60409

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## COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

## MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2017.0046136

DATE ISSUED 1/22/2018

DECEDENT'S LEGAL NAME GAETANA L. MOLLIN		SEX FEMALE	DATE OF DEATH JUNE 04, 2017	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 63 YEARS	DATE OF BIRTH FEBRUARY 01, 1954		
CITY OR TOWN CHICAGO	HOSPITAL OR OTHER INSTITUTION NAME RUSH UNIVERSITY MEDICAL CENTER			
PLACE OF DEATH INPATIENT				
BIRTHPLACE CHICAGO, IL	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME JAMES MOLLIN		EVER IN U.S. ARMED FORCES? NO
RESIDENCE 425.166TH STREET	APT. NO.	CITY OR TOWN CALUMET CITY	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60409	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION GUY CALABRESE	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ELINOR BLOMBERG
INFORMANT'S NAME JAMES MOLLIN		RELATIONSHIP HUSBAND	MAILING ADDRESS 425.166TH STREET, CALUMET CITY, IL, 60409	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION WILLOW LAWN MEMORIAL PARK	LOCATION - CITY OR TOWN AND STATE VERNON HILLS, IL	DATE OF DISPOSITION JUNE 07, 2017	
FUNERAL HOME CHICAGO JEWISH FUNERALS, 195 N BUFFALO GROVE ROAD, BUFFALO GROVE, IL, 60089				
FUNERAL DIRECTOR'S NAME JEREMY ALEC SEAVER			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016175	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JUNE 7, 2017	
CAUSE OF DEATH				
PART I: CEREBRAL HERNIATION				
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
a. Due to (or as a consequence of):				
b. ARTERIOVENOUS MALFORMATION, RUPTURE AND BLEEDING				
c. Due to (or as a consequence of):				
Due to (or as a consequence of):				
PART II: Enter other <i>significant conditions contributing to death</i> 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 TRANSFORMATION INJURY, SPECIFY:	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE JUNE 04, 2017	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 04:36 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED JUNE 04, 2017	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH: MATTHEW BOWERSOX, 1653 WEST CONGRESS PARKWAY, CHICAGO, ILLINOIS, 60612			PHYSICIAN'S LICENSE NUMBER 1912388307	

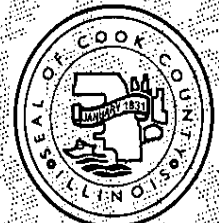
APPROXIMATE  
INTERVAL BETWEEN  
ONSET AND DEATH

D00170708



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 RIERSURE VOIDS THIS CERTIFICATE