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\*1815641000\*

Doc# 1815641000 Fee \$42.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 06/05/2018 09:17 AM PG: 1 OF 3

ATTORNEYS' TITLE GUARANTY FUND, INC.

170298700607

JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS )
COUNTY OF COOK ) SS

LILLIE MAE THOMAS, hereby referred to as the affiant, states under oath that the affiant resides at 8446 S. Ada St., Chicago, IL 60620; that the affiant was acquainted with Aaron Thomas; 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:

Lot 19 in Roy and Nourse's Seventh Addition to South Englewood being a Resubdivision of Block 3 in J. H. Gilbert's Subdivision of the West 1/2 of the Northeast 1/4 of the Southwest 1/4 of Section 32, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

Attorney's Title Guaranty Fund, Inc.
1 S. Wacker Dr. Ste. 2400
Chicago, IL 60606-4650
Recording Department

Permanent Index Number(s): 20-32-311-036-0000
Property Address: 8446 S. Ada St., Chicago, IL 60620

The decedent died on May 5, 1996 leaving no/a 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 \$300,000.00, and that the value of the above property individually is \$50,000.00

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 initials and numbers: S Y, P 13, S N, SC Y, INT

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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 Aaron Thomas, 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.

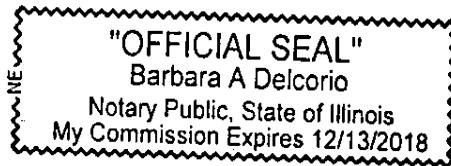
*Lillie M. Thomas*  
 \_\_\_\_\_ (Seal)  
 LILLIE MAE THOMAS

\_\_\_\_\_ (Seal)

Subscribed and sworn to before me this

25 day of August 2017  
 Day Month Year

*Barbara A. Delcorio*  
 \_\_\_\_\_  
 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:

ROBERT C. COLLINS, JR., Attorney at Law  
 Name  
850 Burnham Ave.  
 Address  
Calumet City, IL 60409  
 City, State, Zip

Return to:

ROBERT C. COLLINS, JR., Attorney at Law  
 Name  
850 Burnham Ave.  
 Address  
Calumet City, IL 60409  
 City, State, Zip

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AT

DATE MAY 8, 1996

REGISTRAR

*Ann Marie Thomas*

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD OF THE PERSON IN ITEM #1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUTES RELATING TO THE REGISTRATION OF BIRTHS, STILLBIRTHS AND DEATHS.

REGISTRATION NO. 16:33  
REGISTERED NUMBER 327

STATE OF ILLINOIS  
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEASED-NAME Aarón		FIRST		MIDDLE		LAST		SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) May 6, 1996	
4. COUNTY OF DEATH Cook		CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Evergreen Park		AGE- LAST BIRTHDAY (YRS, MOS, DAYS) 54		UNDER 1 YEAR MOS. DAYS		UNDER 1 DAY HOURS MIN.		DATE OF BIRTH (MONTH, DAY, YEAR) May 1, 1942
6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Fayette MS		6b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT NEITHER GIVE STREET AND NUMBER) Little co. of Mary Hospital		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Lillie		EDUCATION (SPECIFY ON Y HIGHEST GRADE COMPLETED) Greene		IF HOSP OR INST. INDICATE D.O.A. OR EMER. RM. INPATIENT (SPECIFY) Emergency Room
7. Fayette MS		8a. SOCIAL SECURITY NUMBER		8b. KIND OF BUSINESS OR INDUSTRY Disable		12. EDUCATION (SPECIFY ON Y HIGHEST GRADE COMPLETED) High School		9. WAS DECEASED EVER IN US ARMED FORCES? (YES/NO) No		
10. RES. (CITY, TOWN, TWP. OR ROAD DISTRICT NO.) 8446 South Ada		11a. USUAL OCCUPATION Disable		11b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago		13a. INSIDE CITY (YES/NO) Yes		13b. COUNTY Cook		
13a. STATE Illinois		ZIP CODE 60620		RACE (WHITE, BLACK, AMERICAN INDIAN, OR SPECIFY) Black		14b. HISPANIC ORIGIN? (S, C, P, M, O, R, YES, IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) No		14c. SPECIFY: MOTHER-NAME FIRST MIDDLE LAST Katie Johnson		
15. FATHER-NAME FIRST MIDDLE LAST Sampson Thomas		16. MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP) 8446 So. Ada Chgo, Il. 60620		17a. RELATIONSHIP Wife		17b. MOTHER-NAME FIRST MIDDLE LAST Katie Johnson		18. PART I. Informant's name (TYPE OR PRINT) Lillie Thomas		
18. PART II. Immediate Cause (Final disease or condition resulting in death) N/A		19. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. N/A		20. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF N/A		21. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		22. DATE OF OPERATION, IF ANY		
20a. (DO NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		20b. MAJOR FINDINGS OF OPERATION		20c. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) Yes		20d. HOUR OF DEATH 12:21		20e. DATE SIGNED (MONTH, DAY, YEAR) 5-7-96		
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		22a. SIGNATURE (TYPE OR PRINT) Ann Marie Thomas		22b. ILLINOIS LICENSE NUMBER 36-37 West		22c. NAME OF ATTENDING PHYSICIAN (TYPE OR PRINT) Dr. M.D.		22d. NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
23. BIRIAL CREMATION, REMOVAL (SPECIFY) Burial		24a. FUNERAL HOME Gatling's Chapel 10133 So. Halsted Chgo, Il. 60628		24b. CITY OR TOWN Chicago		24c. STATE Illinois		24d. DATE (MONTH, DAY, YEAR) May 11, 1996		
25a. FUNERAL DIRECTOR'S SIGNATURE <i>Ann Marie Thomas</i>		25b. LOCAL REGISTRAR'S SIGNATURE <i>Ann Marie Thomas</i>		25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-014948		25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) May 8, 1996		26a. ZIP		

VR200 (Rev. 5/89)

Illinois Department of Public Health--Division of Vital Records

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