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Doc# 1815641001 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.

1/4

170298700607

JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF COOK) SS

LILLIE M. 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 25 (Except the South 40 feet thereof) and Lot 26 (Except the North 25 feet thereof), in Block 11 in Aurburn Park, a Subdivision in Section 28, 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): 20-28-319-021-0000
Property Address: 7708 S. Eggleston, 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

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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.

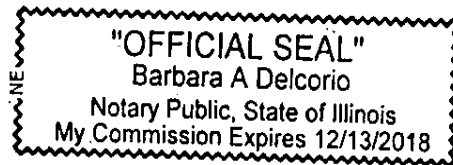
Lillie M. Thomas (Seal)
 LILLIE M. THOMAS

_____ (Seal)

Subscribed and sworn to before me this

25th 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

Annette 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.

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 16:33
REGISTERED NUMBER 327

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF BIRTH (MONTH, DAY, YEAR) DATE OF DEATH (MONTH, DAY, YEAR)
Aaron Thomas Male May 6, 1996

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER AGE LAST BIRTHDAY (MONTH, DAY, YEAR) UNDER 1 YEAR UNDER 1 DAY
Cook 34 5b 5c 5d
May 1, 1942

HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) NAME OF SURVIVING SPOUSE (Maiden name, if wife)
Evergreen Park Little Co. of Mary Hospital Little Greene

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF BUSINESS OR INDUSTRY EDUCATION (SPECIAL YOUTH HIGHEST GRADE COMPLETED)
Fayette MS Married Little Greene
12. Elementary School 10-12

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIAL YOUTH HIGHEST GRADE COMPLETED)
11a. Disable 11b. Disable 12. Elementary School 10-12

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY YES NO
13a. 8446 South Ada 13b. Chicago 13c. Yes

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY) OR YES-IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.
13a. Illinois 13f. 60620 14a. Black 14b. X NO YES SPECIFY: YES

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST (Maiden) LAST
15. Sampson Thomas Johnson

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP)
17a. Little Thomas 17b. Wife 17c. 8446 So. Ada Chgo, IL, 60620

18. PART I. Immediate Cause (Final disease or condition resulting in death) Enter the diseases, or complications that caused the death. Do not specify the mode of dying, such as cardiac or respiratory arrest.
Asthma

CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) CAUSE LAST. (c)
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION
20a. 20b.

19. DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH
20a. 12:21 P.M.

21a. TO THE BEST OF MY KNOWLEDGE, DO ANY OCCURRENCE(S) TAKE PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNED (MONTH, DAY, YEAR)
21b. 5-7-96

22a. SIGNATURE (TYPE OR PRINT) (TYPE OF PRINT) ILLINOIS LICENSE NUMBER
22b. 36-1115

22c. NAME OF ATTENDING PHYSICIAN (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
22d. 36-1115

23. BURIAL, CREMATION, REMOVAL, SPECIFY (TYPE OR PRINT) LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
24a. St. Maria Cem. Fayette, Mississippi May 11, 1996

25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
Gatling's Chapel 10133 So. Halsted Chgo, IL, 60628

25b. FUNERAL DIRECTOR'S SIGNATURE (TYPE OR PRINT) ILLINOIS LICENSE NUMBER
Annette Thomas 034-014948

26a. LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
Annette Thomas MAY 8, 1996