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1908713126

Doc# 1908713126 Fee \$42.00

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 03/28/2019 02:39 PM PG: 1 OF 3

1/3

190253002055

JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS

SS

COUNTY OF COOK

Theodoros Tzortzis hereby referred to as the affiant, states under oath that the affiant resided at 4846 W. Argyle Street, in the City of Chicago, State of Illinois; that the affiant was acquainted with Theodoros Tzortzis, the decedent; at the time of death, the decedent was one of 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 24 IN BLOCK 3 IN BUTLER'S ELSTON AND JEFFERSON AVENUES SUBDIVISIONS OF THE EAST 9 CHAINS SOUTH OF THE CENTER LINE OF ELSTON ROAD OF THE NORTH EAST 1/4 OF THE SOUTH EAST 1/4 OF SECTION 9, TOWNSHIP 40 NORTH, RANGE 13,, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

4846 W. Argyle St
Chicago, IL 60630
13-09-415-022-0000

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 _____, leaving no/a last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ \$340,000.00, and the value of the above property individually was \$ \$340,000.00;

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.

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

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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:

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1. Claims against the estate of Theodoros Tzortzis, 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.

Eileen M Keating (Seal)
[Signature] (Seal)

Subscribed and sworn to before me this

15th day of March, 2019
Day Month Year

[Signature]
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 G. Guzaldo, Guzaldo Law Offices
Name
6650 North Northwest Highway, Ste. 300
Address
Chicago, Illinois 60631
City, State, Zip

Return to:

Robert G. Guzaldo, Guzaldo Law Offices
Name
6650 North Northwest Highway, Ste. 300
Address
Chicago, Illinois 60631
City, State, Zip

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STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.
BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2018117906

DATE ISSUED: JULY 26, 2018

DECEDENT INFORMATION

DATE FILED: JULY 25, 2018

NAME: THEODOROS J TZORTZIS

DATE OF DEATH: JULY 22, 2018

SEX: MALE

AGE: 089 YEARS

DATE OF BIRTH: FEBRUARY 15, 1929

SSN: [REDACTED]

BIRTHPLACE: GREECE

PLACE OF DEATH: SON'S HOME

FACILITY NAME OR STREET ADDRESS: 1509 HUMPHREY BOULEVARD

LOCATION OF DEATH: DELTONA, VOLUSIA COUNTY, 32738

RESIDENCE: 4846 WEST ARGYLE, CHICAGO, ILLINOIS 60630, UNITED STATES

OCCUPATION, INDUSTRY, PAINTER, MANUFACTURING

EDUCATION: 8TH GRADE OR LESS

COUNTY: COCK

EVER IN U.S. ARMED FORCES? NO

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE NAME: NONE

FATHER'S/PARENT'S NAME: JOHN TZORTZIS

MOTHER'S/PARENT'S NAME: HELEN KALLIGONI

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: JOHN TZORTZIS

RELATIONSHIP TO DECEDENT: SON

INFORMANT'S ADDRESS: 101 SOUTH DELPHIA, PARK RIDGE, ILLINOIS 60068, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: DENNIS P. JOHNSON, 10-44526

FUNERAL FACILITY: BALDAUFF FAMILY FUNERAL HOME AND CREMATORY F040719

1233 SAXON BLVD, ORANGE CITY, FLORIDA 32763

METHOD OF DISPOSITION: REMOVAL FROM STATE

PLACE OF DISPOSITION: ELMWOOD CEMETERY

RIVER GROVE, ILLINOIS

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

TIME OF DEATH (24 HOUR): 0943

CERTIFIER'S NAME: SANDFORD KINNE III

CERTIFIER'S LICENSE NUMBER: OS6791

NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): NOT APPLICABLE

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

DATE CERTIFIED: JULY 25, 2018

VOID IF ALTERED OR ERASED

IF ALTERED OR ERASED