

UNOFFICIAL COPY



Doc# 1915806260 Fee \$88.00

CHSP FEE: \$9.00 RPRF FEE: \$1.00

EDWARD N. HOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 06/07/2019 03:50 PM PG: 1 OF 6

AFFIDAVIT

1/3 190603200314

State of Illinois)
County of Cook) SS

Michael Bukhalo ("Affiant"), of lawful age, being first duly sworn, upon on oath deposes and states as follows:

- That Affiant resides at: 1555 N. Vail, Arlington Heights, IL 60004
- That Affiant was personally well acquainted with Talina Bukhalo ("Decedent") during Affiant's lifetime, having known Decedent for _____ years, and that Affiant bears the following relationship to said Decedent, to-wit: Son of decedent. Affiant further states that he/she was acquainted with the family and relatives of the Decedent, and the value and nature of the property owned by the Decedent, and the value and nature of the property owned by the Decedent at the time of his/her death.
- Affiant further states that Decedent died on October 26, 2018, in the County of Cook and the State of Illinois, as evidenced by the copy of the Decedent's death certificate, attached hereto.
- The Decedent died owning an interest in the property described in the Attorneys' Title Guaranty Fund, Inc. ("ATGF") commitment No. 190603200314 ("Subject Property").
- The following statements and answers to the following questions are based upon the personal knowledge of Affiant and are true and correct:
 - Was an estate ever opened for said Decedent in a court of law? No (yes/no)
 - If so, when _____, where _____ and what was the case number? _____
 - Did the Decedent leave a will? No (yes/no) If so attach a copy thereof and all codicils, in any.
 - The Decedent was married to the following person(s), and no others.

Name: Antolij Bukhalo

Marriage Terminated by: Death

Date: 1/87

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

S Y
P 6
S 1
M ✓
SC Y
E —
INT JA

UNOFFICIAL COPY

E. The following children and no others were born to, adopted or acknowledged by the Decedent.
(Include all children by any marriage, illegitimate children and adopted or acknowledged children.)

Name	Other Parent	Minor/Disabled	Alive or Date of Death
Michael Bukhalo			Alive
Yuriy Bukhalo			Alive

F. If there were no descendants (children, grandchildren, etc.) of the Decedent living at the time of his/her death, then list the names of the father, mother, brothers and sisters of the Decedent, and, if applicable, the dates of their deaths.

Name	Relationship	Date of Death, if now deceased
N/A		

G. That, in the event that, Decedent died without a spouse or child surviving, to the best of Affiant's information and belief, the following represents the Decedent's heirship as determined by Illinois Compiled Statutes.

Name:	Relationship to Decedent
N/A	

H. That all debts of the Decedent, including the funeral and burial expenses and any final medical bills, have been paid in full, including public and old age assistance advances are paid.

I. That there is no Federal Estate Tax, Illinois Inheritance (Pickup Tax), or Illinois Generation-Skipping Tax, as a result of Decedent's death, or that said taxes have been paid in full and releases for the Subject Property are attached hereto.

UNOFFICIAL COPY

J. That the value of all property owned by the Decedent at the time of his/her death, including the taxable interest in the Subject Property and all joint tenancy interests, did not exceed \$ _____.

K. The following documents, attached hereto, are hereby incorporated herein by this reference thereto:

- Death Certificate
- Last Will and Testament
- Codicil(s)
- Federal Tax Release
- Illinois Release
- Personal Undertaking (below)

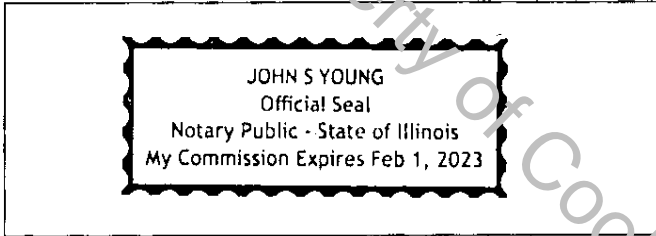
Affiant:

[Handwritten Signature]

Subscribed and sworn to before me this 28 day of May, 2019.

Notary Public

[Handwritten Signature]



(Notary Seal)

Affidavit Prepared by:

John S. Young
P.O. Box 428
MF Prospect, IL 60076

Mail to:

John S. Young
P.O. Box 428
MF Prospect, IL 60076

UNOFFICIAL COPY

PERSONAL UNDERTAKING

In consideration of the issuance of your Title Insurance Policy the undersigned do hereby, jointly and severally, for themselves, their heirs, personal representatives and assigns, covenant and agree forever to fully indemnify, protect, defend and save ATGF harmless from and to reimburse ATGF for any and all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature which ATGF may for any cause, at any time and from time to time, suffer, expend or incur by reason or in consequence of the issuance of said Policy, and of any and every other insurance policy or policies covering the same real estate, or any part or parts thereof, or interest herein free and clear of the following objections:

1. Claims (including awards, if any) against the Estate of Talina Bukhalo, deceased.
2. Federal Estate Tax, Illinois Inheritance (Pickup Tax), or Illinois Generation-Skipping Tax which may be charged against the estate of the Decedent.
3. Legacies created by the will of the Decedent, if any.
4. Right to contribution, if any.
5. Rights of the executor, if & when appointed.

Date: 5/28/19

Michael Bukhalo
 Name
1555 N. Vail, Arlington Hts, IL 60004
 Address
[Signature]

 Name

 Address

 Name

 Address

 Name

 Address

Property of Cook County Clerk's Office

UNOFFICIAL COPY

ATTORNEYS' TITLE GUARANTY FUND, INC.

LEGAL DESCRIPTION

Permanent Index Number:

Property ID: 08-14-401-071-1075

Property Address:

1101 S. HUNT CLUB DR., APT 316
MOUNT PROSPECT, IL 60056

Legal Description:

PARCEL 1: UNIT 316 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN THE CONDOMINIUMS OF HUNT CLUB ON THE LAKE CONDOMINIUMS I, F/K/A/ CONDOMINIUMS OF HUNTINGTON COMMON APARTMENT HOMES-SECTION NO. 1 CONDOMINIUM, AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NO. 22511116, AS AMENDED FROM TIME TO TIME, IN THE EAST 1/2 OF SECTION 14, TOWNSHIP 41 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL 2: EASEMENTS APPURTENANT TO AND FOR THE BENEFIT OF PARCEL 1 AS SET FORTH AND DEFINED IN THE DECLARATION OF COVENANTS, CONDITIONS, RESTRICTIONS AND EASEMENTS RECORDED AS DOCUMENT NO. 22499659, FOR INGRESS AND EGRESS.

PARCEL 3: EASEMENTS APPURTENANT TO AND FOR THE BENEFIT OF PARCEL 1 AS SET FORTH AND DEFINED IN THE DECLARATION OF EASEMENTS RECORDED AS DOCUMENT NO. 21401332 AND FILED AS LR2543467 AND IN THE EASEMENT AGREEMENT AND GRANT RECORDED AS DOCUMENT NO'S 21595957, AS AMENDED BY DOCUMENT NO. 21828994, FOR INGRESS AND EGRESS.

County Clerk's Office

UNOFFICIAL COPY

**COOK COUNTY CLERK VITAL RECORDS
CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2018.0086222

DATE ISSUED 11/8/2018

DECEDENT'S LEGAL NAME TALINA BUKHALO		SEX FEMALE	DATE OF DEATH OCTOBER 26, 2018	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 77 YEARS	DATE OF BIRTH JUNE 30, 1941		
CITY OR TOWN MT. PROSPECT		HOSPITAL OR OTHER INSTITUTION NAME 1101 SOUTH HUNT CLUB DRIVE #316		
PLACE OF DEATH: DECEDENT'S HOME				
BIRTHPLACE RUSSIA	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 1101 SOUTH HUNT CLUB DRIVE		APT. NO 316	CITY OR TOWN MT. PROSPECT	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60056	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MIKHAIL BRICKMAN	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LIA GALTER
INFORMANT'S NAME YURIY BUKHALO		RELATIONSHIP SON	MAILING ADDRESS 1140 PFINGSTON ROAD, GLENVIEW, IL, 60025	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION MEMORIAL PARK CEMETERY	LOCATION - CITY OR TOWN AND STATE SKOKIE, IL	DATE OF DISPOSITION OCTOBER 28, 2018	
FUNERAL HOME CHESÉD VEMET, 701 WEST RAND ROAD, ARLINGTON HEIGHTS, IL, 60004				
FUNERAL DIRECTOR'S NAME RUDY LERNER			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031009435	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR OCTOBER 27, 2018	
CAUSE OF DEATH		PART I: ALZHEIMERS DISEASE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>		a. _____		
		b. _____ <small>Due to (or as a consequence of)</small>		
		c. _____ <small>Due to (or as a consequence of)</small>		
PART II: Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I.				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8 YEARS
			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 TRANSPORTATION INJURY, SPECIFY
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE FEBRUARY 22, 2018	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 07:30 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED OCTOBER 26, 2018	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH LEO KANEV, 355 W DUNDEE ROAD, SUITE 110, BUFFALO GROVE, IL, 60089				PHYSICIAN'S LICENSE NUMBER 036102811

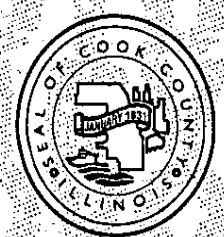
THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY INVERSE AUSTRIAN BOTTOM LINE



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



0556312