

UNOFFICIAL COPY

1 1/2
190406301425

JOINT TENANCY AFFIDAVIT



1927706118

STATE OF ILLINOIS)
) SS
COUNTY OF DUPAGE)

Doc# 1927706118 Fee \$88.00

DIANE GAY,
hereby referred to as the affiant, states under
oath that the affiant resides at _____
5 Sieverwood Court

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 10/04/2019 03:45 PM PG: 1 OF 3

In the City of Streamwood,
State of Illinois;
that the affiant was acquainted with _____
NICHOLAS B. PETRONE,
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 8 IN BLOCK 4 IN NEW ENGLAND VILLAGE UNIT THREE, A SUBDIVISION OF PART OF THE FRACTIONAL
SOUTHWEST 1/4 OF SECTION 18, TOWNSHIP 41 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN,
ACCORDING TO THE PLAT THEREOF REGISTERED IN THE OFFICE OF THE REGISTRAR OF TITLES OF COOK
COUNTY, ILLINOIS ON SEPTEMBER 30, 1977 AS DOCUMENT NUMBER 2970819 IN COOK COUNTY, ILLINOIS.

Permanent Tax No: 07-18-305-008-0000
Known As: 5 Sieverwood Ct, Streamwood, Illinois 60107

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 06/26/2018, leaving no/a last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ <15,000.00, and
that the value of the above property individually was \$ <15,000.00

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

S V
P 3
S 1
M —
SC —
E —
INT —

UNOFFICIAL COPY

JOINT TENANCY AFFIDAVIT

(continued)

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 NICHOLAS B. PETRONE, 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.

David R. Schlueter (Seal)

_____ (Seal)

Subscribed and sworn to before me this

10th day of September, 2019

David R. Schlueter
(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:

David R. Schlueter
(Name)

401 W. Irving Park Rd
(Address)

Itasca, IL 60143
(City, State, Zip)

Return to:

David R. Schlueter
(Name)

401 W. Irving Park Rd
(Address)

Itasca, IL 60143
(City, State, Zip)

UNOFFICIAL COPY

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

STATE FILE NUMBER 2018 0052833

DATE ISSUED 6/28/2018

DECEDENT'S LEGAL NAME NICHOLAS B. PETRONE			SEX MALE	DATE OF DEATH JUNE 26, 2018
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 77 YEARS	DATE OF BIRTH SEPTEMBER 02, 1940		
CITY OR TOWN HOFFMAN ESTATES		HOSPITAL OR OTHER INSTITUTION NAME SAINT ALEXIUS MEDICAL CENTER		
PLACE OF DEATH INPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME DIANE YANCEY	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 5 SIEVERWOOD CT	APT. NO.	CITY OR TOWN STREAMWOOD	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60107	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION BENJAMIN J PETRONE	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION THERESA A UNKNOWN
INFORMANT'S NAME DIANE GAY		RELATIONSHIP WIFE	MAILING ADDRESS 5 SIEVERWOOD CT, STREAMWOOD, IL, 60107	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION ACACIA PARK CEMETERY	LOCATION - CITY, OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION JUNE 28, 2018	
FUNERAL HOME RAGO BROTHERS FUNERAL HOME, 7751 WEST IRVING PARK ROAD, CHICAGO, IL, 60634				
FUNERAL DIRECTOR'S NAME JOSEPH L RAGO			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015155	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JUNE 28, 2018	
CAUSE OF DEATH PART I: SEPTIC SHOCK IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ Due to (or as a consequence of) b. PROBABLE URINARY TRACT INFECTION c. _____ Due to (or as a consequence of) _____ Due to (or as a consequence of)				
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I METASTATIC PROSTATE CANCER, BILATERAL URETERAL OBSTRUCTION			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 JUNE 26, 2018	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 02:12 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED JUNE 27, 2018	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH NEELIMA SUNKARA, 1333 BUTTERFIELD, DOWNERS GROVE, ILLINOIS, 60515			PHYSICIAN'S LICENSE NUMBER 036-11827 0437796	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



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

