

JOINT TENANCY AFFIDAVIT

UNOFFICIAL COPY

STATE OF ILLINOIS)
COUNTY OF COOK) SS

Gary Sarge,
hereby referred to as the affiant, states under
oath that the affiant resides at
17616 Ryan Lane

In the City of Orland Park,
State of Illinois;
that the affiant was acquainted with

Clement S. Sarge aka Sargautis,
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 3 in Eagle Ridge Estates Unit 3, being a Subdivision of part of the
Northwest 1/4 of Section 32, Township 36 North, Range 12 East of the Third
Principal Meridian, in Cook County, Illinois.

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 August 16, 2019, leaving no/a last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ 330,000, and
that the value of the above property individually was \$ 330,000.

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.

Property Address: 17616 Ryan Lane
Orland Park, Illinois 60467

Permanent Tax No: 27-32-104-007-0000



Doc# 1929445047 Fee \$88.00

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

EDWARD M. HOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 10/21/2019 11:14 AM PG: 1 OF 3

Handwritten notations: S 4, P 3, S -, M -, SC 4, E -

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JOINT TENANCY AFFIDAVIT
(continued)

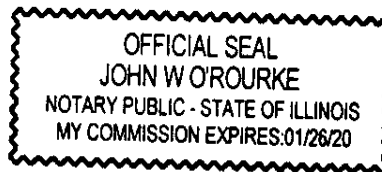
The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATG harmless and to reimburse ATG for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature 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 Clement S. Sarge aka Sargautis, 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.

Gary Sarge (Seal)
 Gary Sarge (Seal)

Subscribed and sworn to before me this

16th day of October, 2019
(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:

John O'Rourke

(Name)

4239 W. 63rd Street

(Address)

Chicago, IL 60629

(City, State, Zip)

Return to:

John O'Rourke

(Name)

4239 W. 63rd Street

(Address)

Chicago, IL 60629

(City, State, Zip)

CERTIFICATION OF DEATH RECORD
UNOFFICIAL COPY

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

STATE FILE NUMBER 2019 0065857

DATE ISSUED 8/29/2019

DECEDENT'S LEGAL NAME CLEMENT S SARGAUTIS		SEX MALE	DATE OF DEATH AUGUST 16, 2019	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 97 YEARS	DATE OF BIRTH FEBRUARY 13, 1922		
CITY OR TOWN ORLAND PARK		HOSPITAL OR OTHER INSTITUTION NAME 17616 RYAN LANE		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]-2468	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 17616 RYAN LANE	APT. NO.	CITY OR TOWN ORLAND PARK	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60467	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JAMES SARGAUTIS	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARGARET BROZITSKI
INFORMANT'S NAME GARY J SARGE		RELATIONSHIP SON	MAILING ADDRESS 17616 RYAN LANE, ORLAND PARK, IL, 60467	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION SAINT CASIMIR (LITHUANIAN) CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION AUGUST 22, 2019	
FUNERAL HOME ROBERT J. SHEEHY AND SONS - ORLAND, 9000 W 151ST STREET, ORLAND PARK, IL, 60462				
FUNERAL DIRECTOR'S NAME ROBERT SHEEHY		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011841		
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH		DATE FILED WITH LOCAL REGISTRAR AUGUST 21, 2019		
CAUSE OF DEATH - PART I CORONARY ATHEROSCLEROSIS				
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
a. _____ Due to (or as a consequence of):				
b. _____ Due to (or as a consequence of):				
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				
ANEMIA		WAS AN AUTOPSY PERFORMED? NO		
FEMALE PREGNANCY STATUS NOT APPLICABLE		WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A		
MANNER OF DEATH NATURAL		INJURY AT WORK?		
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY		
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:				IF TRANSPORTATION INJURY, SPECIFY:
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE APRIL 17, 2019	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 07:35 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED: AUGUST 19, 2019	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH: F. WILFORD GERMINO, MD, 16660 107TH AVENUE, ORLAND PARK, ILLINOIS, 60467				PHYSICIAN'S LICENSE NUMBER 036062103

APPROXIMATE
INTERVAL BETWEEN
ONSET AND DEATH

1032877

DECEDENT ALIAS
AKA: CLEMENT S SARGE

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

Karen A. Yarbrough
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM