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\*1933122072\*

Doc# 1933122072 Fee \$88.00

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 11/27/2019 03:20 PM PG: 1 OF 3

1/2

190415100059

## JOINT TENANCY AFFIDAVIT

STATE OF Illinois

COUNTY OF Cook

Thomas M. McCann hereby referred to as the affiant, states under oath that the affiant resides at 144 E. Madison St., in the City of Elmhurst, State of Illinois; that the affiant was acquainted with Patrick J. Macken, 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 1 in Benes' Resubdivision of Lot 2 in Bonarek's Subdivision of Lot 104 in Robert Bartlett's Green Fields, a Subdivision of the West 1/2 of the Northwest 1/4 of Section 26, and that part lying South and East of the Joliet and Chicago Railroad of the East 1/2 of the Northeast Fractional 1/4 of Section 27, Township 38 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

8608 W 75th St, Justice IL 60458  
18-26-108-035-0000

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 June 12, 1998, leaving no/a last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ 500,000, and the value of the above property individually was \$ 20,000;

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.

S  
P  
S  
M  
SE  
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INT

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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:

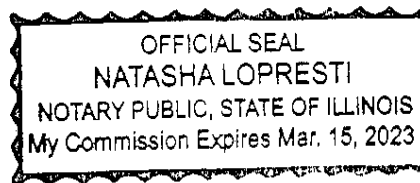
1. Claims against the estate of Patrick J. Macken, the decedent;
2. State Estate/Inheritance Tax and Federal Estate Tax that may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

Thomas M. McCann (Seal)

\_\_\_\_\_ (Seal)

Subscribed and sworn to before me this

28<sup>th</sup> day of OCTOBER, 2019  
Day Month Year  
Natasha Lopresti  
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:

Daniel Chase Gentile  
Name  
1400 E. Touhy Ave., Suite 409  
Address  
Des Plaines, IL 60018  
City, State, Zip

Return to:

Daniel Chase Gentile  
Name  
1400 E. Touhy Ave., Suite 409  
Address  
Des Plaines, IL 60018  
City, State, Zip

# CERTIFICATION OF DEATH RECORD

## UNOFFICIAL COPY

|   |  |  |  |
|---|--|--|--|
| DECEDENT'S BIRTH NO.  | REGISTRATION DISTRICT NO. <b>16.0</b>  | STATE OF ILLINOIS  | STATE FILE NUMBER  |
| <b>MEDICAL CERTIFICATE OF DEATH</b>   |  |  |  |
| Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS | DECEASED-NAME FIRST MIDDLE LAST  | SEX  | DATE OF DEATH (MONTH DAY YEAR)   |
|   | 1. Patrick Joseph Macken   | 2. Male  | 3. June 12, 1998   |
| A   | COUNTRY OF DEATH   | AGE LAST BIRTHDAY (MAY) (DAY) (YEAR)   | DATE OF BIRTH (MONTH DAY YEAR)   |
|   | 4. Cook  | 5a. 73 5b. 26 5c. 59   | 6. March 18, 1925  |
| B   | CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER   | HOSPITAL OR OTHER INSTITUTION NAME TO BE FILLED IN EITHER CASE STREET AND NUMBER                 | ROOM OR APARTMENT (SPECIFY)  |
|   | 7a. Oak Lawn   | 7b. Christ Hospital  | 7c. Emer. Room   |
| C   | BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)   | MARRIED NEVER MARRIED, UNKNOWN OR UNRECORDED (SPECIFY)   | NAME OF SURVIVING SPOUSE (MARRIED NAME IF APPLICABLE)                  |
|   | 8. Ireland   | 8a. Married  | 8b. Mary Elizabeth McCann  |
| D   | SOCIAL SECURITY NUMBER   | USUAL OCCUPATION   | KIND OF BUSINESS OR INDUSTRY   |
|   | 9. 1   | 11a. Mechanic  | 11b. Construction  |
| E   | EDUCATION (CHECK ONE) (TYPE IN GRADES COMPLETED)   | RESIDENCE (STREET AND NUMBER)  | CITY, TOWN, TWP. OR ROAD DISTRICT NO.                                  |
|   | 12. 12   | 13a. 1110 Vinewood Avenue  | 13b. Willow Springs  |
| F   | INSURANCE CITY (RESIDENCE)   | COUNTY   | INSURANCE YES <input type="checkbox"/> NO <input type="checkbox"/>     |
|   | 13c. Yes   | 13d. Cook  |  |
| G   | STATE  | ZIP CODE   | RACE (WHITE, BLACK, AMERICAN INDIAN OR SPECIFY)                        |
|   | 13e. Illinois  | 13f. 60480   | 14a. White   |
| H   | FATHER'S NAME FIRST MIDDLE LAST  | MOTHER'S NAME FIRST MIDDLE (MAIDEN) LAST   | 14b. <input type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY: |
|   | 15. Patrick John Macken  | 16. Mary Ann Maye  |  |
| I   | INFORMANT'S NAME (TYPE OR PRINT)   | RELATIONSHIP   | MAILING ADDRESS (STREET AND NO. CITY OR TOWN STATE ZIP)                |
|   | 17a. Mary Macken   | 17b. Wife  | 17c. 1110 Vinewood Avenue, Willow Springs, IL 60480                    |
| J   | 18. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. |  | 19a. <input type="checkbox"/> YES <input type="checkbox"/> NO          |
|   | 1. Immediate Cause (Final disease or condition resulting in death) → <b>CORONARY ADAPTED DISEASES</b>  |  |  |
| K   | CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.   |  | 19b. <input type="checkbox"/> YES <input type="checkbox"/> NO          |
|   | 2. (b) DUE TO OR AS A CONSEQUENCE OF   |  |  |
| L   | PART II. Other significant conditions contributing to death or to the underlying cause given in PART I.  |  | 20. <input type="checkbox"/> YES <input type="checkbox"/> NO           |
|   |  |  |  |
| M   | DATE OF OPERATION, IF ANY  | MAJOR FINDINGS OF OPERATION  | 21. <input type="checkbox"/> YES <input type="checkbox"/> NO           |
|   | 20a.   | 20b.   |  |
| N   | (1) DID (DO NOT) ATTEND THE DECEASED AND LAST SAW HIM/LIVE ON  | WAS CORPSE RIGID (MEDICAL EXAMINER NOTIFIED) (YES/NO)  | HOUR OF DEATH  |
|   | 21a. 6/11/98   | 21b. Yes   | 21c. 7:25 A.M.   |
| O   | TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND AS TO THE CAUSE(S) STATED   |  | DATE SIGNED (MONTH DAY YEAR)   |
|   | 22a. SIGNATURE <i>Syed Zainulabuddin Syed</i>  |  | 22b. 6/11/98   |
| P   | NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)  | ILLINOIS LICENSE NUMBER  | 22c. 036-091132  |
|   | 22c. ZAINULABUDDIN SYED 3830 W. 45th & Jackson Pl.   | 22d. 036-091132  |  |
| Q   | NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)  | NOTE: IF AN EMERGENCY WAS INVOLVED IN THIS DEATH THE CORPSE OR MEDICAL EXAMINER MUST BE NOTIFIED |  |
|   | 23.  |  |  |
| R   | BURIAL, CREMATION, REMOVAL (SPECIFY)   | CEMETERY OR CREMATORY-NAME   | LOCATION: CITY, COUNTY, STATE  |
|   | 24a. Burial  | 24b. Midfield Cemetery   | 24c. Swinford, Ireland   |
| S   | FUNERAL HOME   | NAME   | STREET AND NUMBER (CITY OR TOWN STATE ZIP)                             |
|   | 25a. Blake-Lamb Funeral Home   | 4727 W. 103rd Street   | Oak Lawn, IL 60453   |
| T   | FUNERAL DIRECTOR'S SIGNATURE   | FUNERAL DIRECTOR'S LICENSE NUMBER  | DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR)                         |
|   | 25b. <i>Norman Lamb</i>  | 25c. 076-011832  | 26d. June 16, 1998   |
| U   | LOCAL REGISTRAR  | DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR)   |  |
|   | 26a. <i>DN L SCOTT, M.D.</i>   | 26b. <i>Quinn</i>  | 26c. <i>Quinn</i>  |

THE WORD "APPEARS" WHEN PHOTOCOPIED

NOT REEMBOSSED STATE AND COUNTY SEALS AT BOTTOM

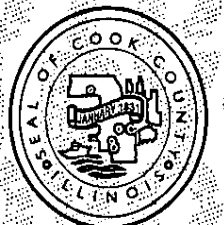
1062499

August 28, 2019

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*  
Karen A. Yarbrough  
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE