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2001422114

Doc# 2001422114 Fee \$88.00

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 01/14/2020 02:27 PM PG: 1 OF 3

190102801075

JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF COOK

SIMON J. KELLY hereby referred to as the affiant, states under oath that the affiant resides at 2536 W. 102ND STREET, in the City of CHICAGO, State of ILLINOIS; that the affiant was acquainted with BARBARA KEELING, 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 27 in Block 5 in O. Reuter and Company Morgan Park Manor, a subdivision in the Northeast 1/4 of Section 13, Township 37 North, Range 13 East of the Third Principal Meridian, in Cook County, Illinois

24-13-231-005-0000
10619 S. Maplewood Ave, Chicago IL 60655

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 JANUARY 1, 2016, leaving no/a last will and testament:

The total value of decedent's estate, including the taxable interest in the above property was \$ 0 and the value of the above property individually was \$ 112,000

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.

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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 BARBARA KEELING, 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.

Simon J. Kelly (Seal)
 _____ (Seal)

Subscribed and sworn to before me this

8th day of January, 2020
Day Month Year

Christine A. Hunt
 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:

THOMAS F. COURTNEY & ASSOCIATES
Name

7000 W. 127TH STREET
Address

PALOS HEIGHTS, IL 60463
City, State, Zip

Return to:

THOMAS F. COURTNEY & ASSOCIATES
Name

7000 W. 127TH STREET
Address

PALOS HEIGHTS, IL 60463
City, State, Zip

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CERTIFICATION OF DEATH RECORD

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

STATE FILE NUMBER 2016 0001459

MEDICAL EXAMINER'S CASE NUMBER ME2016-00016

DATE ISSUED 4/21/2016

DECEDENT'S LEGAL NAME BARBARA KEELING			SEX FEMALE	DATE OF DEATH FOUND JANUARY 01, 2016	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 62 YEARS	DATE OF BIRTH DECEMBER 04, 1953		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME 10619 SOUTH MAPLEWOOD			
PLACE OF DEATH DECEDENT'S HOME					
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH WIDOWED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	
RESIDENCE 10619 SOUTH MAPLEWOOD		APT. NO.	CITY OR TOWN CHICAGO		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60655	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION RAYMOND STRAND		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ELLA VERBEEK
INFORMANT'S NAME PEGGY SCHWARTZ		RELATIONSHIP MEDICAL RECORDS		MAILING ADDRESS 2121 W HARRISON ST, CHICAGO, IL, 60612	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION FOREST CREMATORY		LOCATION - CITY OR TOWN AND STATE ROMEOLVILLE, IL	DATE OF DISPOSITION JANUARY 27, 2016
FUNERAL HOME ILLINOIS CREMATION CENTERS, 1000 ROFLWING ROAD, LOMBARD, IL, 60148					
FUNERAL DIRECTOR'S NAME MARK JOHN KAZLAUSKAS				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015610	
LOCAL REGISTRAR'S NAME DAVID ORR				DATE FILED WITH LOCAL REGISTRAR APRIL 5, 2016	
CAUSE OF DEATH PART I. HYPERTENSIVE CARDIOVASCULAR DISEASE					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
Due to (or as a consequence of):					
Due to (or as a consequence of):					
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.				WAS AN AUTOPSY PERFORMED? YES	
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? YES	
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?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?		DATE PRONOUNCED JANUARY 01, 2016	TIME OF DEATH 09:03 PM
CERTIFIER MEDICAL EXAMINER/CORONER				DATE CERTIFIED APRIL 05, 2016	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH STEPHEN JICINA MD, 2121 W HARRISON ST, CHICAGO, IL 60612				PHYSICIAN'S LICENSE NUMBER	

Record Amended on: 1/26/2016



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
 Cook County Clerk

