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ATTORNEYS' TITLE GUARANTY FUND, INC.

Doc#: 2108312326 Fee: \$98.00
Karen A. Yarbrough
Cook County Clerk
Date: 03/24/2021 11:49 AM Pg: 1 of 3

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JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF COOK

LUIS VELASCO hereby referred to as the affiant, states under oath that the affiant resides at 3637 W. Scott, in the City of Alsip, State of ILLINOIS; that the affiant was 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 5 IN BLOCK 1 IN JOHN F. EBERHART'S SUBDIVISION OF THE SOUTHWEST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 14, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

3811 W. 61st ST., Chicago, Illinois 60629 PIN 19-14-317-019-0000

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 NOVEMBER 7, 2018, 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 \$ "0";

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 CONSUELO MARIE PRESBERRY, 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.

Luis Presberry (Seal)

_____ (Seal)

Subscribed and sworn to before me this

27th day of January, 2021

Day Month Year



Note: If the decedent left a will, it will be necessary for 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:

ARNOLD RIVERA

Name

3140 N. Laramie Ave.

Address

CHICAGO, ILLINOIS 60641

City, State, Zip

Return to:

Arnold Rivera

Name

3140 N. Laramie Ave.

Address

CHICAGO, ILLINOIS 60641

City, State, Zip

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

STATE FILE NUMBER 2018 0089996

DATE ISSUED 11/14/2018

DECEDENT'S LEGAL NAME CONSUELA MARIE PRESBERRY		SEX FEMALE	DATE OF DEATH NOVEMBER 07, 2018	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 64 YEARS	DATE OF BIRTH JANUARY 07, 1954		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME 3811 WEST 61ST STREET		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE CHICAGO, IL	STATUS AT TIME OF DEATH NEVER MARRIED/NEVER IN CIVIL UNION	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME		EVER IN U.S. ARMED FORCES? NO
RESIDENCE 3811 WEST 61ST STREET		APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION HOWARD O PRESBERRY SR	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION BARBARA J ROSS	
INFORMANT'S NAME YVETTE PRESBERRY		RELATIONSHIP DAUGHTER	MAILING ADDRESS 5100 SOUTH CORNELL AVENUE, CHICAGO, IL, 60615	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION CARE CREMATION CENTER	LOCATION - CITY OR TOWN AND STATE ROMEQUILLE, IL	DATE OF DISPOSITION NOVEMBER 12, 2018	
FUNERAL HOME CENTRAL CHAPEL INC, 6158 SOUTH CENTRAL AVENUE, CHICAGO, IL, 60638				
FUNERAL DIRECTOR'S NAME ROBERT J MOYNIHAN		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031008950		
LOCAL REGISTRAR'S NAME DAVID ORR		DATE FILED WITH LOCAL REGISTRAR NOVEMBER 9, 2018		
CAUSE OF DEATH PART I. CARDIORESPIRATORY ARREST				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of):		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		b. _____ Due to (or as a consequence of):		
		c. _____ 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. HYPERTENSION				WAS AN AUTOPSY PERFORMED? NO
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A
FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR				M. NUMBER 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 JULY 25, 2018	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 09:18 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED NOVEMBER 08, 2018	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR. L. DELEON, 2701 WEST 68TH STREET, CHICAGO, ILLINOIS 60629				PHYSICIAN'S LICENSE NUMBER 036089948

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

