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Doc#: 2219341016 Fee: \$98.00
Karen A. Yarbrough
Cook County Clerk
Date: 07/12/2022 09:46 AM Pg: 1 of 3

22 02151 00350

JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF COOK

Sean O'Brien Sullivan hereby referred to as the affiant, states under oath that the affiant resides at 1004 N. Cumberland Ave., in the City of Park Ridge, State of Illinois; that the affiant was acquainted with Patricia A. Sullivan 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 (EXCEPT THE SOUTH 7 FEET THEREOF) IN BLOCK 13 IN POWELL'S SUBDIVISION OF THE SOUTH WEST 1/4 OF THE SOUTH WEST 1/4, OF THE WEST 20 RODS OF THE SOUTH EAST 1/4 OF SAID SOUTH WEST 1/4 AND THE SOUTH 18 RODS AND 1 FOOT OF THE EAST 60 RODS OF SAID SOUTH EAST 1/4 OF THE SOUTH WEST 1/4 OF SECTION 23, TOWNSHIP 41 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 April 11, 1999, leaving no/a last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ 100,000.00, and the value of the above property individually was \$ 100,000.00;

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.

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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 Patricia A. Sullivan, 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.



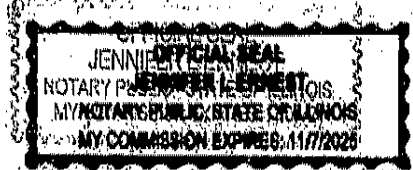
Jennifer L. Ernest (Seal)

_____ (Seal)

Subscribed and sworn to before me this

15th day of June, 2022
Day Month Year

Jennifer L. Ernest
 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:
Jennifer L. Ernest
Name
2403 Harnish Dr., Suite 105
Address
Algonquin, IL 60102
City, State, Zip

Return to:
Jennifer L. Ernest
Name
2403 Harnish Dr., Suite 105
Address
Algonquin, IL 60102
City, State, Zip

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Exhibit A

APR 13 2011

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16-D
REGISTERED NUMBER

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH MONTH, DAY, YEAR
1. PATRICIA Ann SULLIVAN FEMALE APRIL 11, 1999

COUNTY OF DEATH AGE-LAST BIRTHDAY (MM/SS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH MONTH, DAY, YEAR
2. COOK 75 54 MAY 12, 1923

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION NAME, ADDRESS, NUMBER, ONE STREET ADDRESS NUMBER IF HOME OR INST. INDICATE DOA OR OTHER SA. INDICATE DEPT. 6a. PARK RIDGE LUTHERAN GENERAL HOSPITAL 6c. INPATIENT

DECEASED BIRTHPLACE (CITY, STATE OR FOREIGN CTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (M/NO/NO) NAME OF SURVIVING SPOUSE (M/NO/NAME, F/W/F) HAS OCCURRED EVER IN US (M/NO) (M/NO)
3. New York, NY 3a. Married 3b. John J. Sullivan 3c. No

SOCIAL SECURITY NUMBER USUAL OCCUPATION 11a. School 12. 3d. Yes 13a. Cook

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP, OR ROAD DISTRICT NO. COUNTY
13a. 1000 N. Cumberland 13b. Park Ridge 13c. Yes 13d. Cook

PARENTS FATHER'S NAME FIRST MIDDLE LAST MOTHER'S NAME FIRST MIDDLE (MAIDEN) LAST
14. Henry Scheuermann 15. Loretta Coyne

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE, ZIP) 60068
17a. LAURIE TOMASZKIEWICZ REG. HOSP REC 17b. 1775 W. DEMPSTER PARK RIDGE, ILLINOIS

18. PART I Enter the disease or condition that caused death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heat failure. List only one cause of death.
Immediate Cause (Final disease or condition resulting in death) 18a. Aspiration pneumonia
DUE TO, OR AS A CONSEQUENCE OF

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (N) STATING THE UNDERLYING CAUSE LAST.
18b. Adult Respiratory Distress Syndrome
DUE TO, OR AS A CONSEQUENCE OF

PART II Generalized conditions contributing to death but not necessarily in the underlying cause path in PART I
19a. Adult Respiratory Distress Syndrome

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION
20a. 20b.

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
21b. 4/11/99 7:09 A.M.
DATE, MONTH, DAY, YEAR

CERTIFIER SIGNATURE NAME AND ADDRESS OF CERTIFIER CITY OR TOWN STATE ZIP
22a. Robert Zimmerman 1775 Dempster Park Ridge IL 60068
22b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) CITY OR TOWN STATE ZIP

DISPOSITION BURIAL CREMATOR REMOVAL SPECIALTY CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE MONTH DAY, YEAR
23a. Cremation 23b. CSI 23c. Rosemont Illinois Apr 13, 1999

FUNERAL HOME NAME STREET AND NUMBER OR P.O. BOX CITY OR TOWN STATE ZIP
24a. All Chicago Morticians, Inc. 4669 Ablen Rosemont IL. 60018

FUNERAL DIRECTOR'S SIGNATURE FURNERAL HOME OR REMOVAL SPECIALTY MEMBER
25a. Christopher John Kulka 25b. 034-015259

LOCAL REGISTRAR'S SIGNATURE DATE MONTH DAY, YEAR
26a. MARY L. SCOTT, M.D. 26b. April 13 1999

REGISTRAR Illinois Department of Public Health - Division of Vital Records

1427314



County of Cook State of Illinois

Office of County Clerk David Orr

David Orr DAVID ORR COUNTY CLERK



This copy is not valid unless displaying embossed seals of Cook County and County Clerk signature.

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED