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ATTORNEYS' TITLE GUARANTY FUND, INC.

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Doc#: 2317412030 Fee: \$98.00
Karen A. Yarbrough
Cook County Clerk
Date: 06/23/2023 09:57 AM Pg: 1 of 3

JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF COOK

Stephen J. Rada hereby referred to as the affiant, states under oath that the affiant resides at 643 Iowa Drive, in the Town of Lowell, State of Indiana; that the affiant was acquainted with Rose M. Rada, 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 7 and Lot 8 (except the West 20 feet thereof) in Block 1 in Johnston and Archibald's Resubdivision of Block 3 in Hall's Addition to Chicago, being a Subdivision of the East 1/2 of the Southeast 1/4 of Section 18, Township 38 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Index Number(s): 19-18-410-066-0000

Property Address: 6517 W. 60th St., Chicago, IL 60638

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 5, 2000, leaving no last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was under \$500,000.00, and the value of the above property individually was \$ 142,500.00;

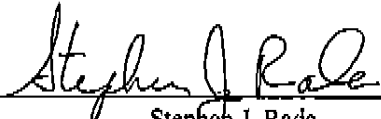
The State and Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from the decedent's estate, has been paid in full;

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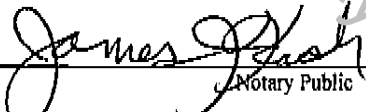
The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATG harmless and to reimburse ATG for all loss, costs, damages, suits, attorney's fees, and expenses of every kind and nature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


 _____ (Seal)
 Stephen J. Rada

Subscribed and sworn to before me this

13th day of June 2023
Day Month Year



 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:

James J. Kash, Kash Law Offices, LLC
Name
6545 W. Archer Ave.
Address
Chicago, Illinois 60638
City, State, Zip

Return to:

James J. Kash, Kash Law Offices, LLC
Name
6545 W. Archer Ave.
Address
Chicago, Illinois 60638
City, State, Zip

REGISTRATION DISTRICT NO. 16.10 REGISTERED NUMBER DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR) AUGUST 5, 2000 STATE FILE NUMBER 612418 STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

1. COUNTY OF DEATH Cook 2. AGE LAST BIRTHDAY (MYS) 3. UNDER 1 YEAR UNDER 1 DAY DATED OF BIRTH (MONTH, DAY, YEAR) JULY 10, 1921 4. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER Chicago 5a. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN ENTER, GIVE STREET AND NUMBER) 5b. RICHARD F. RADA 5c. SUTURES 5d. 5e. 5f. 5g. 5h. 5i. 5j. 5k. 5l. 5m. 5n. 5o. 5p. 5q. 5r. 5s. 5t. 5u. 5v. 5w. 5x. 5y. 5z. 6. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) RICHARD F. RADA 7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago, IL 8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married 8b. NAME OF BUSINESS OR INDUSTRY Sutures 8c. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 8d. INSIDE CITY (YES/NO) Yes 8e. COUNTY Cook 8f. WAS DECEASED EVER IN U.S. ARMED SERVICES (YES/NO) No 9. 10. RESIDENCE (STREET AND NUMBER) 6517 W. 60th Street 11a. CITY, TOWN, TWP, OR ROAD DISTRICT NO. Chicago 11b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PU, TRICHO-GAM, AIC) 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

17a. IMMEDIATE CAUSE (Final diagnosis or condition resulting in death) 17b. INTERMEDIATE CAUSE (Final diagnosis or condition resulting in death) 17c. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (IF PART I.) 17d. IMMEDIATE CAUSE (Final diagnosis or condition resulting in death) 17e. INTERMEDIATE CAUSE (Final diagnosis or condition resulting in death) 17f. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (IF PART I.)

18. IMMEDIATE CAUSE (Final diagnosis or condition resulting in death) 19. INTERMEDIATE CAUSE (Final diagnosis or condition resulting in death) 20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (IF PART I.)

21. IMMEDIATE CAUSE (Final diagnosis or condition resulting in death) 22. INTERMEDIATE CAUSE (Final diagnosis or condition resulting in death) 23. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (IF PART I.)

24. IMMEDIATE CAUSE (Final diagnosis or condition resulting in death) 25. INTERMEDIATE CAUSE (Final diagnosis or condition resulting in death) 26. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (IF PART I.)

27. IMMEDIATE CAUSE (Final diagnosis or condition resulting in death) 28. INTERMEDIATE CAUSE (Final diagnosis or condition resulting in death) 29. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (IF PART I.)

30. IMMEDIATE CAUSE (Final diagnosis or condition resulting in death) 31. INTERMEDIATE CAUSE (Final diagnosis or condition resulting in death) 32. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (IF PART I.)

33. IMMEDIATE CAUSE (Final diagnosis or condition resulting in death) 34. INTERMEDIATE CAUSE (Final diagnosis or condition resulting in death) 35. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (IF PART I.)

36. IMMEDIATE CAUSE (Final diagnosis or condition resulting in death) 37. INTERMEDIATE CAUSE (Final diagnosis or condition resulting in death) 38. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (IF PART I.)

39. IMMEDIATE CAUSE (Final diagnosis or condition resulting in death) 40. INTERMEDIATE CAUSE (Final diagnosis or condition resulting in death) 41. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (IF PART I.)

42. IMMEDIATE CAUSE (Final diagnosis or condition resulting in death) 43. INTERMEDIATE CAUSE (Final diagnosis or condition resulting in death) 44. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (IF PART I.)

45. IMMEDIATE CAUSE (Final diagnosis or condition resulting in death) 46. INTERMEDIATE CAUSE (Final diagnosis or condition resulting in death) 47. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (IF PART I.)

48. IMMEDIATE CAUSE (Final diagnosis or condition resulting in death) 49. INTERMEDIATE CAUSE (Final diagnosis or condition resulting in death) 50. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (IF PART I.)

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO SHELLA LYNE RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS FOR THE CITY OF CHICAGO AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN OBTAINANCE OF SAID LAW AND ORDINANCES. AUG 8 2000



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

LIBHX

CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH