

# UNOFFICIAL COPY

4003-16194

## JOINT TENANCY AFFIDAVIT

Doc#: 2325513256 Fee: \$107.00  
Karen A. Yarbrough  
Cook County Clerk  
Date: 09/12/2023 11:07 AM Pg: 1 of 4

STATE OF ILLINOIS )  
 ) SS  
COUNTY OF DUPAGE )

ROSEMARY BRANDT UCHA,  
hereby referred to as the affiant, states under  
oath that the affiant resides at \_\_\_\_\_  
17400 Briar Drive

In the City of Tinley Park,  
State of Illinois;  
that the affiant was acquainted with \_\_\_\_\_  
ANNA BRANDT,  
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 70 IN GALLAGHER AND HENRY'S FAIRMONT VILLAGE UNIT 1, BEING A SUBDIVISION OF PART OF THE SOUTH 1/2 OF THE NORTHWEST 1/4 OF SECTION 15, TOWNSHIP 36 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Tax No: 27-25-109-003-0000  
Known As: 17015 Pembroke Ave, Tinley, Illinois 60477

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 08/06/2012, leaving no/a last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ <15,000.00, and that the value of the above property individually was \$ <15,000.00.

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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## JOINT TENANCY AFFIDAVIT (continued)

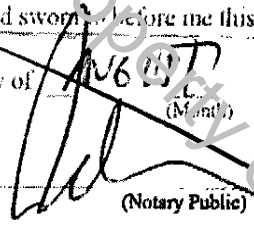
The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATG harmless and to reimburse ATG for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature that ATG may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

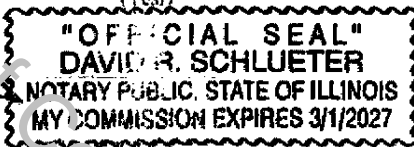
1. Claims against the estate of ANNA BRANDT, the decedent;
2. State Estate/Inheritance Tax and Federal Estate Tax that may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

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

Subscribed and sworn to before me this

23rd day of August, 2023  
 \_\_\_\_\_ (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:

David R. Schlueter

\_\_\_\_\_  
(Name)

401 W. Irving Park Rd

\_\_\_\_\_  
(Address)

Itasca, IL 60143

\_\_\_\_\_  
(City, State, Zip)

Return to:

David R. Schlueter

\_\_\_\_\_  
(Name)

401 W. Irving Park Rd

\_\_\_\_\_  
(Address)

Itasca, IL 60143

\_\_\_\_\_  
(City, State, Zip)

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

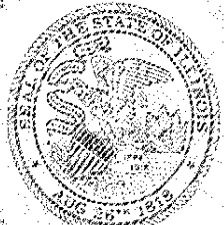
*Exhibit A*

STATE FILE NUMBER 2012 0058812 DATE ISSUED 8/10/2012

DECEDENT'S LEGAL NAME ANNA BRANDT		SEX FEMALE	DATE OF DEATH AUGUST 06, 2012	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 86 YEARS	DATE OF BIRTH OCTOBER 14, 1925		
CITY OR TOWN HAZEL CREST		HOSPITAL OR OTHER INSTITUTION NAME SOUTH SUBURBAN HOSPITAL		
PLACE OF DEATH INPATIENT				
BIRTHPLACE YUGOSLAVIA	SOCIAL SECURITY NUMBER <del>011-12-3456</del>	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME TOBIAS BRANDT	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 17015 PEMBROKE AVENUE	APT. NO.	CITY OR TOWN TINLEY PARK	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60477	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ADAM MERKLER	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JULIANA NUSPL
INFORMANT'S NAME TOBIAS BRANDT		RELATIONSHIP HUSBAND	MAILING ADDRESS 17015 PEMBROKE AVENUE, TINLEY PARK, IL, 60477	
METHOD OF DISPOSITION ENTOMBMENT		PLACE OF DISPOSITION GOOD SHEPHERD CEMETERY	LOCATION - CITY OR TOWN AND STATE ORLAND PARK, IL	DATE OF DISPOSITION AUGUST 11, 2012
FUNERAL HOME LAWN FUNERAL HOME LTD, 7909 STATE RD, DUNBANK, IL, 60459				
FUNERAL DIRECTOR'S NAME DANIEL EDWARD JARKA			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031009714	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR AUGUST 10, 2012	
<b>CAUSE OF DEATH</b>				
PART I. MULTISYSTEM FAILURE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Due to (or as a consequence of):		b. DEHYDRATION WITH POOR ORAL INTAKE		
Due to (or as a consequence of):		c. MASSIVE CEREBROVASCULAR ACCIDENT		
Due to (or as a consequence of):				WEEKS
PART II: Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I. HYPERTENSION, HYPERTENSIVE CARDIOVASCULAR DISEASE			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
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? YES	DATE LAST SEEN ALIVE AUGUST 05, 2012	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 10:00 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED AUGUST 06, 2012	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH N HALUK KITAPCI MD, 2555 LINCOLN HWY SUITE 215, OLYMPIA FIELDS, ILLINOIS, 60461			PHYSICIAN'S LICENSE NUMBER 036060053	

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



THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOT VALID UNLESS SIGNED BY THE CLERK OF COOK COUNTY

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- Applying fresh liquid bleach to activate color stain chemical protection reaction.
- Face of document has a full bleed green border with ornate lines including reverse microtext.
- This backer copy is constructed of a full bleed microtext relief showing larger state seals. Inspection under magnifier shows "ILLINOISDEATHCERTIFICATE" in microtext.
- Document is protected with tactile holographic seals. Hold to light to verify both.
  - Left seal shows "ILLINOIS DEATH CERTIFICATE" with tactile lines over printing seal.
  - Right seal shows "LOCK-KEY-SAFE" flip imagery and guilloche tactile ridges with "D" and "C" latent images.
- Inspect background with a magnifier to verify the encrypted Na<sub>1</sub>Qcopy™ algorithm in body of document.
- Photocopying this document produces the word "VOID" across the face.