

23-16872 1 of 2

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JOINT TENANCY AFFIDAVIT

STATE OF _____)
) SS
COUNTY OF _____)

Susan M. Janecek,
hereby referred to as the affiant, states under
oath that the affiant resides at _____
7824 Suburban Lane

In the City of Bridgeview,
State of Illinois;
that the affiant was acquainted with _____
Joseph Janecek,
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:



Doc# 2336034028 Fee \$88.00
RHSP FEE:\$18.00 RPRF FEE: \$1.00
KAREN A. YARBROUGH
COOK COUNTY CLERK
DATE: 12/26/2023 01:44 PM PG: 1 OF 3

Lot 121 in Gilbert and Wolf's Bridgeview Gardens, Unit No. 2, a Subdivision of the North 1/2 of the Southwest 1/4 of Section 24, Township 38 North, Range 12, East of the Tiro Principal Meridian, according to the Plat thereof recorded May 16, 1950, as Document No. 14802850, 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 January 31, 2021, leaving no/a last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ 170,000, and that the value of the above property individually was \$ 170,000.

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 HomeLight Title LLC 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 HomeLight Title LLC harmless and to reimburse ATG for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature that HomeLight Title LLC may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

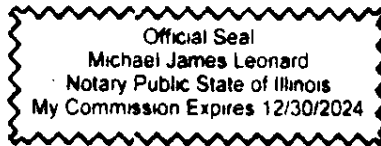
1. Claims against the estate of _____, the decedent;
2. State Estate/Inheritance Tax and Federal Estate Tax that may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

Sumit M. James (Seal)
 _____ (Seal)

Subscribed and sworn to before me this

9 day of NOVEMBER, 2023
 _____ (Month) (Year)
Michael James Leonard

 (Notary Public)



Note: If the decedent left a will, it will be necessary that the original or certified copy thereof be presented to HomeLight Title LLC for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

This instrument prepared by:

Daniel F. Stern Esq
 _____ (Name)
200 S Wacker Drive Suite 726
 _____ (Address)
Chicago, IL 60606
 _____ (City, State, Zip)

Return to:

Daniel F. Stern Esq
 _____ (Name)
200 S Wacker Drive Suite 726
 _____ (Address)
Chicago, IL 60606
 _____ (City, State, Zip)

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

STATE FILE NUMBER 2021.0011668


DATE ISSUED 10/24/2023

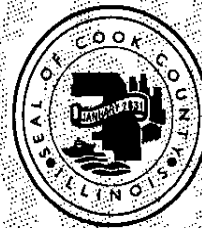
DECEDENT'S LEGAL NAME JOSEPH P JANECEK			SEX MALE	DATE OF DEATH JANUARY 31, 2021
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 62 YEARS		DATE OF BIRTH APRIL 07, 1958	
CITY OR TOWN OAK LAWN		HOSPITAL OR OTHER INSTITUTION NAME ADVOCATE CHRIST MEDICAL CENTER		
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME SUSAN LYONS	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 7824 SUBURBAN LANE	APT. NO.	CITY OR TOWN BRIDGEVIEW	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60455	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOSEPH JANECEK	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JULIE KUKLA
INFORMANT'S NAME SUSAN JANECEK		RELATIONSHIP HUSBAND	MAILING ADDRESS 7824 SUBURBAN LANE, BRIDGEVIEW, IL, 60455	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION FOREST CREMATORY	LOCATION - CITY OR TOWN AND STATE ROMEDEVILLE, IL	DATE OF DISPOSITION FEBRUARY 06, 2021	
FUNERAL HOME SCHMAEDEKE MINTLE INC., 10701 S HARLEM AVENUE, WORTH, IL, 60482				
FUNERAL DIRECTOR'S NAME RICHARD STORZ SCHMAEDEKE			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034010332	
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH			DATE FILED WITH LOCAL REGISTRAR FEBRUARY 5, 2021	
CAUSE OF DEATH PART I: ACUTE CORONARY SYNDROME IMMEDIATE CAUSE (Final disease or condition resulting in death): a. _____ Due to (or as a consequence of) b. HYPERTENSION _____ Due to (or as a consequence of) c. _____ _____ Due to (or as a consequence of)				
PART II: Enter other <i>significant conditions contributing to death</i> , but not resulting in the underlying cause given in PART I: MELLITUS DIABETES			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 NOVEMBER 19, 2020	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 12:08 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED FEBRUARY 02, 2021	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR SMAIN SADOK, 3844 WEST 63RD STREET, CHICAGO, ILLINOIS, 60629			PHYSICIAN'S LICENSE NUMBER 036117726	

2389661



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.


 Karen A. Yarbrough
 Cook County Clerk



THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM