Attorneys' Title Guaranty Fund, Inc.

97-10-10 14:51:58
Cook County Recorder 43.50

STATE OF ILLINOIS )
) SS.
COUNTY OF COOK )

JOINT TENANCY AFFIDAVIT

THOMAS E. KOTZ, hereinafter referred to as the affiant, states under oath that the affiant resides at 2118 WEST FLETCHER in the City of CHICAGO, Illinois, that the affiant was acquainted with PATRICIA M. KOTZ, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of a properly recorded joint tenancy warranty deed, said property, 2118 WEST FLETCHER, CHICAGO, IL 60618 P.I.N. 14-30-103-039-0000 located in COOK County, Illinois, and legally described as follows:
LOT 41 IN SUBDIVISION OF THE WEST ½ OF LOT 17 IN SNOW ESTATES SUBDIVISION BY THE SUPERIOR COURT IN PARTITION OF THE EAST ½ OF THE NORTHWEST ¼ OF SECTION 30, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED DECEMBER 24, 1881 IN COOK COUNTY, ILLINOIS.

That 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;

That the decedent died on AUGUST 9, 1997, leaving no/a last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was $ 225,000.00

and that the value of the above property individually was $ 225,000.00

That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full.

That the affiant makes this affidavit to induce Attorneys' Title Guaranty Fund, Inc. to issue its policy of title insurance on the above described property.

The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold Attorneys' Title Guaranty Fund, Inc. harmless and to reimburse the Fund for all loss costs, damages, suits, attorney's fees and expenses of every kind and nature which the Fund 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. KOTZ, the decedent,
2) Illinois State Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent,
3) Legacies, if any, created by the will of said decedent;
4) Rights to contribution.

OFFICIAL SEAL
GERARD D HADERLEIN
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 11/27/98

Subscribed and Sworn to before me this 7th day of OCTOBER, 19 97.

Gerard D. Haderlein
Notary Public

Thomas E. Kotz (Seal)
THOMAS E. KOTZ
(Seal)

THIS INSTRUMENT WAS PREPARED BY AND PLEASE MAIL TO:

GERARD D. HADERLEIN
3413 NORTH LINCOLN AVENUE
CHICAGO, IL 60657

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



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STATE OF ILLINOIS

# MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.10

REGISTERED NUMBER

STATE FILE NUMBER 613058

97156454

1. DECEASED—NAME: FIRST Patricia MIDDLE M. LAST Kotz
2. SEX: Female
3. DATE OF DEATH (MONTH, DAY, YEAR): August 9, 1997
4. COUNTY OF DEATH: Cook
5a. AGE—LAST BIRTHDAY (YRS): 62
5b. UNDER 1 YEAR MOS. DAYS
5c. UNDER 1 DAY HOURS MIN.
5d. DATE OF BIRTH (MONTH, DAY, YEAR): February 14, 1935
6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: Chicago
6b. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Swedish Covenant Hospital
6c. IF HOSP. OR INST., INDICATE D.O.A. (DIED ON ARRIVAL), OP (DIED DURING OPERATION), IP (INPATIENT): Inpatient
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): Chicago, IL
8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): Thomas Kotz
9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): No
10. SOCIAL SECURITY NUMBER: 357-26-6769
11a. USUAL OCCUPATION: Homemaker
11b. KIND OF BUSINESS OR INDUSTRY: Own Home
12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary-Secondary (0-12): 10 College (1-4 or 5+):
13a. RESIDENCE (STREET AND NUMBER): 2118 W. Fletcher
13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO.: Chicago
13c. INSIDE CITY (YES/NO): Yes
13d. COUNTY: Cook
13e. STATE: IL
13f. ZIP CODE: 60618
14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): White
14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): ☒ NO ☐ YES SPECIFY:

15. FATHER—NAME FIRST Thomas MIDDLE LAST Dunbar
16. MOTHER—NAME FIRST Marie MIDDLE (MAIDEN) LAST Pahomi

17a. INFORMANT'S NAME (TYPE OR PRINT): Mr. Thomas Kotz
17b. RELATIONSHIP: Spouse
17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 2118 W. Fletcher Chicago, IL 60618

18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

Immediate Cause (Final disease or condition resulting in death): (a) Carcinamatosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Continuous

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

DUE TO, OR AS A CONSEQUENCE OF: (b) Primary AdenoCarcinoma — Central

DUE TO, OR AS A CONSEQUENCE OF: (c) Primary source undetermined

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I

19a. AUTOPSY (YES/NO): No
19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

20a. DATE OF OPERATION, IF ANY
20b. MAJOR FINDINGS OF OPERATION
20c. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST THREE MONTHS? YES ☐ NO ☒

21a. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR): 8-9-97
21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): No
21c. HOUR OF DEATH: 12:58 P M.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE: Arthur Peterson MD
22b. DATE SIGNED (MONTH, DAY, YEAR): Aug 10, 1997
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): Arthur Peterson, MD 2740 W. Foster Chicago, IL
22d. ILLINOIS LICENSE NUMBER: 036-35561

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)
NOTE: IF AN INJURY WAS INVOLVED IN THE CAUSE OF DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
24b. CEMETERY OR CREMATORY—NAME: St. Joseph Cemetery
24c. LOCATION CITY OR TOWN STATE: River Grove, IL
24d. DATE (MONTH, DAY, YEAR): Aug 12 1997

25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP: Rowland Home for Funerals 4152 N. Sheridan Rd. Chicago, IL 60613

25b. FUNERAL DIRECTOR'S SIGNATURE: John M Belovich, Jr. John M. Belovich, Jr.
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 034-014199

26a. LOCAL REGISTRAR'S SIGNATURE: Sheila Lyne
26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): AUG 11 1997

VR200 (Rev. 5/89) Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)



STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

AUG 11 1997

I, SHEILA LYNE, RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS 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 PURSUANCE OF SAID LAWS AND ORDINANCES.

Sheila Lyne
LOCAL REGISTRAR

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.