

Attorneys' Title Guaranty Fund, Inc.



00608744

*CHARLOTTE BARTHELMESS

1170521 '99

STATE OF ILLINOIS

SS.

COUNTY OF COOK

JOINT TENANCY AFFIDAVIT

WAYNE BARTHELMESS, hereby referred to as the affiant, states under oath that the affiant resides at 1240 W. HENDERSON in the City of CHICAGO Illinois; that the affiant was acquainted with CHARLOTTE HILMER, FORMERLY*, 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, located in COOK County, Illinois, and legally described as follows:

1240 W. Henderson. Chgo. sec 60657

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 4/10/1989, leaving no a last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ 500.00, and that the value of the above property individually was \$ 20,000.00.

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 CHARLOTTE HILMER, 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 of contribution.

Wayne Barthelmess

(Seal)

(Seal)

Subscribed and sworn to before me this 19 day of June 2000

John Edward Lesch
Notary Public

ATGF, INC.

Note: If the decedent left a will, it will be necessary that the original or 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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00608744

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Property of Cook County Clerk's Office

Please mail to:

GERARD D. HADERLEIN
ATTORNEY AT LAW
3413 N. LINCOLN STREET
CHICAGO, ILLINOIS 60657



Legal Description:

LOT 13 IN BLOCK 8 IN WILLIAM J. GOUDY'S SUBDIVISION OF THAT PART OF THE SOUTH EAST 1/4 OF THE SOUTH WEST 1/4 OF SECTION 20, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN LYING WEST OF THE RIGHT OF WAY OF THE CHICAGO EVANSTON AND LAKE SUPERIOR RAILROAD, IN COOK COUNTY, ILLINOIS.

COMMONLY KNOWN AS: 1240 WEST HENDERSON, CHICAGO, IL 60657

19-20-319-024

Property of Cook County Clerk's Office

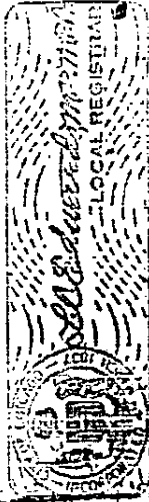
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0040874

APR 13 1989

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

LONNIE C. EDWARDS M.D. M.P.A.,
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 OF 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 AS A
RECORD KEPT OF ME, IN PURSUANCE OF
LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID
WHEN MULTICOLOR SEAL AND
BLUE SIGNATURE ARE AFFIXED

STATE FILE NUMBER

60705

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

REGISTRATION DISTRICT NO. 16.10
REGISTERED NUMBER

DECEASED-NAME: FIRST MIDDLE LAST
Charlotte L. Hilmer

AGE-LAST BIRTH-DAY (MOS) 47 5a. UNDER 1 YEAR 5b. DAYS 7 5c. HOURS 1
DATE OF BIRTH (MONTH, DAY, YEAR) 3 April 10, 1989

SEX 2 Female

DATE OF DEATH (MONTH, DAY, YEAR) 3 April 10, 1989

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: Chicago 13b. West Henderson

HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6c. Ravenswood Hospital Medical Center

STATUS: 6a. Chicago; 6b. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Divorced; 7. Chicago, IL; 8b. Divorced; 11a. Technician; 11b. Hospital; 12. Hospital

RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. White

ETHNIC ORIGIN (SPECIFY) 12. 13c. Yes No 13d. Cook

EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. College (1-4 or 5-1)

CITY, TOWN, OR ROAD DISTRICT NO. 13b. Chicago

INSIDE CITY (YES/NO) 13c. Yes

COUNTY 13d. Cook

STATE 13a. Illinois

ZIP CODE 13f. 60657

FATHER-NAME FIRST MIDDLE LAST Edward Hilmer

MOTHER-NAME FIRST MIDDLE LAST MILDRED LUDY

RELATIONSHIP 16. 17b. Son

MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 1240 West Henderson Chicago IL 60657

IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) Respiratory Insufficiency DUE TO, OR AS A CONSEQUENCE OF (b) Chronic Obstructive Lung Disease DUE TO, OR AS A CONSEQUENCE OF (c) Cardiac Arrest DUE TO, OR AS A CONSEQUENCE OF

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I

MAJOR FINDINGS OF OPERATION 20b. Cardiac myopathy, Congestive Heart Failure

DATE OF OPERATION, IF ANY

WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. No

WAS AUTOPSY PERFORMED PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19a. No 19b. Yes No

IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES NO

HOUR OF DEATH 21c. 9:59 A. M.

DATE SIGNED (MONTH, DAY, YEAR) 22b. April 10, 1989

ILLINOIS LICENSE NUMBER 22d. 036 051835

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22a. Stephen W. Czarniecki M.D. 1945 West Wilson Chicago, Illinois

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

GENETERY OR CREMATORY-NAME 24b. MONTROSE

CITY OR TOWN 24c. CHICAGO, ILLINOIS

STATE 24d. ILLINOIS

STREET AND NUMBER OR R.F.D. NAME 24e. LAKE VIEW CHAPEL 1458 W. BELMONT AVE. CHICAGO, ILLINOIS 60657

CITY OR TOWN 24f. CHICAGO

STATE 24g. ILLINOIS

DATE (MONTH, DAY, YEAR) 24h. APRIL 13, 1989

FUNERAL HOME 24i. LAKE VIEW CHAPEL 1458 W. BELMONT AVE. CHICAGO, ILLINOIS 60657

FUNERAL DIRECTOR'S SIGNATURE 25b. Lonnie C. Edwards

FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 8460

DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26d. APR 13 1989

LOCAL REGISTRAR'S SIGNATURE 26a. Lonnie C. Edwards

LOCAL REGISTRAR'S ILLINOIS LICENSE NUMBER 26b. 8460