

STATE OF ILLINOIS)
) ss.
COUNTY OF COOK)

UNOFFICIAL COPY

00655002

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2000-08-24 14:59:52
Cook County Recorder 23.50



00655002

JOINT TENANCY AFFIDAVIT

DOROTHY ALBERTS, hereinafter referred to as the affiant, states under oath that the affiant resides at, 8618 SOUTH LOREL, in the City of BURBANK, Illinois; that the affiant was acquainted with RICHARD R. ALBERTS, 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:

LOTS 19, 20, AND 21 IN 87TH STREET AND LONG AVENUE ADDITION, BEING A SUBDIVISION OF THE WEST HALF (W ½) OF THE SOUTHWEST QUARTER (SW ¼) OF THE SOUTHWEST QUARTER (SE ¼) OF THE SOUTHWEST QUARTER (SW ¼), OF SECTION 33, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Common Address: 8618 SOUTH LOREL AVENUE BURBANK, IL 60459

P.I.N.: 19-33-303-017, 018, 019

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 December 19, 1999, leaving no/a last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ 50,000.00 and that the value of the above property individually was \$25,000.00.

That the Illinois Inheritance Tax and 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 PROFESSIONAL NATIONAL TITLE NETWORK, INC., to issue its policy of title insurance on the above described property.

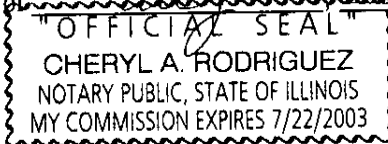
The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold PROFESSIONAL NATIONAL TITLE NETWORK, INC., harmless and to reimburse the Fund for all loss, costs, damages, suits, attorney's fees 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 RICHARD R. ALBERTS, the decedent;
- 2) Illinois State Inheritance Tax and Federal 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.

Dorothy Alberts (Seal)
DOROTHY ALBERTS

Subscribed and Sworn to before me this 23RD day of August, 2000.

Cheryl A. Rodriguez
Notary Public



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.

Prepared By:
Dalton & Dalton, P.C.
6930 W. 79th Street
Burbank, Illinois 60459

Mail to:
DALTON & DALTON, P.C.
6930 WEST 79TH STREET
BURBANK, IL 60459

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I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item I and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and

December 21, 1999

Date _____ signed Nick Conatello

At Cook County Department of Public Health Official Title Chief Deputy Registrar, 1010 Lake Street, Oak Park, Illinois 60301

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
STATE FILE NUMBER

REGISTRATION DISTRICT NO. 16.0
REGISTERED NUMBER _____
DECEASED-NAME Richard Alberts R. Alberts
FIRST MIDDLE LAST SEX Male DATE OF DEATH (MONTH, DAY, YEAR) December 17, 1999

1. COUNTY OF DEATH Cook AGE-LAST BIRTHDAY (YRS) 67 UNDER 1 YEAR MONTHS _____ DAYS _____ UNDER 1 DAY HOURS _____ MIN _____ DATE OF BIRTH (MONTH, DAY, YEAR) September 1, 1932
4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Oak Lawn 5a. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Christ Hospital & Medical Center 6c. Inpatient
6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago, Illinois 8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married 8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF FEMALE) Dorothy Till 9. Yes
7. SOCIAL SECURITY NUMBER 359-22-4160 11a. TRUCK DRIVER Truck Driver 11b. KIND OF BUSINESS OR INDUSTRY Trucking 12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 10 College (1-4 or 5+)

10. RESIDENCE (STREET AND NUMBER) 8618 South Lorel 13a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Burbank 13b. INSIDE CITY (YES/NO) Yes 13c. COUNTY Cook
13a. STATE Illinois 13d. ZIP CODE 60459 14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) White 14b. HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
15. FATHER-NAME Joseph Alberts 16. MOTHER-NAME Susie Fiore

17a. DOROTHY ALBERTS 17b. WIFE 17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 8618 S. Lorel Burbank, Illinois 60459
18. PART I. Enter the disease, 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) SEPSIS shock
(a) DUE TO, OR AS A CONSEQUENCE OF _____
(b) DUE TO, OR AS A CONSEQUENCE OF _____
(c) DUE TO, OR AS A CONSEQUENCE OF _____
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. SEPSIS shock
PART II. Other significant conditions contributing to death (but not the setting in the underlying cause given in PART I.) Years

19. DATE OF OPERATION, IF ANY 12/21/99 20. MAJOR FINDINGS OF OPERATION SEPSIS shock
20a. DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON _____ (MONTH, DAY, YEAR) 12/21/99
20b. _____ (MONTH, DAY, YEAR) 12/17/99
21. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. St. Mary

22a. SIGNATURE Nick Conatello (TYPE OR PRINT)
22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) Dave Montross 1044 S. Plaster Rd. Oak Park, IL 60453
22c. NAME OF ENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) _____
23. BURIAL CREMATION, REMOVAL (SPECIFY) Burial 24a. CEMETERY OR CREMATORY-NAME St. Mary 24b. LOCATION Evergreen Park, Illinois 24c. CITY OR TOWN Illinois 24d. DATE (MONTH, DAY, YEAR) Dec. 22, 1999

25a. FUNERAL HOME Lawn Funeral Home 7909 State Road Burbank, Illinois 60459
25b. FUNERAL DIRECTOR'S SIGNATURE Nick Conatello 25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 09714
26a. LOCAL REGISTRAR'S SIGNATURE KAREN V. SCOTT, M.D. 26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) Dec 21, 1999

26c. ILLINOIS DEPARTMENT OF PUBLIC HEALTH - DIVISION OF VITAL RECORDS
BASED ON 1989 U.S. STANDARD CERTIFICATE