



0010078172

ANDREW P.

ATTORNEY

7824 W. BELMONT AVE.
CHICAGO, IL 60634
(773) 678-7700

OF ILLINOIS)
)SS
(CITY OF COOK)

DECEASED JOINT TENANCY AFFIDAVIT

SHIREY KNUDSEN, hereinafter referred to as the affiant, states under oath that the affiant resides at 3017 N. KILBOURN in the City of CHICAGO, Illinois; that the affiant was acquainted with HARRIET H. KNUDSEN the decedent; that at the time of death, the decedent was one of the owners of property, by virtue of a properly recorded joint tenancy warranty deed, said property, located in COOK County, Illinois, and legally described as follows:

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LOT 15 IN BLOCK 10 IN PAULING'S BELMONT AVENUE ADDITION TO CHICAGO IN THE EAST HALF OF THE NORTH WEST QUARTER OF SECTION 27, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK CPUNTY, ILLINOIS.

That the decedent has 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 15, 1976, leaving no/a last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$*, and that the value of the above property individually was \$170,000.00

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 Attorney's Title Guaranty Fund, Inc., harmless and to reimburse the Fund for all loss, costs, damages, suits, attorney 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 HARRIET H. KNUDSEN, 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.

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X Shirley Knevelen [SEAL]

Subscribed and Sworn to before me

This 28th day of Dec., 2000.

Anthony N. Panzica
NOTARY PUBLIC

ATGF - Pro-OPTION Dept.
33 N. Dearborn, 2nd Floor
Chicago, IL 60602-3100

"OFFICIAL SEAL"
ANTHONY N. PANZICA
NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXPIRES 10/8/2001

Property of Cook County Clerk's Office

UNOFFICIAL COPY

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

David Orr
COUNTY CLERK

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|---|---|--|---|
| REGISTRATION DISTRICT NO. 16.10 | STATE OF ILLINOIS | | STATE FILE NUMBER. 629125 |
| REGISTERED NUMBER | MEDICAL CERTIFICATE OF DEATH | | |
| DECEASED—NAME FIRST MIDDLE LAST | | SEX | DATE OF DEATH (MONTH, DAY, YEAR) |
| 1. Harriett R. Knudsen | | 2. Female | 3. December 15, 1976 |
| RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) | AGE—LAST BIRTHDAY (YRS.) | UNDER 1 YEAR UNDER 1 DAY | DATE OF BIRTH (MONTH, DAY, YEAR) |
| 4. White | 5a. 85 | 5b. 5c. | 6. April 27, 1891 |
| CITY, TOWN, TWP. OR ROAD DISTRICT | | INSIDE CITY (YES/NO) | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) |
| 7b. Chicago | | 7c. Yes | 7d. 3016 N. Kilbourn Ave. |
| BIRTHPLACE (STATE OR FOREIGN COUNTRY) | CITIZEN OF WHAT COUNTRY | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) | NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) |
| 8. Illinois | 9. USA | 10. Widowed | 11. **** |
| SOCIAL SECURITY NUMBER | USUAL OCCUPATION | KIND OF BUSINESS OR INDUSTRY | U.S. WAR VETERAN (YES/NO) WAR OR DATES OF SERVICE |
| 12. 339 10 4125 | 13a. Secretary | 13b. R.R., Refer Cars | 13c. No 13d. **** |
| RESIDENCE STATE | COUNTY | CITY, TOWN, TWP. OR ROAD DISTRICT NO. | INSIDE CITY (YES/NO) STREET AND NUMBER |
| 14a. Illinois | 14b. Cook | 14c. Chicago | 14d. Yes 14e. 3016 N. Kilbourn Ave. |
| FATHER—NAME FIRST MIDDLE LAST | | MOTHER—MAIDEN NAME FIRST MIDDLE LAST | |
| 15. Hans Olaf Hanson | | 16. Regina Marie Rasmussen | |
| INFORMANT'S SIGNATURE | | RELATIONSHIP | MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP) |
| 17a. Shirley Knudsen | | 17b. Daughter | 17c. 3016 N. Kilbourn Ave. Chicago IL. 60641 |
| 18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | |
| PART I. IMMEDIATE CAUSE | | | |
| (a) Motor vehicle accident | | months | |
| CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STAYING THE UNDERLYING CAUSE LAST. | | | |
| (b) | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I. | | AUTOPSY (YES/NO) 19a. No 19b. | |
| DATE OF OPERATION, IF ANY | MAJOR FINDINGS OF OPERATION | | |
| 20a. | 20b. | | |
| I ATTENDED THE DECEASED FROM: (MONTH, DAY, YEAR) | (MONTH, DAY, YEAR) | AND LAST SAW HIM/HER ALIVE ON: (MONTH, DAY, YEAR) | HOUR OF DEATH |
| 21a. Dec 10 '76 | 21b. Dec 15 '76 | 21c. Dec 12 '76 | 21d. 6:30 P.M. |
| I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED | | NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED. | |
| SIGNATURE | DATE SIGNED | ILLINOIS LICENSE NUMBER | |
| 22a. Carl F. Steinhoff MD | 22b. Dec 15 '76 | 3613974 | |
| MAILING ADDRESS—CERTIFIER | CITY OR TOWN | STATE | ZIP |
| 23. 120 W. Greenview | Chicago | Ill | 60611 |
| BURIAL, CREMATION, REMOVAL (SPECIFY) | CEMETERY OR CREMATORY—NAME | LOCATION | CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) |
| 24a. Burial | 24b. Mt. Olive | 24c. Chicago | 24d. Illinois Dec. 18, 1976 |
| FUNERAL HOME | NAME | STREET AND NUMBER ON R. F. D. | CITY OR TOWN STATE ZIP |
| 25a. Mee & Ramre Funeral Home Inc. | 3918 Irving Park Road Chicago, Illinois 60618 | | |
| FUNERAL DIRECTOR'S SIGNATURE | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER | | |
| 25b. James Kelly | 25c. 6245 | | |
| LOCAL REGISTRAR'S SIGNATURE | CHICAGO BOARD OF HEALTH | | DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) |
| 26a. Harry E. Brown | Chicago Civic Center, Room 1051 Concourse Level Chicago 60602-266 | | DEC 17 1976 |

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