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2001-02-27 12:19:37
Cook County Recorder 47.50



Property of Cook County Clerk's Office

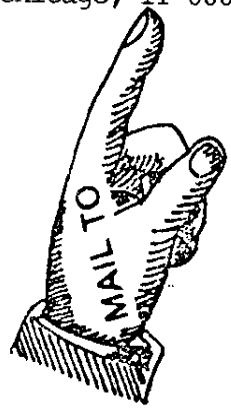
¹⁵ Lot ~~WA~~ in Block 8 in ~~Robert~~ Berger's Addition to Hyde Park a Subdivision ~~of part of~~ the North 1/2 of the South West Fractional 1/4 of Section 32, Township 38 North, Range 15, East of the Third Principal Meridian, in Cook County, Illinois.

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SP
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Pin# 21-32-207-015

P.N.T.N.

Prepared by and mail to:
Gerald R. Czarowski 3501 E. 106th St. Ste. 208
Chicago, IL 60617



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Attorneys' National Title Network, Inc.

Three First National Plaza • Suite 575 • Chicago, IL 60602 • 312-407-0320 • Fax 312-621-1001

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

JOINT TENANCY AFFIDAVIT

HERLINDA GARCIA, hereinafter referred to as the affiant, states under oath that the affiant resides at 8437 S. Mackinaw Avenue in the City of Chicago, Illinois; that the affiant was acquainted with JOSE A. GARCIA, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of properly recorded joint tenancy warranty deed, said property located in COOK County, Illinois, and legally described as follows: SEE ATTACHED SHEET

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 7, 1997, leaving no last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ 56,000; and

That the value of the above property individually was \$ 25,000.00

That the affiant makes this affidavit to induce ATTORNEYS' TITLE INSURANCE 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 INSURANCE FUND, INC. harmless and to reimburse the Fund for all loss, costs, damages, suits, attorney's fees and expenses and 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 JOSE A. GARCIA, 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.

Handwritten signature of Herlinda Garcia (Seal)

(Seal)

Subscribed and Sworn to before me

this 15th day of Dec. 2000

Handwritten signature of Notary Public

Notary Public



P.N.T.N.

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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REGISTRATION DISTRICT NO. 16.10 REGISTERED NUMBER 16.10 DECEASED-NAME Jose Garcia LAST FIRST MIDDLE A. Garcia SEX Male DATE OF BIRTH 2 MAY 18, 1939 DATE OF DEATH 7 Dec 1997 MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH # 152 Dec 27 620030

1. COUNTY OF DEATH COOK 2. MARRIED NEVER MARRIED 3. MARRIED 4. SOCIAL SECURITY NUMBER 10 349-52-2392 5. RESIDENCE (STREET AND NUMBER) 132 8437 S. MACKINAW 6. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. MEXICO 8. MARRIED 9. HERLINDA LOPEZ 10. SOCIAL SECURITY NUMBER 11. WELDER 12. ELECTROMOTIVE DIVISION 13. CHICAGO 14. YES 15. YES 16. MARIA GUADALUPE MURGUITA 17. DAUGHTER 1826 GRASSY KNOLL DR. ROMBOVILLE

18. PART I: Enter the diseases, injuries, or complications that caused the death. Do not state the mode of death, such as stroke, or heart failure. List only one cause on each line. (a) After aortic Cardiorespiratory Disease (b) DUE TO OR AS A CONSEQUENCE OF (c) DUE TO OR AS A CONSEQUENCE OF

19. PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. NATURAL ACCIDENT HOMICIDE SUICIDE (UNDETERMINED, SPECIFY) 20a. Natural 20b. DATE OF INJURY (MONTH, DAY, YEAR) 20c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18) 20d. M. 2004. 20e. AUTOPSY (YES/NO) 19a. No 19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (YES/NO) 20f. YES NO

21. CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT COMPONENTS OF THE DEATH WERE: 22a. CORONER'S PHYSICIAN'S SIGNATURE: M.D. Nels Tuomo M.D. 22b. DATE SIGNED: Dec 8, 1997 22c. DATE SIGNED: 7 19 97 21c. AT 4:05 A.M. 22d. DATE SIGNED: Dec 8, 1997

23a. BUNIAL CREATION: 24a. BURIAL: 24b. HOLY CROSS CEMETERY 24c. CALUMET CITY, IL. 25a. BROWN FUNERAL HOME 2939 EAST 95th STREET CHICAGO, ILLINOIS 60617 25b. FUNERAL DIRECTOR'S SIGNATURE: 25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 034-014537 26a. LOCAL BEARS PAWS SIGNATURE: 26b. DATE PREPARED BY LOCAL BEARS PAWS (MONTH, DAY, YEAR): DEC 9 - 1997

26c. LOCAL BEARS PAWS SIGNATURE: 26d. DATE PREPARED BY LOCAL BEARS PAWS (MONTH, DAY, YEAR): DEC 9 - 1997

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STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

DEC 9 - 1997

I, SHEILA LYNE RSW, 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 RSW LOCAL REGISTRAR

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS APPLIED.