

UNOFFICIAL COPY

001133717

9297/0089 05 001 Page 1 of 3
2001-02-20 11:42:47
Cook County Recorder 47.50



Property of Cook County Clerk's Office

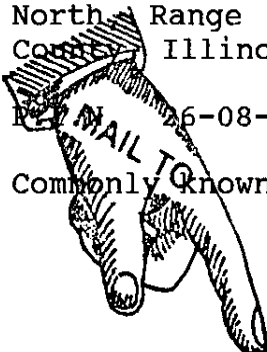
JOINT TENANCY AFFIDAVIT

RE: Legal Description

Lot 41 in Block 40 in Ironworker's Addition to South Chicago, a Subdivision of the South Fractional 1/2 of Section 8, Township 37 North, Range 15 East of the Third Principal Meridian, in Cook County, Illinois.

26-08-405-008-0000

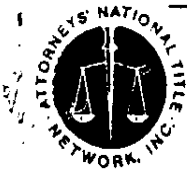
Commonly known as 19519 S. Avenue F, Chicago, IL



Prepared by and Mail to:
Gerald R. Czarowski
3501 E. 106th Street, Suite 208
Chicago, Illinois 60617

P.N.T.N.

3/5/01



UNOFFICIAL COPY

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

MARIJA RAMON, hereinafter referred to as the affiant, states under oath that the affiant resides at 10519 S. Avenue F in the City of Chicago, Illinois; that the affiant was acquainted with VAL MACE, 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 July 23, 1999, leaving no last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ 36,000; and

That the value of the above property individually was \$ 50,000.

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 VAL MACE, 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.

Marija Ramon (Seal)

Subscribed and Sworn to before me this 3rd day of Nov. 2000. Gerald R. Czaro 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.

P.N.T.N.

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 22.0	STATE OF ILLINOIS	STATE FILE NUMBER
	REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH	

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED-NAME (LAST FIRST MIDDLE) VAL VASO MASONICICH		SEX 2 MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3 JULY 23, 1999
	COUNTY OF DEATH 4 DUPAGE	AGE-LAST BIRTHDAY (YRS) 5a. 68	UNDER 1 YEAR 5b.	UNDER 1 DAY 5c.
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. HINSDALE	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. HINSDALE HOSPITAL	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. JANUARY 17, 1931	
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. HAZELTON, PA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. DIVORCED	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. NONE	
	SOCIAL SECURITY NUMBER 10. 91-22-3170	USUAL OCCUPATION 11a. FIREMAN	KIND OF BUSINESS OR INDUSTRY 11b. CHICAGO FIRE DEPT.	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 12

RESIDENCE (STREET AND NUMBER) 13a. 10519 AVE. F.	CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. CHICAGO	INSIDE CITY (YES/NO) 13c. YES	COUNTY 13d. COOK
STATE 13e. IL	ZIP CODE 13f. 60617	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. WHITE	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. NO

FATHER-NAME FIRST MIDDLE LAST 15. MITAR MASONICICH	MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16. MARIJA HUTALAROVICH
---	---

INFORMANT'S NAME (TYPE OF REPORT) 17a. MARIJA RAMON	RELATIONSHIP 17b. DAUGHTER	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 6186 ABERCORN AVE PORTAGE, IN 46368
--	-----------------------------------	--

1 2 3 CAUSE	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 head failure. List only one cause on each line.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Immediate Cause (Final disease or condition resulting in death) (a) Respiratory failure	days
	CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) metastases (c) inoperable metastatic Ca colon	7 months
4 5 N P	PART II. Other significant conditions contributing to death but not resulting in the underlying cause of death. (PART I)	AUTOPSY (YES/NO) 19a. NO
	DATE OF OPERATION, IF ANY 20a.	MAJOR FINDINGS OF OPERATION 20b.
		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES NO

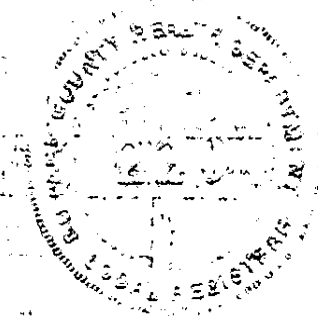
I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. 7-23-99	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. YES	HOUR OF DEATH 21c. 11:40 P. M.
---	--	---------------------------------------

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.	DATE SIGNED (MONTH, DAY, YEAR) 22b. 7-26-99
22a. SIGNATURE [Signature]	ILLINOIS LICENSE NUMBER 22d. 078-042996
NAME AND ADDRESS OF CERTIFIER 2425 W Lynd St, Oak Brook, Ill. 60521	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23. n/a

BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL	CEMETERY OR CREMATORY-NAME 24b. ST SAVA	LOCATION CITY OR TOWN STATE 24c. LIBERTYVILLE, IL	DATE (MONTH, DAY, YEAR) 24d. JULY 28, 1999
FUNERAL HOME NAME 25a. KOMPARE 9858 S. COMMERCIAL	CITY OR TOWN STATE ZIP CHICAGO, IL 60617	FUNERAL DIRECTOR'S SIGNATURE 25b. [Signature]	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-011043
LOCAL REGISTRAR'S SIGNATURE 26a. [Signature]	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. JUL 27 1999		

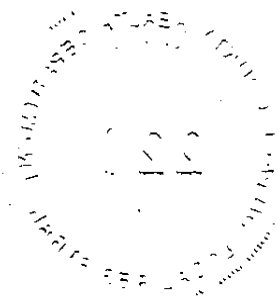
This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

David R. McQuitt, M.D.
Local Registrar



UNOFFICIAL COPY

Property of Cook County Clerk's Office



RECEIVED