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6/5/2001 27 001 Page 1 of 3  
2001-08-14 09:05:01  
Cook County Recorder 25.50



**JOINT TENANCY  
AFFIDAVIT**

State of Illinois )  
)SS.  
County of Cook )

**FLOR M. GARCIA,**  
hereby referred to as the  
affiant, states under oath  
that the affiant resides  
at 2919 North Neeah  
in the City of Chicago,  
Illinois; that the affiant was  
acquainted with, **HECTOR**

**E. GARCIA,** 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:

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The North 1/2 of the South 1/2 of Lot 96 in Second Addition to Mont Clare Gardens, being a Subdivision of the East 1/2 of the Northeast 1/4 (except that part taken for railroad) of Section 30, Township 40 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

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, March 29, 2001, 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 \$ \_\_\_\_\_.

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 title company for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature which said title company may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

ATGF INC

# UNOFFICIAL COPY

1. Claims against the Estate of **HECTOR E. GARCIA**, 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.

*Flor M. Garcia*  
 \_\_\_\_\_ (SEAL)  
 Flor M. Garcia

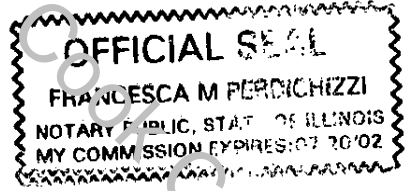
Subscribed and sworn to before me this  
17 day of July 2001.

*John Papadia*  
 \_\_\_\_\_  
 Notary Public

**PREPARED BY:**  
 John Papadia  
 8501 West Higgins Road  
 Suite #340  
 Chicago, IL 60631



**MAIL TO:**  
 John Papadia  
 8501 West Higgins Road  
 Suite #340  
 Chicago, IL 60631



PIN# 13-30-221-049

Common Address: 2919 North Neenah, Chicago, Illinois 60634

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.

County Clerk's Office

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CITY OF CHICAGO  
DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

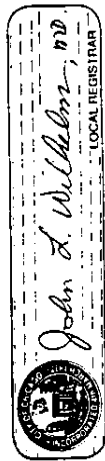
REGISTRATION DISTRICT NO. 16.10  
REGISTERED NUMBER

605034

DECEASED-NAME: Hector Garcia Sr. 2 Male  
 COUNTY OF DEATH: Cook  
 DATE OF DEATH: March 29, 2001  
 CITY, TWP. OR ROAD/DISTRICT NUMBER: Chicago  
 AGE: 67  
 MARRIED: NEVER MARRIED  
 USUAL OCCUPATION: Factory Worker  
 FATHER: Victorio Garcia  
 MOTHER: Puerto Rican  
 RELATIONSHIP: wife  
 ADDRESS: 17c. 2919 Neenah Chicago, Illinois 60634  
 RACE: White  
 ETHNICITY: White  
 EDUCATION: High School Graduate  
 DEATH CAUSE: (a) Cerebrovascular accident  
 (b) Ch. Myocardial Ischemia - Rupture  
 (c) Failure of compensatory Heart Failure  
 DATE OF OPERATION: 02-02-01  
 SURVEILLANCE PHYSICIAN: MALGORZATA SYPIEN, M.D.  
 SIGNATURE: Eugene Cha  
 LOCAL REGISTRAR SIGNATURE: John A. Wilhelm, M.D.  
 DATE: 24 April 2, 2001  
 FURNERIAL HOME: Memorial Funeral Home, 3905 North Lincoln, Chicago, Illinois 60613  
 CEMETERY: Rosehill Cemetery  
 BURIAL: Burial

APR 02 2001

JOHN L. WILHELM M.D., 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 OBTAINANCE OF SAID LAW AND ORDINANCES.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

25a. LOCAL REGISTRAR'S SIGNATURE: Eugene Cha F.D.  
 25b. LOCAL REGISTRAR'S SIGNATURE: John A. Wilhelm, M.D.  
 DATE: MAR 30 2001