10	UNOFFICI	AI COP 1975775			
8	JOINT TENANCY AFFIDAVIT STATE OF ILLINOIS)	8428/0143 18 001 Page 1 of 4 2001-10-19 11:23:32			
7	COUNTY OF COOK)	Cook County Recorder 27.50			
7	Rose Maltese, hereby referred to as the affiant, states under	0010975775			
,	oath that the affiant resides at				
	Park Ridge, IL 60068 In the City of Park Ridge				
	State of; that the affiant was acquainted with; Joseph P. Malteso ,				
	the decedent; at the time of death, the decedent was one of the owner of property; by virtue of a properly recorded joint				
	tenancy deed, said property loosted in Cook County, Strue of				
	described as follows:				
	See attached legal				
	See attached legal				
	The decedent had no interest in any business or partnership, nor hel interests in property by transfer with retention of a life interest the enjoyment after death;	erein or the cleation of interests to take effect in possession or			
	The decedent died on October 8, 1990, leav	ing no/a last will and testament;			
	The total value of decedent's estate, including the taxable interest in that the value of the above property individually was \$ 80,000.0	the above property was \$\frac{100,000.00}{\tag{0}}, and			
	State and Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from the decedent's estrue, has been paid in full;				
	The affiant makes this affidavit to induce Attorneys' Title Guaran above described property.	ty Fund, Inc. (ATG) to issue its policy of title insurance on the			
	AGTF, IN				
	Ă				

UNOFFICIAL COPY JOINT TENANCY AFFIDAVIT

(continued)

The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATG harmless and to reimburse ATG for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature that ATG 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 <u>Joseph P. Maltese</u>	, the decedent;
2. State Estate/Inheritance Tax and Federal Estate Tax that may	be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;	3
4. Rights of contribution.	
	– 1
	Rose Maltese (Seal)
	(Seal)
	(0.1)
	(Seal)
Subscribed and sworn to oe ore me this	
Subscribed and sworn to be one me mis	- morale
4th day of October , 2001	
4th day of 0ctober, , 2001 (Nor.h) (Year)	OFFICING SEAL'
(Worth (Fear)	BARRY G. COLLINS BARRY G. State of Illinois
Sally Com	BARITI State of Illinois
(Notary Public)	BARRY G. COLLING BARRY
	My Commission prononomonomon
Note: If the decedent left a will, it will be recarry that	the entire to the second of th
inspection. A death certificate together will will be a proposed	the original or certified copy thereof be presented to ATG for nt of death taxes, if any, should accompany this affidavit.
The same of the sa	int of death taxes, if any, should accompany this affidavit.
1/2/1997	
This instrument prepared by:	Return to: BOX 393
Barry G. Collins	Return to: DOX 393
	· //
Tuttle, Vedral & Collins, P. (Name)	
	(Name)
733 Lee Street, #210	
(Address	
Des Plaines, IL 60016	(Address)
505 (Tarries, 12 00010	0.0
(City, State, Zip)	
(++3, ===, =,p)	(C ₁ ty, S ate, Zip)
	//x.
	1/0
	Cv

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Lot 35 in Block 43 in Frederick H. Bartlett's Central Chicago, being a subdivision of the Southeast quarter of Section 4 and in the Northeast quarter and Southeast quarter of Section 9, all in Township 38 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

P. I. N. 19-09-209-002-0000

Adress: / 4807 South Leamington, Chicago, Il 60638

Droporty of Cook County Clark's Office

10975775

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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 statues relating to the registration of births, stillbirths and deaths.

Date signed signed signed

At Cook County Department of Public Health: Offical Title Chief Deputy Registrar 1500 S. Maybrook Dr., Maywood, Illinois 60153

	:		
220. 1:00 W95th St. Oak Lawn. I 220. 1:00 W95th St. Oak Lawn. I 231 Dr. Hugo F. Cuadros BURIAL CREMATION. CEMETERY OR CREMATORY. 24a. BURLal FUNERAL HOME 25a. Blake-Lamb Funetal, Home. FUNERAL DIRECTORYS SIGNATURE 25b. WEGISTRAR SIGNATURE 26b. MEGISTRAR SIGNATURE 26b. MEGISTRAR SIGNATURE 27b. MEGISTRAR SIGNATURE 27c. 1:00 W95th St. Oak Lawn. I 27	WHICH GIVE RISE TO MADE (a) COURTO OR AS A CLASE (b) STATING THE UNDERLYING (c) PART II. OTHE PARTICULAR CONTROL OF INDURENCE OF CHARLES OF CERTIFIER (TYPE OR PRANT) DATE OF OPERATION, IF ANY MAJOR FINDINGS OF COURTS ON THE PART IN LECEASED (MONTH, DAY, AND LAST SAW HIMMER (LD E ON 10-08-0) TO THE BEST OF ATTAIN OWLEDGE, DEATH OCCURRED AT COURTS OF CERTIFIER (TYPE OR PRANT) AND LAST SAW HIMMER (LD E ON 10-08-0) TO THE BEST OF ATTAIN OWLEDGE, DEATH OCCURRED AT COURTS OF CERTIFIER (TYPE OR PRANT)	10.344-18-5730 118 RESIDENCE (STREET AND NUMBER) 138.4807 \$ Learning to N STATE ZIP CODE 139. IL ZIP CODE 139. IL ZIP CODE 15. JOSEPH 16. PARTI: 170.8PARTI: 18.PARTI: 19.DETO. CONDITIONS, IF ANY	REGISTERED NUMBER DECEASED-WAME 1. JOSEPH 4. (COOK, 1, COUNTY OF DEATH 4. (COOK, 1, COTT, TOWN, TWP, OR ROAD DISTRICT NUMBER BIRTHPLACE (CITY AND STATE OR BIRTHPLACE (CITY AND STATE OR BIRTHPLACE (CITY AND STATE OR WIDOWEI 7. Chicago, IL SCCIAL SECURITY NUMBER USUAL OX
Oak Lawn, 11.60 Onher THANCERTIFIER THANCERT IN THE CHARLE THAN CERTIFIER THAN CHARLE THE STREET A STR	MAJOR FINDINGS OF OPERATION SED (MONTH, DAY, YEAR) 10-08-90 EATH OCCURRED AT THE TIME, DATE (TYPE ON PRINT) MAYING O	Fileman CITY. PACE MATE BLACK AN HOUNT BLACK AN HOUNT BLACK AND INSTERS BLACK	SUPA SUPA SUPA SUPA SUPA SUPA SUPA SUPA
LOCATI LOCATI 24c. † 8ER OR R.F.D. † 63/Ld	The same of the sa	Donner C. SC.	LAST LAST Maltese DERIVEAR UNDER DAY BERTOTION-NAME (IF NOT NETHER SPITAL & Medical AMEOF SURVIVING SPOUSE (MA) B. Betty M. Uib NDOF BUSINESSOR NOUS R.
STATE STATE TOWN IL. 606 FUNERAL DIRECTOR 256. DATE LEGY 1.004	AUTOPSY (YESANO) 19a. NO 19a. NO 19b. OMPLEINORGY 1b. OMPLEINORGY	S 13d. COUNTY S 13d. COUNTY B. SPECIFICUBAN. ME CR.E.D. CHYORTOWN. CON, Chic. CON, Chic. CON CHICA CON	DEATH (MONTH.) OBET 08. H.DAY, YEAR) E 8. 1924 COPEMER 66. Inp
DATE MONTH DAY, YEARS REGISTRAR (MONTH DAY, YEAR) REASEDON 1888 U.S. STANDARD CERTIFICATE)	PREGNANCY IN PAST DEL TENNING PREGNANCY IN PAST NUMBER		(MONTH, DAY, YEAR) Y 08, 1990 EAR) 1924 F HOSP, OR NET, INDICATE DOA OPERER RM, MPATIENT (SPECIFY) SC. Indatient WASDECK-SEDEVER NUS ANAED FORCES? (YES-NO) 9 VES HOHEST GRADE COMPLETED