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Cook County Recorder 47.50



PROFESSIONAL NATIONAL TITLE NETWORK, INC.

Three First National Plaza • Suite 1600 • Chicago, IL 60602 • 312-696-2700 • 312-621-1001

COOK COUNTY
RECORDER
EUGENE "GENE" MOORE
MARKHAM OFFICE

JOINT TENANCY AFFIDAVIT

Wilbur I. Myers, Guardian Of Marie Simonelli, hereinafter referred to as the affiant, states under oath that the affiant resides at 6129 Paw Paw Lake Road, in the City of Coloma, Michigan; that the affiant was acquainted with Julius Simonelli, 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, County, Illinois, and legally described as follows:

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 25, 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 \$ no taxable estate, and

That the value of the above property individually was \$ no taxable estate

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, suites, 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 Julius Simonelli, the decedent;
2. Illinois State Inheritance Tax and Federal Tax which may be charges against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights to contribution.

Wilbur I. Myers (Seal)
WILBUR MYERS (Seal)

STATE OF Illinois

SS

COUNTY OF Cook

Subscribed and Sworn to before me
this 7th day of October, 2001.
E. Moore
Notary Public



See Exhibit A attached

Handwritten initials/signature

Exhibit A

3. The real estate located at 18458 Klimm, Homewood, Illinois and legally known as:

The South 50 feet of Lot 24 in Henry Gottschalk's Subdivision of part of the South half of the North half of the Northwest quarter of Section 6, Township 35 North, Range 14 East of the Third Principal Meridian, lying West of the centerline of the Chicago and Vincennes Road, according to the Plat thereof recorded January 24, 1908, as Document No. 4152433, in Cook County, Illinois,

P.I.N. 32-06-107-021-0000

Vol. 010

Prepared By:

Lantry & Lantry
18159 Dixie Highway
Homewood, IL 60430

Property of Cook County Clerk's Office

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death and record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths, and deaths.

DATE July 26, 2001

SIGNED _____

Caree P. Compton

At Cook County Dept. of Public Health
1010 Lake Street
Oak Park, IL 60301

Official Title Chief Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 16.0

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
Julius Simonelli Male 3. July 25, 2001

COUNTY OF DEATH Cook AGE-LAST BIRTHDAY (YRS) MONTHS DAYS UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)
84 84 84 5d 5d January 9, 1917

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF IN EITHER, GIVE STREET AND NUMBER) IF HOME OR INST. INDICATE D.O.A. (MAY BE IMPAIRED) (SPECIFY)
Middlethian Plaza Terrace Nursing Impatient

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MADEN NAME IF WIFE) WAS DECEASED A BARRIST (YES/NO)
Indiana Married Marie Schmidt Yes

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) (COURSED 11 or 12 or 13)
352-05-2619 Maintenance Engineer Ford Motor Co. 8

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY
3249 W. 147th Street Middlethian Yes Cook

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
Illinois 60445 White No

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST (MADEN) LAST
Unknown Simonelli Angelina Gruzanti

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
Mrs. Maureen McDonald Guardian 17c 69 W. Washington Chicago Illinois 60602

18. PART I. Immediate Cause (Final disease or condition resulting in death) DUE TO, OR AS A CONSEQUENCE OF (a) IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) INTERMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF (c) CAUSE LAST.
Cerebral Thrombosis
MI

20. DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION
6-28-01
6-28-01

21. SIGNATURE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)
Shearon Levine No. 7895 W. 155th
7895 W. 155th

22. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)
Shearon Levine No. 7895 W. 155th

23. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MADEN NAME IF WIFE) WAS DECEASED A BARRIST (YES/NO)
Indiana Married Marie Schmidt Yes

24. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MADEN NAME IF WIFE) WAS DECEASED A BARRIST (YES/NO)
Indiana Married Marie Schmidt Yes

25a. Tews Funeral Home, Inc. 18230 S. Dixie Hwy Homewood Illinois 60430

25b. Local Registrar's Signature (Month, Day, Year)
Karen L. Scott, M.D. July 26, 2001

25c. Date Filed by Local Registrar (Month, Day, Year)
July 26, 2001