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2002-01-16 09:41:15

Cook County Recorder 25.50



0020067491

Joseph A. La Zara P.C., Attorney
7246 W. Touhy Ave.
Chicago, IL 60631
773-774-0736

STATE OF ILLINOIS

SS.

COUNTY OF COOK

JOINT TENANCY AFFIDAVIT

Ronald Hoppe, hereby referred to as the affiant, states under oath that the affiant resides at 1933 W. George, in the City of Chicago, Illinois, that the affiant was acquainted with Raymond Hoppe, 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:

LOT 189 IN WILLIAM DEERING'S DIVERSEY AVENUE SUBDIVISION IN THE SOUTH WEST QUARTER OF THE NORTH EAST QUARTER OF SECTION 30, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

also known as: 1933 W. George, Chicago, Illinois, 60657
PIN: 14-30-220-015-0000

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interest in the 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 NOVEMBER 10, 1991, leaving ~~no~~ last will and testament;

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 Attorney's 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 Attorney's Title Guaranty Fund, Inc. harmless and to reimburse The Fund for all the loss, costs, damages, suits, attorney's fees and expenses of 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:

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1. Claims against the estate of Raymond Hoppe, 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.

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James P. Hoff (Seal)

(Seal)

Subscribed and sworn to before me this 18 day of December, 2001.

Joseph La Zara
Notary Public

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.

Prepared by:
Joseph La Zara
7246 W. Touhy Ave.
Chicago, Illinois, 60631-4327

Mail to:
Joseph La Zara
7246 W. Touhy Ave.
Chicago, Illinois, 60631-4327



Property of Cook County Clerk's Office

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STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
REGISTRATION DISTRICT NO. 16.10
REGISTERED NUMBER 621189

NOV 12 1991

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I, VIRGINIA L. PARKER, M.B.A. 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.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

STATE FILE NUMBER: 621189

DECEASED-NAME: **Raymond T. Hoppe** SEX: **Male** DATE OF DEATH: **Nov. 10, 1991**

COUNTY OF DEATH: **Cook** DATE OF BIRTH: **4-27-1917**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **Chicago** HOSPITAL OR OTHER INSTITUTION-NAME: **Illinois Masonic Hospital E.R. D.O.A.**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **Chicago, Ill.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **Married**

SOCIAL SECURITY NUMBER: **10.336-03-3867-A** USUAL OCCUPATION: **Plater**

RESIDENCE (STREET AND NUMBER): **1933 W. George St** CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **Chicago**

STATE: **Ill.** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.): **White**

FATHER-NAME: **Frank Hoppe** MOTHER-NAME: **Frances**

RELATIONSHIP: **Wife** MAILING ADDRESS: **172933 W. George St, Chicago, Ill. 60657**

IMMEDIATE CAUSE (Final disease or condition resulting in death): **(a) Myocardial Infarction**

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST: **(b) Hypertension**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

MAJOR FINDINGS OF OPERATION: **Diabetes Mellitus**

DATE OF OPERATION, IF ANY: **10-3-1991**

NAME AND ADDRESS OF CERTIFIER: **T. Ostrowski, MD-2800 Sheridan Rd, Chicago, Ill.**

DATE OF DEATH: **10:42 AM** HOUR OF DEATH: **11-11-91**

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: **T. Ostrowski, MD-2800 Sheridan Rd, Chicago, Ill.**

BURIAL, CREMATION, REMOVAL (SPECIFY): **Burial** CEMETERY OR CREMATORY-NAME: **Montrose**

FUNERAL HOME: **E. E. Schmidt Funeral Home-2058 W. Belmont Ave, Chicago, Ill. 60618**

FUNERAL DIRECTOR'S SIGNATURE: **Edward E. Schmidt**

LOCAL REGISTRAR'S SIGNATURE: **Virginia L. Parker, M.B.A.**

DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **NOV 12 1991**