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ATTORNEYS' TITLE GUARANTEE FUND, INC. 001 Page 1 of 4

2002-03-18 11:43:04

JOINT TENANCY AFFIDAVIT Cook County Recorder 51.50



0020304991

STATE OF Illinois)
) SS
COUNTY OF Cook)

Emilia V. Lopez, hereby referred to as the affiant, states under oath that the affiant resides at 1660 School St. in the City of Chicago Heights State of IL; that the affiant was acquainted with Ramiro Lopez, the decedent; at the time of death, the decedent was one of the owners of property, by virtue of a properly recorded joint tenancy deed, said property located in Cook County, State of IL, 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 9-17-99, leaving no/a last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ 280000, and that the value of the above property individually was \$ 40000.

That the State and Estate/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. (ATG) 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 ATG harmless and to reimburse ATG for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature which ATG may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

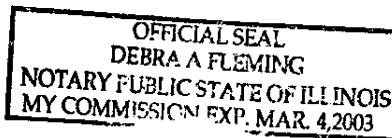
1. Claims against the estate of Ramiro Lopez the decedent;
2. State and Estate/Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

Emilia V. Lopez (Seal)

(Seal)

Subscribed and sworn to before me this

4th day of March, 2002
(Month) (Year)
Debra A. Fleming
(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 and MAIL TO:

Joel C. Zimmerman & Assoc. LTD
2004 Hickory Road
Homewood IL 60430



STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

615762

REGISTRATION DISTRICT NO. 16.10

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR) COUNTY OF DEATH (MONTH, DAY, YEAR)

1. COUNTY OF DEATH UNDER 1 YEAR UNDER 1 DAY UNDER 1 HOUR UNDER 1 MIN. DATE OF BIRTH (MONTH, DAY, YEAR)

4. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) DATE OF DEATH (MONTH, DAY, YEAR)

6a. CHICAGO BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

6b. THE UNIVERSITY OF CHICAGO HOSPITALS NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)

8a. Married TX 8b. Emilia Villareal EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)

10457-44-6556 11a. supervisor 11b. chemical 12. 12 INSIDE CITY (YES/NO)

13a. 1660 School St. 13b. Chicago Heights 13c. Yes YES (SPECIFY: MEXICAN, PUERTO RICAN, ETC.)

13c. Illinois 14a. White 14b. NO 14c. YES SPECIFY: MEXICAN (MAIDEN) LAST

15. Mariano Lopez 15. Adelina Gorena 16. MOTHER-NAME FIRST MIDDLE LAST

17a. VICTORIA B. REFORMINA 17b. RECORDS 17c. CHICAGO, ILLINOIS 60637 MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY AND STATE, ZIP)

18 PART I. Immediate Cause (Find disease or condition resulting in death) END STAGE LIVER DISEASE

CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) HEPATORENAL SYNDROME

(b) DUE TO, OR AS A CONSEQUENCE OF (c) HEPATORENAL SYNDROME

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

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION

20b. 20c. YES NO NO

20a. (IF DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON SEPTEMBER 17, 1999)

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE 22b. ADDRESS OF CERTIFIER

22c. MATTHEW WARD, M.D. 22d. CHICAGO, ILLINOIS 60637

23. JOHN P. KRESS, M.D. 23c. 204 Skyline Memorial Park

24a. Burial 24b. Funeral Home

25a. Park Manor Funeral Home, 2510 Chicago Rd., Chicago Heights, IL 60411

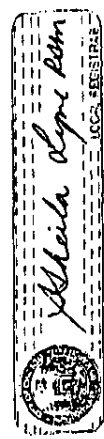
25b. Rene M Sanchez 25c. 034-014644

26a. Sheila Lynne RSM 26b. SEP 20 1999

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

SEP 20 1999

I, SHEILA LYNNE, RSM, 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 OF 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 OBDIVANCE OF SAID LAW AND ORDINANCES.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

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