



0020559394

STATE OF ILLINOIS)
)SS
COUNTY OF COOK)

DECEASED JOINT TENANCY AFFIDAVIT

Anthony Gutierrez, hereinafter referred to as the affiant, states under oath that the affiant resides at 4839 W. Hirsch, Chicago, Illinois; that the affiant was acquainted with Dolores Gutierrez,, the decedent was one of the owners of property, by virtue of a properly recorded joint tenancy warranty deed, said property, located in COOK County, Illinois, and legally described as follows:

AD 2-0357

LOT 32 IN BLOCK 1 IN MILLS AND SONS' SUBDIVISION OF THE NORTH 1/2 OF THE SOUTHEAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 4, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Tax Identification # 16-04-215-007-0000

That the decedent has 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 May 16, 1981, leaving no/a last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$25,000.00 and that the value of the above property individually was \$ 25,000.00

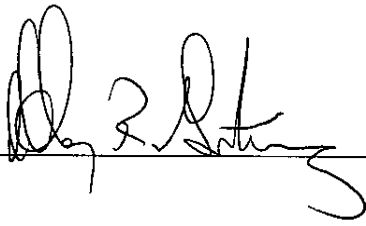
That the Illinois Inheritance Tax and the Federal Estate Tax, if any, was due from the decedent's estate, has been paid in full;

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

- 1) Claims against the estate of Dolores Gutierrez, 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 to contribution.

UNOFFICIAL COPY

X  [SEAL]

Subscribed and Sworn to before me

This  day of May, 2002


NOTARY PUBLIC



Mailed To:
Attorney Anthony N. Panzica
3347 W. Irving Park Rd.
Chicago, Illinois 60618

Prepared By:
Attorney Anthony N. Panzica
3347 W. Irving Park Rd.
Chicago, Illinois 60618

Property of Cook County Clerk's Office

I, DAVID ORR, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David Orr
COUNTY CLERK

10. REGISTRATION DISTRICT NO. 16-92		STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER 621		MEDICAL CERTIFICATE OF DEATH			
DECEASED - NAME		FIRST MIDDLE LAST		SEX	DATE OF DEATH
Dolores Gutierrez				Female	3 May 16, 1981
1. RACE - (WHITE, BLACK, INDIAN, ETC.) (SPECIFY)	ORIGIN OR DESCENT	AGE - LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MO., DAY, YEAR)
4a. White	4b. Polish	5a. 38	5b.	5c.	March 22, 1943
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		IF HOME OR INST. INDICATE OF/ENDER, NO. IN/STREET, (SPECIFY)	
7b. Proviso Township		7c. Fester G. McGaw Hospital		7d. In patient	
8. STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY)	9. CITY OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
8. ILLINOIS	9. USA	10. Married		11. Adolfo Gutierrez	
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY		U.S. WAR VETERAN (YES/NO)	WAR OR DATES OF SERVICE
12. 340-34-6444	13a. CLERK	13b. FOOD SERVICE		13c. NO	13d. -
RESIDENCE STREET AND NUMBER	CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY	STATE	
14a. 4839 Hirsch	14b. Chicago	14c. Yes	14d. Cook	14e. IL	
FATHER - NAME		MOTHER - MAIDEN NAME			
FIRST MIDDLE LAST		FIRST MIDDLE LAST			
15. RAYMOND DYLLA SR.		16. MARY MIAISO			
INFORMANT'S SIGNATURE		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)		
17a. Nancy R. Annandstad		17b. Hospital Records	17c. 2160 S. 1st Ave. Maywood, IL 60153		
18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE OR LINE FOR (a), (b), AND (c))					
PART I. IMMEDIATE CAUSE					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) congestive heart failure DUE TO, OR AS A CONSEQUENCE OF (b) valvular (aortic) heart disease DUE TO, OR AS A CONSEQUENCE OF (c)					10 days
PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I.					
DATE OF OPERATION, IF ANY				AUTOPSY (YES/NO)	IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
20a.				19a. NO	19b.
I ATTENDED THE DECEASED FROM: (MONTH, DAY, YEAR)		TO: (MONTH, DAY, YEAR)		AND LAST SEEN ALIVE OR: (MONTH, DAY, YEAR)	
21a. 5-6-81		21b. 5-16-81		21c. 5-15-81	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED					DATE SIGNED (MONTH, DAY, YEAR)
22. SIGNATURE <i>R. Schreiber</i>					21d. 5-10-81
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)					ILLINOIS LICENSE NUMBER
22c. 2160 1st Ave Maywood, IL					22d. 136-059448
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)					NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER MUST BE NOTIFIED.
23. DR. R. Schreiber					
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY - NAME	LOCATION	CITY OR TOWN	STATE	DATE (MONTH, DAY, YEAR)
24a. Burial	24b. St. Adalberts	24c. Niles	24d. Illinois	24e. Illinois	24f. MAY 19-1981
FUNERAL DIRECTOR'S SIGNATURE					FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25a. Tony Poreis					25c. 47307
LOCAL REGISTRAR'S SIGNATURE					DATE RECD BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a. Don [Signature]					26b. May 18, 1981