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2002-07-24 14:32:05

Cook County Recorder 25.50

STATE OF ILLINOIS

COUNTY OF COOK

COOK COUNTY
RECORDER

EUGENE "GENE" MOORE

JOINT TENANCY AFFIDAVIT
DRIVE REVIEW OFFICE



0020809897

JUDY A. GRASS, hereinafter referred, to as the affiant, states under oath that the affiant resides at 10208 S. Oakley Avenue, in the City of Chicago, Illinois; that the affiant was acquainted with DEAN A. GRASS, 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 per the attached statement.

Common Address: 10208 S. Oakley, Chicago, Illinois
PIN: 25-07-323-020-0000

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 August 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 \$50,000.00; and that the value of the above property individually was \$50,000.00.

That the Illinois Inheritance Tax and 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 PROFESSIONAL NATIONAL TITLE NETWORK, INC., and or SAI TITLE, 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 PROFESSIONAL NATIONAL TITLE NETWORK, INC., AND OR SAI TITLE, INC., harmless and to reimburse the Fund for all losses, costs, damages, suits, 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 DEAN A. GRASS, 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.

Judy A. Grass
Judy A. Grass

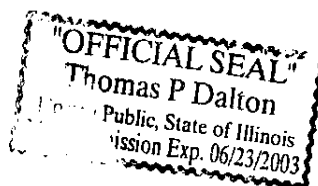
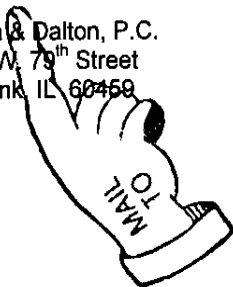
Subscribed and Sworn to before me this 19th day of JUNE

[Signature]
Notary Public

Note: If the decedent left a will, it will be necessary that the original or a 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:

Dalton & Dalton, P.C.
6930 W. 79th Street
Burbank IL 60459



109/1

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LOT 32 IN BLOCK 6 IN WILLIAM E. HERMAN'S BEVERLY HILLS ADDITION,
BEING A SUBDIVISION OF BLOCKS 1 TO 6 INCLUSIVE (EXCEPT LOTS 5 AND
6 IN BLOCK 2) IN TRACEY HEIGHTS, A SUBDIVISION OF THE SOUTHWEST ¼
OF THE SOUTHWEST ¼ OF SECTION 7, TOWNSHIP 37 NORTH, RANGE 14,
EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

COMMON ADDRESS: 10208 S. OAKLEY, CHICAGO, IL 60643

P.I.N. 25-07-323-020-0000

Property of Cook County Clerk's Office

0020809897

1920809897

STATE OF ILLINOIS

REGISTRATION DISTRICT NO. 16.10

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO

AUG. 28, 2001

DECEASED-NAME Dean	MIDDLE A.	LAST Grass	SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) 3 August 25, 2001	STATE FILE NUMBER 613446
CITY OF DEATH Chicago	AGE-LAST BIRTHDAY (YEARS) 65	UNDER 1 YEAR DAYS 5b.	UNDER 1 DAY HOURS 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) February 3, 1936	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Chicago	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Northwestern Memorial Hospital		IF HOSP. OR INST. INDICATE D.O.A. OF HOSP. OR INST. PATIENT (SPECIFY) Transferred		
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Sauk City, WI	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		I, JOHN L. WILHELM M.D., 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 OBTAINANCE OF SAID LAW AND ORDINANCES.		
SOCIAL SECURITY NUMBER 306-36-9033	USUAL OCCUPATION Bellman	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Judy A. Mongan	WAS DECREASED EVER IN US ARMED FORCES? (YES/NO) 9. Yes		
RESIDENCE (STREET AND NUMBER) 10208 S. Oakley	CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago	KIND OF BUSINESS OR INDUSTRY Hilton Hotel	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) College (1-4 or 5-1)		
STATE Illinois	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) White	INSIDE CITY (YES/NO) Yes	COUNTY Cook		
FATHER-NAME FIRST MIDDLE LAST Henry T. Grass	MOTHER-NAME FIRST MIDDLE LAST Bella	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) No	MAPPING ADDRESS (STREET AND NO OR R.F.D. CITY OR TWP. STATE, ZIP) 170 Reynolds 17c. 251 E. Huron Chicago, IL 60641		
INFORMANT'S NAME (TYPE OR PRINT) Sue Roacki	RELATIONSHIP Medical	18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Immediate Cause (Final disease or condition resulting in death) (a) Sepsis (b) Bowel Ischemia (c) Multi-organ Failure			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. Coronary Artery Disease					
DATE OF OPERATION, IF ANY July 13, 2001	MAJOR FINDINGS OF OPERATION Coronary Artery Disease / Renal Failure				
(1) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON August 25, 2001	21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE INDICATED TO THE CAUSE(S) STATED. Chicago, IL				
22a. SIGNATURE James Fredrickson	22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) James Fredrickson M.D. 251 E. Huron Chicago				
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER James Fredrickson M.D.	22d. DATE SIGNED (MONTH, DAY, YEAR) August 25, 2001				
23. BURIAL, CREMATION, REMOVAL, OR OTHER DISPOSITION Burial	23a. NAME OF CEMETERY OR CREMATORY-NAME Holy Sepulchre				
24a. STREET AND NUMBER OR R.F.D. 3600 W. 99th Street	24b. CITY OR TOWN STATE Alsip, Illinois				
25a. FUNERAL HOME Kenny Brothers Funeral Directors	25b. STREET AND NUMBER OR R.F.D. ZIP Evergreen Park Illinois 60805				
25b. FUNERAL DIRECTOR'S SIGNATURE John F. Wilhelm M.D.	25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-011542				
26a. LOCAL REGISTRAR'S SIGNATURE John F. Wilhelm M.D.	26b. DATE FILED BY (MONTH, DAY, YEAR) AUG 28 2001				

HERE AUTHORITY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (YES/NO)
 19a. **Yes** 19b. **Yes**
 IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES NO
 HOUR OF DEATH
 21c. **1:06 PM.** (MONTH, DAY, YEAR)
 DATE SIGNED
 22b. **August 25, 2001**
 ILLINOIS LICENSE NUMBER
 22d. **036-057651**
 NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.



LOCAL REGISTRAR
John F. Wilhelm, M.D.

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

PRINT IN BLUE INK
 Directors,
 Physicians
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OSITION