UNOFFICIAL C 9694 0001 3 001 Page 1 of 4 2002-07-29 09:02:45

JOINT TENANCY AFFIDAVIT

Cook County Recorder

27.00

STATE OF) SS COUNTY OFCook)	0020825
Marlaine L. Petersen hereby referred to as the affiant, states under oath that the affiant resides at 809 Robert Dr.	
In the City of Mt. Prospect,	
State of Illinois;	
that the affiant was acquainted with	
<u>Julius H. Petersen</u> ,	
the decedent; at the tire 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	
Illinois , and legally described as follows:	
SEE ATTACHED LEGAL DESCRIPTION	
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The decedent had no interest in any business or partnership, nor held any powe 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;

The decedent died on AUGUST 17,2000, leaving no/e last will and tests ment;	
The total value of decedent's estate, including the taxable interest in the above property was \$, and
that the value of the above property individually was \$ 100,000.00	

The State and Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from the decedent's estate, vas been paid in full;

The affiant makes this affidavit to induce Attorneys' Title Guaranty Fund, Inc. (ATG) to issue its policy of tide u surance on the above described property.

*3944-X

ATG FORM 307 © ATG (REV. 1/00 Page 1 of 2 FOR USE IN: ALL STATES

Box 393

0020825605

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JOINT TENANCY AFFIDAVIT (continued)

The affiant hereby covenants and agrees, individually, and for the affiants, 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 that ATG may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

 Claims against the estate of <u>Julius H. Petersen</u> State Estate/Inheritance Tax and Federal Estate Tax that may Legacies, if any, created by the will of said decedent; 	, the decedent; be charged against the estate of said decedent;
4. Rights of contribution.	$\gamma \sim 1 \sim 90$
	Marlaine L. Petersen (Seal)
Subscribed and swort to before me this	
26 May of Jack Public, 2005 (Notary Public) (Notary Public)	"OFFICIAL SEAL" Barry G. Collins Notary Public, State of Illinois My Commission Exp. 02/18/2006
Note: If the decedent left a will, it will be recessary that inspection. A death certificate, together with evidence of payment	the original or certified copy thereof be presented to ATG for nt of death taxes, if any, should accompany this affidavit.
· C	
This instrument prepared by:	Return to:
Tuttle, Vedral & Collins, P.C. (Name)	Box 393 (Name)
733 Lee Street, Suite 210	(Address)
Des Plaines, IL 60016 (City, State, Zip)	City, State, Zip)

UNOFFICIAL COPY

Legal Description:

Unit No. 2-2L in Brandenberry Park East Condominium, as delineated on survey of Lot 1 in Unit 1, Lot 2 in Unit 2, Lot 3 a Subd.
rth, Range
y, Illinois,
aration of condom.
and Trust Company a
Office of the Recorder
ument No. 25,198,489 and a
.145,981.

mumonly known as: 1122 Dale, Unit a
0004

D3-Q/-400 CYY-1040 in Unit 3 and Lot 4 in Unit 4 of Brandenberry Park East by Zale, being a Subdivision in the Southeast 1/4 of Section 21, Township

I. HEREBY CERTIFY THAT the foregoing is a true and confect copy of the death 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. Margil Valstas AUGUST 22, 2000 DATE:_

7	00 k	Coun			-								3 2 5	चीत	 _		Tit					A - A	A 1	egis		
KAREN L. SCO.	PAL DIRECTOR'S SIGNATURE	FRIEDRICHS Fune	AL CREMATION, OVAL (SPECIFY)	OF ATTENDING PHYS	AND ADDRESS CF C.TR	SIGNATURE >	AND LAST SAW HIM/HEH ALTVE ON 218.	I (DID) (SIGNO) ATTEND THE DECEASED	DATE OF OPERATION, IF ANY	ditions contribu	STATING THE UNDERLYING (c)	NDITIONS, IF ANY HIGH GIVE RISE TO (b)	Immediate Cause (Finet (a) (a) (a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	laine Entert shock,	NFORMANTSNAME (TYPEORPRINT)	FIRST	llinois 13. 6	09 Rob	10. 348 20 2555 RESIDENCE (STREET AND NUMBER)	SOCIAL SECURITY NUMBER	<u> </u>	oaboistric n Heigh	1	-NAME JUL	REGISTERED	REGISTRATION 16.0
March March	Tala	ral Home Inc., 3	YOR CREMATOR	HANCERTIFIER (TYPE	DA PRINT	Jun 7	A. HOOQUERED AT THE TIME. DATE	SED (MOLITH, DAY, YEAR)	MAJOR FIND, NG. OF OPERATION	ating to underlying	ETO, OR AS A CONSEQUENCE CT	Clos	Septic sh	SET	H. Petersen)LE	056 14a. White	DACE WHITE BLACK A	11a. Engineer City.	۸Ž.	MARRIED, NEVER MARRIED, VIDOWED, DIVORCED (SPECIF)	ER			MEDI	
narghi Valskis		NUMBER OFFICE CENTRAL O West Central	ATION	TINT)	Comments H	elen m	AND PLACE AND DUE TO THE	WA		cause givenin PARTI.		Hich colitis	Č	b. Spouse 17c. death. Fund werthe move h line.	16.	THER-NA		Mount Prospect	11b. Building TOWN, TWP, OR ROAD DISTRICT NO	D OF BUSINESS OR INDUS	Marlaine LeF	۷ ق	MOS DAYS HOURS MIN.	ETERSEN	ICATE	TATE OF ILLINOIS
7	FUNERAL DIRECTOR'S II 25c. 034-01	d, Mount Pro	T 1 1 ind is		Light COM 22d.			Į,	IF FEW THREE 200	autopsy (YESNO) 19a No		5		such as cardiac or respiratory	STREET AND NO.	FIRST MIDDLE	☐ YES SPECIFY:	13c. Yes	12. L2	EDUCATION CCIFY OF Element // Secondary (0-12)	(MAIDEN NAME, IF WIFE)	Hospital	L .	Male 3.	DEATH	
MG. 22, 2000	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-011952 DATE FILEDBY L'CCAL REGISTRAR (MONTH, DAY, YEAR)	spect, IL 60056	DATE (MONTH DAY YEAR)	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	INDISTICENSENUMBER	22b. Aug. 21, 2000	21C. 5:35 A. M. DATESIGNED (MONTH DAY YEAR)		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20C. YES NON TO	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH-1 (YES-NO). 19b.		a very principal and the second secon		APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH	SPAAT ORAFD. CITY OR TOWN, STATE, ZIP) VB-1 / COLF	(MAIDEN) LAST		13d. COOK	COUNTY	8 CO	WAS DECEASED EVER IN U.S. ARMED FORCES (YES NO) 9. NO	6c. Inpatient (SPECIFY)	1929	AUGUST 17,2000		STATE FILE