

UNOFFICIAL COPY

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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:

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

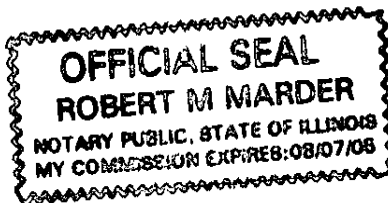
Lucille E. Albach (Seal)

_____ (Seal)

Subscribed and sworn to before me this

28 day of Nov., 2002
(Month) (Year)

[Signature]
(Notary Public)



Note: If the decedent left a will, it will be necessary that the original or certified copy thereof be presented to ATG for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

This instrument prepared by:

SAME
(Name)

(Address)

(City, State, Zip)

Return to:

ROBERT M MARDER
(Name)

1076 E ROSHARON
(Address)

SCHAUMBURG, IL 60193-60193
(City, State, Zip)



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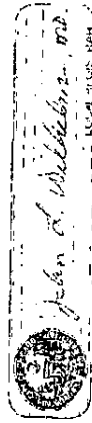
0030033065

CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

DEC 06 2001

I, JOHN L. WEHLM 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.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

STATE FILE NUMBER

618928

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

Form with fields for DECEASED NAME (ARTHUR ALBACH), AGE (93), DATE OF BIRTH (MAY 24, 1908), CAUSE OF DEATH (CEREBROVASCULAR DISEASE), and SIGNATURE (Yakov Ryarov MD).

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