



Mail to:

Joanne Cook
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Prepared by:

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DECEASED JOINT TENANCY AFFIDAVIT

3m

STATE OF ILLINOIS)
) ss.
COUNTY OF COOK)

Joanne Cook , hereinafter referred to as the affiant, states under oath that affiant resides at 3246 N. Ozark , in the City of Chicago , Illinois 60634:

That the affiant was acquainted with Richard C. Schulz , 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 deed, said property located in Cook , County, Illinois, and legally described as follows:

SEE ATTACHED LEGAL

3246 N. Ozark , Chicago , Illinois , 60634
12-24-328-013-0000

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 June 8, 1988 , leaving NO / ~~A~~ last will and testament:

That the total value of decedents estate including the taxable interest in the above property was less than \$ 50,000.

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 affiavit to induce the title insurance company (Attorney's Title Guaranty Fund) 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 the

UNOFFICIAL COPY

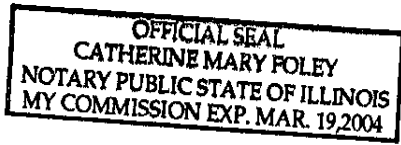
title insurance company (Attorney's Title Guaranty Fund) harmless and to reimburse the title insurance company for all loss, costs, damages, suits, attorney fees and expenses of every kind and nature which the title insurance company may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

- 1) Claims against the estate of Richard C. Schulz , 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.

Joanne G. Cook Executor
Affiant

Subscribed and sworn before me this 08 day of May, 2000

Catherine Mary Foley
Notary Public



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

| | | | | | |
|--|--|---|--|---|--|
| REGISTRATION DISTRICT NO. 16.10 | | STATE OF ILLINOIS | | STATE FILE NUMBER | |
| REGISTERED NUMBER | | MEDICAL CERTIFICATE OF DEATH | | | |
| DECEASED - NAME | | | | | |
| 1. RICHARD C. SCHULZ | | SEX 2. MALE | | DATE OF DEATH (MONTH, DAY, YEAR) 3. JUNE 08, 1988 | |
| RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) 4. WHITE | | ORIGIN OR DESCENT 5. GERMAN | | DATE OF BIRTH (MO., DAY, YEAR) 6. JULY 14, 1907 | |
| CITY, TOWN, TWP. OR ROAD & DISTRICT NO. 7. Chicago | | HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NO. 8. 3246 N. OZARK | | COUNTY OF DEATH 7a. Cook | |
| STATE OF BIRTH (IF NOT U.S.A. NAME COUNTRY) 8. GERMANY | | CITIZEN OF WHAT COUNTRY 9. U.S.A. | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. MARRIED | |
| SOCIAL SECURITY NUMBER 12. 322-01-1055 | | USUAL OCCUPATION 13a. MACHINIST | | NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 11. ROSALIE FOURNIER | |
| RESIDENCE - STREET AND NUMBER 14a. 3246 N. OZARK | | CITY, TOWN, TWP. OR ROAD & DISTRICT NO. 14b. CHICAGO | | WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) 13c. NONE | |
| FATHER - NAME 15. AUGUST SCHULZ | | MOTHER - MAIDEN NAME 16. CLARA SCHROEDER | | WAR OR DATES OF SERVICE 13d. NONE | |
| INFORMANT NAME (TYPE OR PRINT) 17a. MRS. ROSALIE SCHULZ | | RELATIONSHIP 17b. WIFE | | MAYIN'S ADDRESS (STREET AND NO. OF B. F. D., CITY OR TOWN, STATE, ZIP) 17c. 3246 N. OZARK, CHICAGO, ILLINOIS 60634 | |
| 18. DEATH WAS CAUSED BY. (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) | | | | | |
| PART I: IMMEDIATE CAUSE | | (a) <i>accident of the common hepatic duct</i> | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Several hours | |
| CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST | | (b) _____ | | _____ | |
| (c) _____ | | _____ | | _____ | |
| PART II: OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) | | | | | |
| DATE OF OPERATION, IF ANY 20a. _____ | | MAJOR FINDINGS OF OPERATION 20b. _____ | | AUTOPSY (YES/NO) 19a. NO | |
| IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES () NO () | | IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES () NO () | | IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES () NO () | |
| 19. (1) DID (YOU/NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. May 27, 1988 | | (2) CORONER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO) 21b. _____ | | HOUR OF DEATH 21c. 1:00 P.M. | |
| TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE SPOT, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. | | SIGNATURE 22a. [Signature] | | DATE SIGNED (MO., DAY, YR.) 22b. June 9, 1988 | |
| NAME AND ADDRESS OF CERTIFIER 22c. 61st W. DIVERSEY, JOHN S. PHILIP, M.D. | | ILLINOIS LICENSE NUMBER 22d. 36-3535 | | NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED | |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23. _____ | | BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL | | CEMETERY OR CREMATORY - NAME 24b. IRVING PARK CEM. | |
| LOCATION 24c. CHICAGO | | CITY OR TOWN ILLINOIS | | DATE (MONTH, DAY, YEAR) 24d. JUNE 10, 1988 | |
| FUNERAL HOME NAME 25a. MATZ FUNERAL HOME | | STREET - 10 NUMBER OR R. F. D. 3440 N. CENTRAL AVE. CHICAGO, ILLINOIS 60634 | | CITY OR TOWN ILLINOIS | |
| FUNERAL DIRECTOR'S SIGNATURE 25b. [Signature] | | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 4310 | | DATE REC'D BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26a. JUN 10 1988 | |
| LOCAL REGISTRAR'S SIGNATURE 26b. [Signature] | | DATE REC'D BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. JUN 10 1988 | | _____ | |

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