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JOINT TENANCY AFFIDAVIT

John Coniceak, hereinafter referred to as the affiant, state that the affiant resides at 5343 S. Talman, in the City of Chicago, Illinois; that the affiant was acquainted with John Coniceak (Sr.), the decedent. At the time of death, the Affiant was the son of the decedent. Furthermore, the decedent was one of the owners of the property held in joint tenancy with his son, John Coniceak and his wife Maria Coniceak, located at 5343 S. Talman, Chicago, Illinois, by virtue of properly recorded warranty deed, said property located in Cook County, Illinois, and legally described as follows:

Lots 21 in Block 3 in Hathaway and Erskin's Subdivision of the East Half (1/2) of the Southwest Quarter (1/4) of the Southeast Quarter (1/4) and the East Half (1/2) of the Northwest Quarter (1/4) of the Southwest Quarter (1/4) of the Southeast Quarter (1/4) of Section 12 Township 33 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

PIN 19-12-419-012

Address: 5343 S. Talman Chicago, IL. 60639³²



Eugene "Gene" Moore Fee: \$50.00
Cook County Recorder of Deeds
Date: 04/28/2003 08:58 AM Pg: 1 of 3

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interest 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 intestate on April 22, 1979, leaving his entire estate to his wife, Maria Coniceak.

That the total value of decedent's estate, including the taxable interest in the above property was not in excess of \$600,000; and

That the value of the above property individually was not in excess of \$160,000.

That the affiant makes this affidavit to induce **PROFESSIONAL INSURANCE FUND, INC.** to issue its policy of title insurance on the above described property.

The affiant hereby covenants and agrees, for himself, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold **PROFESSIONAL TITLE INSURANCE FUND, INC.**, harmless and to reimburse the Fund for all loss, 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:

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1. Claims against the estate of John Coniceak, the 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.

The affiant further sayeth not.



 John Coniceak, Affiant


STATE OF Illinois

SS

COOK OF Cook

Subscribed and Sworn to before me

this 28 day of March, 2003



 Notary Public



Property of Cook County Clerk's Office

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DEPARTMENT OF HEALTH CITY OF CHICAGO

STATE FILE NUMBER 609084

MEDICAL CERTIFICATE OF DEATH

DISTRICT NO. 16.10 REGISTERED NUMBER

APRIL 24, 1979

STATE OF ILLINOIS } COUNTY OF COOK } CITY OF CHICAGO } SS

I, Murray C. Brown, 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 of 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 as a record kept by me in pursuance of said laws and ordinances.

This Certified Copy VALID When MULTICOLOR SEAL AND BLUE SIGNATURE Are Affixed.

1. DECEASED NAME: JOHN CONICEAK, SEX: 2. MALE, DATE OF DEATH: 3. APRIL 22, 1979, COUNTY OF DEATH: Cook

4. RACE: WHITE, ETHNIC OR DESCENT: UKRANIAN, AGE: 77, MARRIED, MARRIED NEVER SEPARATED, HUSBAND'S NAME: MARIA WEPOR

7. US BIRTH PLACE: Chicago, STATE OF BIRTH: U.S.A., CITIZENSHIP: U.S.A., OCCUPATION: Retired

14. FATHER: SO. TALMAN, MOTHER: MARIA WEPOR

16. UNAVAILABLE, 17. HOSPITAL RECORDS: 17c 2701 W 68TH ST CHGO IL. 60629

18. DEATH CAUSE: (a) CARDIO RESPIRATORY ARREST, (b) ARTERIOSCLEROTIC HEART DISEASE, (c) CEREBRAL VASCULAR ACCIDENT

20. DATE OF OPERATION: NONE, MAJOR FINDINGS OF OPERATION: NONE

21. ATTENDED THE OCCASION: NONE, DATE: 4-22-79, TIME: 1:30A

22. SIGNATURE: Jose Aruguete, NAME AND ADDRESS OF CERTIFIER: BERNANDO AMAT, 2454 W. 71ST ST. CHG. IL. 60629

23. BUREAU: ST. MARY, EVERGREEN PARK, ILL. 60629

25. SIGNATURE: Dama J. Fedoras, NAME AND ADDRESS OF CERTIFIER: GAIJAS - DAMA J. FEDERAL DIRECTOR, 4330 S. California, Chicago, IL 60632

26. SIGNATURE: Murray C. Brown, NAME AND ADDRESS OF CERTIFIER: MURRAY C. BROWN, CHICAGO DEPT. OF HEALTH, RICHARD J. DALEY CENTER, ROOM 111, CHICAGO, ILL. 60607