

# UNOFFICIAL COPY

**COOK COUNTY  
RECORDER  
EUGENE "GENE" MOORE  
ROLLING MEADOWS**



Eugene "Gene" Moore Fee: \$28.50  
Cook County Recorder of Deeds  
Date: 05/20/2003 11:29 AM Pg: 1 of 3

STATE OF ILLINOIS )  
COUNTY OF COOK )

## JOINT TENANCY AFFIDAVIT

Helen Wilkinson, hereby referred to as the affiant, states under oath that the affiant resides at 8013 Northway Drive in the City of Hanover Park, Illinois; that the affiant was acquainted with Eric Wilkinson, 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 as follows:

### LEGAL DESCRIPTION ATTACHED

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 7/31/97 leaving no ~~last~~ last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ 130,000.00, and that the value of the above property individually was \$ 130,000.00.

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 affidavit to induce Attorneys' Title Guaranty Fund, Inc. to issue its policy of title insurance on the above described property.

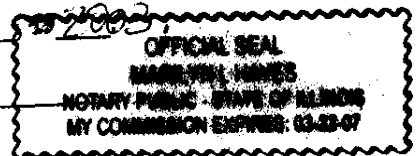
The affiant hereby covenants and agrees, for ~~himself/herself/themselves~~ himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold Attorneys' Title Guaranty Fund, Inc. harmless and to reimburse The Fund for all loss, costs, damages, suits, attorney's fees and expenses of 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 Eric Wilkinson, 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 of contribution.

Helen Wilkinson (Seal)  
HELEN WILKINSON (Seal)

Subscribed and sworn to before me this 18 day of April 2003

Marelize Adams  
Notary Public



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Legal Description:

Lot 3 in Block 64 in Hanover Highlands Unit Number 9, a Subdivision in the Northeast Quarter of section 30, Township 41 North, Range 10, East of the Third Principal Meridian, according to the Plat thereof recorded May 1, 1969 as document number 20828255, in Cook County, Illinois.

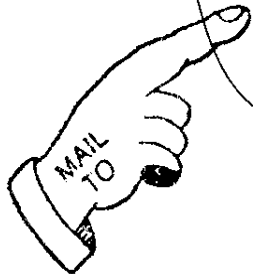
PIN 07-30-211-003-0000

Property Address: 8013 Northway Drive  
Hanover Park, IL 60103

Prepared By

Return to:

Loftus, Ltd.  
1001 W. Lake Street  
Addison, IL 60101



Property of Cook County Clerk's Office

# UNOFFICIAL COPY

STATE OF ILLINOIS

STATE FILE NUMBER

## MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

PERMANENT CERTIFICATE  
 TEMPORARY CERTIFICATE

REGISTRATION DISTRICT NO. 0.0B

REGISTERED NUMBER 563 July 97

DECEASED-NAME FIRST Eric MIDDLE R. LAST Wilkinson SEX male DATE OF DEATH (MONTH, DAY, YEAR) 3 July 30, 1997

1. Eric R. Wilkinson

COUNTY OF DEATH Cook AGE-LAST BIRTHDAY (YRS) 31 UNDER 1 YEAR 5b. UNDER 1 DAY 5c. DATE OF BIRTH (MONTH, DAY, YEAR) 5d. Aug. 13, 1965

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. Park Ridge HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. Lutheran General Hospital IF HOSP. OR INST. INDICATE D.O.A. OPENER RM, INPATIENT (SPECIFY) 6c. Inpatient 6

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) CHICAGO, IL. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (SPECIFY) 8a. MARRIED NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. HELEN R. HORNSBY WAS DECEASED EVER IN U.S. ARMED FORCES? (YES-NO) 9. No

SOCIAL SECURITY NUMBER 346-70-1906 USUAL OCCUPATION 11a. ADVISOR KIND OF BUSINESS OR INDUSTRY 11b. AUTO SALES EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 12

RESIDENCE (STREET AND NUMBER) 13a. 8013 Northway Dr. CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. HANOVER PARK INSIDE CITY (YES/NO) 13c. Yes COUNTY 13d. COOK

STATE Illinois ZIP CODE 60103 RACE (WHITE, BLACK, AMERICAN INDIAN, (SPECIFY)) 14a. WHITE 14b.  NO  YES SPECIFY: OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.)

FATHER-NAME FIRST ROBERT MIDDLE P. LAST WILKINSON MOTHER-NAME FIRST TO ANNE S. MIDDLE POLAKOFF LAST 60103

INFORMANT'S NAME (TYPE OR PRINT) 17a. HELEN R. WILKINSON RELATIONSHIP 17b. WIFE MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 8013 NORTHWAY DR. HANOVER PK

A DECEASED  
B  
C  
D  
E

PARENTS

1  
2  
3  
4  
5  
CAUSE

N  
P  
H.G.  
RIF  
UNK  
CERTIFIER

DISPOSITION

18. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

Immediate Cause (Final disease or condition resulting in death) (a) Cerebrovascular Disease

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) Automobile Accident - Driver

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY) 20a. Accidents DATE OF INJURY (MONTH, DAY, YEAR) 20b. July 10, 1997 HOUR 20c. 5:00 P.M. HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18) 20d. Auto vs Auto / rollover

INJURY AT WORK (YES/NO) 20e. No PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY) 20f. Unincorporated LOCATION (CITY, VIL. OR TOWN, OR TWP.; OR RD. DIST. NO., COUNTY, STATE) 20g. Northbrook, Cook, Illinois IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20h. YES  NO

I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT

21a. CORONER'S - MEDICAL EXAMINER'S SIGNATURE [Signature] DATE SIGNED (MONTH, DAY, YEAR) 21b. July 30, 1997

22a. CORONER'S PHYSICIAN'S NAME (Type or Print) [Signature] DATE SIGNED (MONTH, DAY, YEAR) 22b. August 1, 1997

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) 23a. Cremation CEMETERY OR CREMATORY-NAME 23b. Montrose LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) 23c. Chicago, Illinois 23d. 8/4/97

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 24a. Tohle Funeral Home 4325 W. Lawrence ave. Chicago, IL 60630

FUNERAL DIRECTOR'S SIGNATURE 24b. [Signature] FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 24c. 034-011884

LOCAL REGISTRAR'S SIGNATURE 24d. [Signature] DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 24e. Aug 1, 1997

25a. REGISTRAR 25b. [Signature] (BASED ON 1983 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE AUGUST 1, 1997 SIGNED [Signature] LOCAL REGISTRAR  
AT EVANSTON Illinois OFFICIAL TITLE

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that a certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.