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Eugene "Gene" Moore Fee: \$28.00
Cook County Recorder of Deeds
Date: 06/17/2003 10:28 AM Pg: 1 of 3

JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF COOK) SS

Richard Eigenbauer,
hereby referred to as the affiant, states under
oath that the affiant resides at
10521 S. Palos Place

In the City of Palos Hills,
State of Illinois;
that the affiant was acquainted with

Joseph John Eigenbauer
the decedent; at the time 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:

Unit 10521-A and G-7 together with its undivided percentage interest
in the common elements in Palos Place Condominium as delineated and
defined in the Declaration recorded as Document Number 27441743, in
the Northwest 1/4 of Section 13, Township 37 North, Range 12 East of
the Third Principal Meridian, in Cook County, Illinois.

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;

The decedent died on June 24, 2001, leaving no/a last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ 50,000, and
that the value of the above property individually was \$ 100,000.

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

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

Property Address: 10521 S. Palos Place-A
Palos Hills, Illinois 60465

Permanent Tax No: 23-13-103-030-1001 v. 151
23-13-103-030-1055 v. 151

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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:

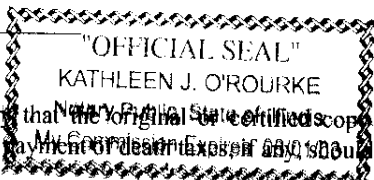
1. Claims against the estate of Joseph John Eigenbauer, the decedent;
2. State Estate/Inheritance Tax and Federal Estate Tax that may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

Richard J. Eigenbauer (Seal)
 Richard Eigenbauer (Seal)

Subscribed and sworn to before me this

16 day of May, 2003
 (Month) (Year)

Kathleen O'Rourke
 (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:

Kathleen O'Rourke
 (Name)
4239 W. 63rd Street
 (Address)
Chicago, IL 60629
 (City, State, Zip)

Return to:

Kathleen O'Rourke
 (Name)
4239 W. 63rd Street
 (Address)
Chicago, IL 60629
 (City, State, Zip)

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I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent in item 1 and that this record was established and filed in my office in accordance with the provisions of Illinois statutes relating to the registrar of birth, stillbirth and death.

Date **JUN 26 2001**

Signed *Madeline Mc Curry*

At Cook County Department of Public Health Official Title Deputy Registrar
1010 Lake Street Suite 300 Oak Park, Illinois 60301

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 160	REGISTERED NUMBER	DECEASED-NAME JOSEPH JOHN EIGENBAUER	FIRST MIDDLE LAST	SEX MALE	DATE OF DEATH (MONTH DAY YEAR) JUNE 24, 2001
COUNTY OF DEATH COOK	CITY/TOWN/TWP. OR ROAD/DISTRICT NUMBER Palos Heights	AGE-LAST BIRTHDAY (YRS) MONTHS DAYS 84 8 4	UNDER 1 YEAR UNDER 1 DAY HOURS MIN 5a 5b 5c 5d	DATE OF BIRTH (MONTH DAY YEAR) August 22, 1916	HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Palos Community Hospital
BIRTHPLACE (CITY AND STATE OR FOREIGN CITY) Chicago, IL	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) Mary Smith	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12	INSIDE CITY (YES/NO) Yes	IF HOSP OR INST INDICATE D.O.A. OR INPATIENT (SPECIFY) Inpatient
SOCIAL SECURITY NUMBER 1326-09-4880	USUAL OCCUPATION Carpenter	KIND OF BUSINESS OR INDUSTRY City of Chicago	EMERGENCY SECONDARY (0-12) 12	COUNTY Cook	WAS DECEASED EVER IN U.S. ARMY OR FLEET? (YES/NO) Yes
RESIDENCE (STREET AND NUMBER) 10521 S. Palos Place	CITY/TOWN/TWP. OR ROAD/DISTRICT NO. Palos Hills	IF SPANIC ORIGIN? (SPECIFY NO OR YES; IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) No	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE ZIP) 170.10521 S. Palos Pl. Palos Hills IL 60465	APPROXIMATE INTER-VALENCE BETWEEN DEATHS (MONTHS) years	
STATE Illinois	ZIP CODE 60465	RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) White	MOTHER-NAME FIRST MIDDLE LAST Theresa Eigenbauer	IF AUTOPSY AVAILABLE FROM CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) NO	WERE AUTOPSY FINDINGS AVAILABLE FROM CORONER OR MEDICAL EXAMINER? (YES/NO) NO
FATHER-NAME FIRST MIDDLE LAST Julius Eigenbauer	RELATIONSHIP Wife	DATE OF OPERATION, IF ANY CONGENITAL CAVITY CHAMBER	MAJOR FINDINGS OF OPERATION CONGENITAL CAVITY CHAMBER	IF FEMALE, WAS THERE A PREGNANCY IN LAST THREE MONTHS? NO	IF FEMALE, WAS THERE A PREGNANCY IN LAST THREE MONTHS? NO
INFORMANT'S NAME (TYPE OR PRINT) Mary Eigenbauer	17a. Mary Eigenbauer	18. PART I. Immediate Cause (Final disease or condition resulting in death) Acute Oesophageal Polyp	18. PART II. Other conditions contributing to death but not resulting in the underlying cause given in PART I. CONGENITAL CAVITY CHAMBER	AUTOPSY (YES/NO) NO	WERE AUTOPSY FINDINGS AVAILABLE FROM CORONER OR MEDICAL EXAMINER? (YES/NO) NO
17b. Wife	17c. 10521 S. Palos Pl. Palos Hills IL	CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST CONGENITAL CAVITY CHAMBER	19a. years	DATE OF OPERATION, IF ANY CONGENITAL CAVITY CHAMBER	DATE SIGNED (MONTH DAY YEAR) 10:55 AM 6/27/01
20a. (C) (D) (E) (F) (G) (H) (I) (J) (K) (L) (M) (N) (O) (P) (Q) (R) (S) (T) (U) (V) (W) (X) (Y) (Z) (AA) (AB) (AC) (AD) (AE) (AF) (AG) (AH) (AI) (AJ) (AK) (AL) (AM) (AN) (AO) (AP) (AQ) (AR) (AS) (AT) (AU) (AV) (AW) (AX) (AY) (AZ) (BA) (BB) (BC) (BD) (BE) (BF) (BG) (BH) (BI) (BJ) (BK) (BL) (BM) (BN) (BO) (BP) (BQ) (BR) (BS) (BT) (BU) (BV) (BW) (BX) (BY) (BZ) (CA) (CB) (CC) (CD) (CE) (CF) (CG) (CH) (CI) (CJ) (CK) (CL) (CM) (CN) (CO) (CP) (CQ) (CR) (CS) (CT) (CU) (CV) (CW) (CX) (CY) (CZ) (DA) (DB) (DC) (DD) (DE) (DF) (DG) (DH) (DI) (DJ) (DK) (DL) (DM) (DN) (DO) (DP) (DQ) (DR) (DS) (DT) (DU) (DV) (DW) (DX) (DY) (DZ) (EA) (EB) (EC) (ED) (EE) (EF) (EG) (EH) (EI) (EJ) (EK) (EL) (EM) (EN) (EO) (EP) (EQ) (ER) (ES) (ET) (EU) (EV) (EW) (EX) (EY) (EZ) (FA) (FB) (FC) (FD) (FE) (FF) (FG) (FH) (FI) (FJ) (FK) (FL) (FM) (FN) (FO) (FP) (FQ) (FR) (FS) (FT) (FU) (FV) (FW) (FX) (FY) (FZ) (GA) (GB) (GC) (GD) (GE) (GF) (GG) (GH) (GI) (GJ) (GK) (GL) (GM) (GN) (GO) (GP) (GQ) (GR) (GS) (GT) (GU) (GV) (GW) (GX) (GY) (GZ) (HA) (HB) (HC) (HD) (HE) (HF) (HG) (HH) (HI) (HJ) (HK) (HL) (HM) (HN) (HO) (HP) (HQ) (HR) (HS) (HT) (HU) (HV) (HW) (HX) (HY) (HZ) (IA) (IB) (IC) (ID) (IE) (IF) (IG) (IH) (II) (IJ) (IK) (IL) (IM) (IN) (IO) (IP) (IQ) (IR) (IS) (IT) (IU) (IV) (IW) (IX) (IY) (IZ) (JA) (JB) (JC) (JD) (JE) (JF) (JG) (JH) (JI) (JJ) (JK) (JL) (JM) (JN) (JO) (JP) (JQ) (JR) (JS) (JT) (JU) (JV) (JW) (JX) (JY) (JZ) (KA) (KB) (KC) (KD) (KE) (KF) (KG) (KH) (KI) (KJ) (KK) (KL) (KM) (KN) (KO) (KP) (KQ) (KR) (KS) (KT) (KU) (KV) (KW) (KX) (KY) (KZ) (LA) (LB) (LC) (LD) (LE) (LF) (LG) (LH) (LI) (LJ) (LK) (LL) (LM) (LN) (LO) (LP) (LQ) (LR) (LS) (LT) (LU) (LV) (LW) (LX) (LY) (LZ) (MA) (MB) (MC) (MD) (ME) (MF) (MG) (MH) (MI) (MJ) (MK) (ML) (MM) (MN) (MO) (MP) (MQ) (MR) (MS) (MT) (MU) (MV) (MW) (MX) (MY) (MZ) (NA) (NB) (NC) (ND) (NE) (NF) (NG) (NH) (NI) (NJ) (NK) (NL) (NM) (NN) (NO) (NP) (NQ) (NR) (NS) (NT) (NU) (NV) (NW) (NX) (NY) (NZ) (OA) (OB) (OC) (OD) (OE) (OF) (OG) (OH) (OI) (OJ) (OK) (OL) (OM) (ON) (OO) (OP) (OQ) (OR) (OS) (OT) (OU) (OV) (OW) (OX) (OY) (OZ) (PA) (PB) (PC) (PD) (PE) (PF) (PG) (PH) (PI) (PJ) (PK) (PL) (PM) (PN) (PO) (PP) (PQ) (PR) (PS) (PT) (PU) (PV) (PW) (PX) (PY) (PZ) (QA) (QB) (QC) (QD) (QE) (QF) (QG) (QH) (QI) (QJ) (QK) (QL) (QM) (QN) (QO) (QP) (QQ) (QR) (QS) (QT) (QU) (QV) (QW) (QX) (QY) (QZ) (RA) (RB) (RC) (RD) (RE) (RF) (RG) (RH) (RI) (RJ) (RK) (RL) (RM) (RN) (RO) (RP) (RQ) (RR) (RS) (RT) (RU) (RV) (RW) (RX) (RY) (RZ) (SA) (SB) (SC) (SD) (SE) (SF) (SG) (SH) (SI) (SJ) (SK) (SL) (SM) (SN) (SO) (SP) (SQ) (SR) (SS) (ST) (SU) (SV) (SW) (SX) (SY) (SZ) (TA) (TB) (TC) (TD) (TE) (TF) (TG) (TH) (TI) (TJ) (TK) (TL) (TM) (TN) (TO) (TP) (TQ) (TR) (TS) (TT) (TU) (TV) (TW) (TX) (TY) (TZ) (UA) (UB) (UC) (UD) (UE) (UF) (UG) (UH) (UI) (UJ) (UK) (UL) (UM) (UN) (UO) (UP) (UQ) (UR) (US) (UT) (UU) (UV) (UW) (UX) (UY) (UZ) (VA) (VB) (VC) (VD) (VE) (VF) (VG) (VH) (VI) (VJ) (VK) (VL) (VM) (VN) (VO) (VP) (VQ) (VR) (VS) (VT) (VU) (VV) (VW) (VX) (VY) (VZ) (WA) (WB) (WC) (WD) (WE) (WF) (WG) (WH) (WI) (WJ) (WK) (WL) (WM) (WN) (WO) (WP) (WQ) (WR) (WS) (WT) (WU) (WV) (WW) (WX) (WY) (WZ) (XA) (XB) (XC) (XD) (XE) (XF) (XG) (XH) (XI) (XJ) (XK) (XL) (XM) (XN) (XO) (XP) (XQ) (XR) (XS) (XT) (XU) (XV) (XW) (XZ) (YA) (YB) (YC) (YD) (YE) (YF) (YG) (YH) (YI) (YJ) (YK) (YL) (YM) (YN) (YO) (YP) (YQ) (YR) (YS) (YT) (YU) (YV) (YW) (YZ) (ZA) (ZB) (ZC) (ZD) (ZE) (ZF) (ZG) (ZH) (ZI) (ZJ) (ZK) (ZL) (ZM) (ZN) (ZO) (ZP) (ZQ) (ZR) (ZS) (ZT) (ZU) (ZV) (ZW) (ZX) (ZY) (ZZ)					

VS-2000 (Rev. 5-18-93)

Illinois Dept. of Public Health - Division of Vital Records

ISSUED ON 08/13/93 STANDARD CERTIFICATE

20b. DATE OF OPERATION, IF ANY
CONGENITAL CAVITY CHAMBER

21a. TO THE BEST OF YOUR KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
Palos Heights, IL 60465

22a. SIGNATURE OF CERTIFIER
William R. Bennett, M.D.

22b. NAME AND ADDRESS OF PHYSICIAN IF OTHER THAN CERTIFIER
**William R. Bennett, M.D.
10400 S. Worth Rd
Thornton, IL 60465**

23. BURIAL CREMATION, REMOVAL (SPECIFY)
Burial

24a. FUNERAL HOME
Holy Sepulchre

24b. STREET AND NUMBER OR R.F.D.
Alsid, Illinois

24c. CITY OR TOWN
Alsid, Illinois

24d. STATE
Illinois

24e. DATE (MONTH DAY YEAR)
June 27, 2001

25a. FUNERAL DIRECTOR'S SIGNATURE
Blake-Lamb

25b. STREET AND NUMBER OR R.F.D.
4727 W. 103rd St. Oak Lawn Illinois 60453

25c. CITY OR TOWN
Oak Lawn Illinois 60453

25d. STATE
Illinois

25e. DATE (MONTH DAY YEAR)
June 27, 2001

26a. LOCAL REGISTRAR
Charles Scott, M.D.

26b. STREET AND NUMBER OR R.F.D.
034-011832

26c. CITY OR TOWN
Chicago, IL

26d. STATE
Illinois

26e. DATE (MONTH DAY YEAR)
JUN 26 2001