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ATTORNEYS' TITLE GUARANTY FUND, INC.

JOINT TENANCY AFFIDAVIT



Eugene "Gene" Moore Fee: \$28.00
Cook County Recorder of Deeds
Date: 07/15/2003 07:54 AM Pg: 1 of 3

1206965196

STATE OF ILLINOIS)
COUNTY OF COOK) SS

OLATUNJI SANNI, hereby referred to as the affiant, states under oath that the affiant resides at 4336 W. 183rd St. in the City of Country Club Hill, State of Illinois; that the affiant was acquainted with REBA ETHRIDGE, 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:

LOT 113 IN 55th STREET BOULEVARD ADDITION IN THE NORTHWEST 1/4 OF SECTION 17, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

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 10-16-98, leaving no/a last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ 47,000.00, and that the value of the above property individually was \$ 99,000.00.

That the State and Estate/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. (ATG) to issue its policy of title insurance on the above described property.

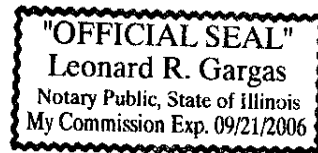
The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATG harmless and to reimburse ATG for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature which 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 REBA ETHRIDGE, the decedent;
2. State and Estate/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.

Signature of Olatunji Sanni (Seal)
OLATUNJI SANNI (Seal)

Subscribed and sworn to before me this

8th day of May, 2003
Leonard R. Gargas (Notary Public)



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

ATGF, INC.

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JIMMIE WHITE

PAGE 02

REGISTERED 10.10

MEDICAL CERTIFICATE OF DEATH

AN 10/11/11

1. REGISTERED NAME: **Reba** FIRST MIDDLE: **Mae** LAST: **Ethridge** SEX: **Female** DATE OF BIRTH: **October 16, 1950**

2. COUNTY OF DEATH: **Cook** CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **Chicago** AGE LAST BIRTHDAY: **52** GIBSON DAY: **48** UNDER 17 YEAR: **NO** UNDER 18 YEAR: **NO** DATE OF BIRTH (MONTH DAY YEAR): **10/16/1950**

3. RESIDENCE STREET AND NUMBER: **5517 S Ada** CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **Chicago** INSIDE CITY: **YES** COUNTY: **Cook**

4. MARITAL STATUS: **Married** HUSBAND'S NAME: **Wille I. Ethridge** DATE OF SURVIVING SPOUSE (MONTH DAY YEAR): **11/12/1981**

5. PLACE OF BIRTH: **Chicago** HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN BIRTH RECORD STREET AND NUMBER): **University of Illinois Hospital** ICD-9 CODE: **01** ICD-10 CODE: **01**

6. OCCUPATION: **None** INDUSTRY OR BUSINESS ORGANIZATION: **None** EDUCATION LEVEL: **High School Graduate**

7. RACE AND ETHNICITY: **Black** HISPANIC OR LATINO: **NO** MOTHER-TONGUE: **English**

8. DEATH INFORMATION: **10:46 A.M.** DATE SIGNED: **10/19/98** HOURS OF DEATH: **10:46 A.M.** HOURS OF SIGNING: **10:46 A.M.**

9. CAUSE OF DEATH: **Pulmonary tuberculosis**

10. IMMEDIATE CAUSE: **Sepsis**

11. UNDERLYING CAUSE: **Pulmonary tuberculosis**

12. MANNER OF DEATH: **Natural**

13. SIGNATURE OF DECEASED: **Dorothy Tyler**

14. SIGNATURE OF WITNESS: **Reba Mae White**

15. SIGNATURE OF REGISTRAR: **Shirley A. White**

16. SIGNATURE OF PHYSICIAN: **Theodore Barnett, M.D.**

17. SIGNATURE OF CHURCH OFFICER: **None**

18. SIGNATURE OF FUNERAL HOME: **None**

19. SIGNATURE OF NEAREST RELATIVE: **None**

20. SIGNATURE OF OTHER: **None**

21. NAME AND ADDRESS OF CERTIFIER: **Theodore Barnett, M.D. Department of Medicine, University of Illinois Hospital, Chicago, Ill. 60612**

22. NAME AND ADDRESS OF PHYSICIAN (IF OTHER THAN CERTIFIER): **None**

23. NAME AND ADDRESS OF FUNERAL HOME: **None**

24. NAME AND ADDRESS OF CHURCH: **None**

25. NAME AND ADDRESS OF NEAREST RELATIVE: **None**

26. NAME AND ADDRESS OF OTHER: **None**

27. NAME AND ADDRESS OF REGISTRAR: **Shirley A. White, Department of Public Health, Chicago, Ill. 60605**

28. NAME AND ADDRESS OF PHYSICIAN: **Theodore Barnett, M.D., Department of Medicine, University of Illinois Hospital, Chicago, Ill. 60612**

29. NAME AND ADDRESS OF CHURCH OFFICER: **None**

30. NAME AND ADDRESS OF FUNERAL HOME: **None**

31. NAME AND ADDRESS OF NEAREST RELATIVE: **None**

32. NAME AND ADDRESS OF OTHER: **None**

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

OCT 20 1998

1. SHEILA LYNE, RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS FOR THE CITY OF CHICAGO AND DEATHS FOR THE CITY OF CHICAGO BY WRITING 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 OBDIANCE OF SAID LAWS AND ORDINANCES.

DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

THIS CERTIFIED COPY VALID WHEN MULTICOLOR OR SIGNATURE SEAL IS AFFIXED.

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Property of Cook County Clerk's Office