

UNOFFICIAL COPY

ATTORNEYS' TITLE GUARANTY FUND, INC.

JOINT TENANCY AFFIDAVIT



Doc#: 0400820066
Eugene "Gene" Moore Fee: \$46.00
Cook County Recorder of Deeds
Date: 01/08/2004 08:28 AM Pg: 1 of 2

STATE OF Illinois)
COUNTY OF Cook) SS

Ezekiel Fears, hereby referred to as the affiant, states under oath that the affiant resides at 7251 South Seeley in the City of Chicago, State of Illinois; that the affiant was acquainted with Katherine Fears, 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:

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 January 17, 1981, leaving no last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ None, and that the value of the above property individually was \$ None.

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 Katherine Fears, 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.

Ezekiel Fears (Seal)

(Seal)

Subscribed and sworn to before me this

17 day of December, 2003
(Month) (Year)

"(Notary Public)"
"OFFICIAL SEAL"
ARTHUR R. PIERCE

Note: If the decedent has 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.

MEDICAL CERTIFICATE OF DEATH

JANUARY 20, 1981

DEPARTMENT OF HEALTH CITY OF CHICAGO

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

I, Hugo H. Murriel, 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.

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REGISTERED NUMBER: 1

DECEASED - NAME: KATHERINE FIRST MIDDLE LAST FEARS SEX: FEMALE DATE OF DEATH: JANUARY 17, 1981

2. RACE: BLACK 3. AGE: 44 4. BIRTH DATE: 4-24-26 5. BIRTH PLACE: Chicago 6. COUNTY OF BIRTH: Cook 7. CITY, TOWN, TWP. OR ROAD, DISTRICT NUMBER: 4b American 5a 5470 5c 10. 7d. INPATIENT

8. STATE OF BIRTH: MISSISSIPPI 9. CITIZEN OF WHAT COUNTRY: U.S.A. 10. MARRIED: MARRIED 11. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): EZEKIEL Fears

12. SOCIAL SECURITY NUMBER: 12445-34-4227 13a. US WAR VETERAN: NO 13b. WAR OR DATES OF SERVICE: NO 13c. NO 13d. None

14. RESIDENCE STREET AND NUMBER: 7251 S SEELEY 14b. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: CHICAGO 14c. INSIDE CITY: YES 14d. COUNTY: COOK 14e. STATE: ILLINOIS

15. FATHER - NAME: PETER 16. MOTHER - MAIDEN NAME: MERINDA 17. MIDDLE: JAMES 18. LAST: MERINDA

19. DEATH WAS CAUSED BY: CARCINOMATOSIS (a) DUE TO OR AS A CONSEQUENCE OF: (b) CARCINOMA OF COLON (c) DUE TO OR AS A CONSEQUENCE OF: MONTHS

20. DATE OF DEATH: 01-15-81 21. TIME OF DEATH: 1:55 P.M. 22. PLACE OF DEATH: 01-17-81 23. DATE SIGNED: 01-18-81

24. NAME OF ATTENDING PHYSICIAN: E. JOHANET M.D. 25. ADDRESS: 3900 W 95TH STEEVERGREEN PK. IL 26. CITY: CHICAGO 27. STATE: ILLINOIS 28. ZIP: 60642 29. PHONE: 36-38391

30. NAME OF CEMETERY OR CREMATORY: 31. LOCATION: 32. CITY OR TOWN: 33. STATE: 34. DATE: 35. MONTH, DAY, YEAR: 36. CITY OR TOWN: 37. STATE: 38. ZIP: 39. DATE: 40. MONTH, DAY, YEAR: 41. CITY OR TOWN: 42. STATE: 43. ZIP: 44. DATE: 45. MONTH, DAY, YEAR: 46. CITY OR TOWN: 47. STATE: 48. ZIP: 49. DATE: 50. MONTH, DAY, YEAR: 51. CITY OR TOWN: 52. STATE: 53. ZIP: 54. DATE: 55. MONTH, DAY, YEAR: 56. CITY OR TOWN: 57. STATE: 58. ZIP: 59. DATE: 60. MONTH, DAY, YEAR: 61. CITY OR TOWN: 62. STATE: 63. ZIP: 64. DATE: 65. MONTH, DAY, YEAR: 66. CITY OR TOWN: 67. STATE: 68. ZIP: 69. DATE: 70. MONTH, DAY, YEAR: 71. CITY OR TOWN: 72. STATE: 73. ZIP: 74. DATE: 75. MONTH, DAY, YEAR: 76. CITY OR TOWN: 77. STATE: 78. ZIP: 79. DATE: 80. MONTH, DAY, YEAR: 81. CITY OR TOWN: 82. STATE: 83. ZIP: 84. DATE: 85. MONTH, DAY, YEAR: 86. CITY OR TOWN: 87. STATE: 88. ZIP: 89. DATE: 90. MONTH, DAY, YEAR: 91. CITY OR TOWN: 92. STATE: 93. ZIP: 94. DATE: 95. MONTH, DAY, YEAR: 96. CITY OR TOWN: 97. STATE: 98. ZIP: 99. 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