

JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF COOK) SS



Doc#: 0402126333
Eugene "Gene" Moore Fee: \$28.00
Cook County Recorder of Deeds
Date: 01/21/2004 01:55 PM Pg: 1 of 3

Herbert W. Lefaiver,
hereby referred to as the affiant, states under
oath that the affiant resides at
9514 Overhill Avenue

In the City of Morton Grove,
State of Illinois;

that the affiant was acquainted with

Isabelle G. Lefaiver,

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:

Parcel 1: Unit 4-204 together with its undivided percentage interest in the
common elements in The Regency Condominium Number 1 as delineated and defined
in the Declaration filed as Document No. LR3112447, as amended from time to
time, in the Southwest 1/4 of Section 32, Township 42 North, Range 12, East
of the Third Principal Meridian, in Cook County, Illinois.

Parcel 2: Easements for ingress and egress for the benefit of Parcel 1 as
set forth and defined in the Declaration filed as Document No. LR3112442, all
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 April 16, 1997, leaving no last will and testament.

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 \$ 30,000.00

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.

3/2/04

ATGF, INC.

UNOFFICIAL COPY

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 Isabelle G. Lefaiver, 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.

Herbert W. Lefaiver (Seal)
 HERBERT W. LEFAIVER (Seal)

Subscribed and sworn to before me this

9th day of January, 2004
(Month) (Year)

[Signature]
 (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:

John C. Haas, Attorney at Law
(Name)

115 S. Emerson Street
(Address)

Mt. Prospect, IL 60056
(City, State, Zip)

Return to:

John C. Haas, Attorney at Law
(Name)

115 S. Emerson Street
(Address)

Mt. Prospect, IL 60056
(City, State, Zip)

File No. 11010

DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO. 16-02B

STATE OF ILLINOIS

STATE FILE NUMBER

UNOFFICIAL COPY MEDICAL CERTIFICATE OF DEATH

REGISTERED NUMBER

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
1. ISABELLE G. LEFAIVER 2. female 3. April 16, 1997

COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)
4. Cook 5a. 74 5b. 5c. 5d. December 25, 1922

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATED DO A. OP EMER. RM. INPATIENT (SPECIFY)
6a. Morton Grove 6b. 9514 N. Overhill 6c. home

DECEASED

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
7. Alameda, CA 8a. married 8b. Herbert Lefaiver 9. yes

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
10. 329 16 6216 11a. homemaker 11b. home 12. 12

RESIDENCE (STREET AND NUMBER) CITY, TOWN, OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY
13a. 9514 N. Overhill 13b. Morton Grove 13c. yes 13d. Cook

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
13e. Illinois 13f. 60053 14a. white 14b. NO YES SPECIFY:

PARENTS

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST
15. Edgar M. Gwinn 16. Gussie Croner

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
17a. Herbert Lefaiver 17b. husband 17c. 9514 Overhill Morton Grove, IL 60053

18. PART I. Enter the diseases, 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) colon carcinoma
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) (b) (c)
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

CAUSE

AUTOPSY (YES/NO) WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
19a. NO 19b.

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
20a. 20b. 20c. YES NO

(DID/DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH
21a. February 14, 1997 21b. NO 21c. 11:00 A.M.

CERTIFIER

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNED (MONTH, DAY, YEAR)
22a. SIGNATURE NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22b. 4-16-97
22c. Arthur Hooberman 1700 Luther Ln. Park Ridge, IL 60068 22d. 036-072746

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
23.

DISPOSITION

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
24a. Burial 24b. Ridgewood Cemetery 24c. Des Plaines, IL 24d. Apr. 19, 1997

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
25a. Simkins Funeral Home 6251 Dempster St. Morton Grove, Illinois 60053

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b. 25c. 11557

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a. REGISTRAR 26b. April 17, 1997

VR200 (Rev. 1/89)

Illinois Department of Public Health - Office of Vital Records

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 APRIL 17, 1997 SIGNED LOCAL REGISTRAR

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 the 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.