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Attorneys' Title Guaranty Fund, Inc.



04022105

STATE OF ILLINOIS

COUNTY OF COOK

SS.

DEPT-11 RECORD TOR \$25.50
T30013 TRAN 7499 12/06/94 15:19:00
#2611 # AF # -04-022105
COOK COUNTY RECORDER

JOINT TENANCY AFFIDAVIT

JANET C. SALTESS, hereinafter referred to as the affiant, states under oath that the affiant resides at 2022 West Barry in the City of Chicago, Illinois;

that the affiant was acquired with WILLIAM J. SALTESS, 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:
LOT SIXTY SEVEN (EXCEPT THE WEST THREE FEET THEREOF) IN OWNER'S SUBDIVISION OF PART OF THE EAST HALF (1/4) OF LOT SEVENTEEN OF SNOW ESTATE SUBDIVISION IN SECTION 30, TOWNSHIP 40 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 OCT. 8, 1993, leaving no/a last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ 195,000.00

and that the value of the above property individually was \$ 150,000.00

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, 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 WILLIAM J. SALTESS, 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 to contribution.

Janet C. Saltes (Seal)
JANET C. SALTESS (Seal)

Subscribed and Sworn to before me

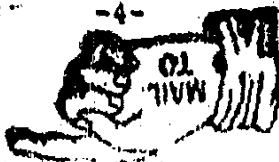
this 22ND day of November, 1994.

Gerard D. Haderlein
Notary Public



Note: If the decedent left a will, it will be necessary that the original or a 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.

Mail TO:
Gerard Haderlein
3413 N. Lincoln Ave.
Chgo. Ill. 60657



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(10/05/11)

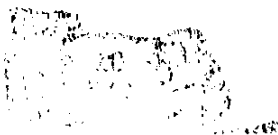
LOT SIXTY SEVEN (EXCEPT THE WEST THREE FEET THEREOF) IN OWNER'S
SUBDIVISION OF PART OF THE EAST HALF (1/2) OF LOT SEVENTEEN OF SNOW
ESTATE SUBDIVISION IN SECTION 10, TOWNSHIP 40 NORTH, RANGE 14, EAST OF
THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois.
O HOLD said premises not in tenancy in common, but in joint tenancy forever.

Permanent Real Estate Index Number: 14-30-106-072

Address of Real Estate: 2022 West Barry, Chicago, IL 60618

2012/10/05



OCT 12 1993

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I, JOYCE A. BRANNER, MPA, 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 FOR 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 OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

STATE FILE NUMBER 618826

MEDICAL CERTIFICATE OF DEATH

REGISTRAR DISTRICT NO. 16.10

REGISTERED NUMBER

1. DECEASED-NAME FIRST MIDDLE LAST William J. Salters	SEX 2 Male	DATE OF DEATH MONTH DAY YEAR 3 October 8, 1993
2. COUNTY OF DEATH Cook	AGE LAST BIRTHDAY 5a 82	DATE OF BIRTH MONTH DAY YEAR 5b November 8, 1930
3. CITY, TOWN, TWP. OR DISTRICT NUMBER Chicago	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN OTHER GIVE STREET AND NUMBER) 6a Ravenswood Hospital Medical Center	IF HOSP. OR INST. INDICATE D.O.A. OR ILLNESS AND INPATIENT (SPECIFY) 6c inpatient
4. MARRIED NEVER MARRIED OR WIDOWED (DIVORCED SPECIFY) 8a Married	NAME OF SURVIVING SPOUSE (MARRIAGE NAME, F.W.B.) 8b Janet Wekerle	WAS DECEASED UNDER A US ARMY OR NAVY (YES/NO) 9 Yes
5. SOCIAL SECURITY NUMBER 10. 402 40 3521	USUAL OCCUPATION 11a Maintenance	EDUCATION (SPECIFY ON 7a) (SCHOOL GRADE COMPLETED) 12
6. RESIDENCE (STREET NUMBER AND CITY, TOWN, TWP. OR ROAD DISTRICT NO.) 13b 2022 West Barry Chicago	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13c Chicago	COUNTY 13d Cook
7. STATE 13e Illinois	RACE (WHITE, BLACK, ASIAN, HISPANIC, OTHER) 14a White	ETHNICITY (SPECIFY) 14b No
8. FATHER-NAME FIRST MIDDLE LAST Joseph Salters	RELATIONSHIP 17b Wife	MOTHER-NAME FIRST MIDDLE LAST 16 Rose Bosch
9. INFORMANT'S NAME (TYPE OR PRINT) 17a Janet Salters	RESIDING ADDRESS (GIVE STREET AND OR R.F.D. CITY OR TOWN, STATE AND ZIP) 17c 2022 W Barry, Chicago, IL 60618	ADDITIONAL STATEMENTS (SEE INSTRUCTIONS) 18 PART I
18. PART I Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Immediate Cause (a) → (b) Colon cancer with metastasis due to, OR AS A CONSEQUENCE OF (b) (c) due to, OR AS A CONSEQUENCE OF (c) CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		
PART II. Other significant conditions contributing to death and resulting in the underlying cause given in PART I. MAJOR FURTHERMENTS OF OPERATION 20a. DATE OF OPERATION, IF ANY 20b. I did October 7, 1993 21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 21b. SIGNATURE (TYPE OR PRINT) NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. Asad Redjai, M.D. 1945 Wilson, Chicago, IL 60640 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23. CEMETERY OR CREMATORIUM-NAME 24a. St. Lucas 24b. St. Lucas 24c. Chicago, Illinois 24d. Chicago, Illinois 24e. 4022-36 N. Elston 24f. Chicago, Illinois 24g. 60618 25. FUNERAL DIRECTOR'S SIGNATURE 25a. Joyce A. Branner, MPA 25b. 4022-36 N. Elston 25c. Chicago, Illinois 25d. 60618 25e. 12208 25f. 1010 1993 26. LOCAL HEALTH DEPARTMENT REGISTRAR (MONTH, DAY, YEAR) 26a. OCT 10 1993 26b. Division of Public Health, City of Chicago		

DATE OF DEATH REGISTERED (MONTH, DAY, YEAR)
OCT 10 1993

REGISTRAR DISTRICT NO. 16.10
REGISTERED NUMBER

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Property of Cook County Clerk's Office

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