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JOINT TENANCY AFFIDAVIT

Prepared By and MAIL TO:
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Doc#: 0406531131
Eugene "Gene" Moore Fee: \$28.50
Cook County Recorder of Deeds
Date: 03/05/2004 10:48 AM Pg: 1 of 3

STATE OF ILLINOIS)
)SS
COUNTY OF COOK)

WILLIAM MEHRING,
hereby referred to as the affiant, states under oath that the affiant resides at 8 Crabapple Court, in the Village of Lake in the Hills, Illinois; that the affiant was acquainted with **HELEN E. JOHNSON**, 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 NINE (9) in Block 8 in Grand Addition to Edison Park being a subdivision of the East 25 Acres of the West 30 Acres of the North 60 Acres and the North 30 Acres of the West 50 Acres of the South 100 Acres of the North East ¼ of Section 36, Township 41 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

Property Address: 7017 N. Osceola Ave., Chicago, IL 60631
P.I.N.: 09-36-211-010-0000

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 thereof or the creation of interest to take effect in possession or enjoyment after death;

That the decedent died on December 26, 2002, leaving NO last will and testament. A certified copy of the death certificate is attached hereto and a copy of the last will and testament, if any.

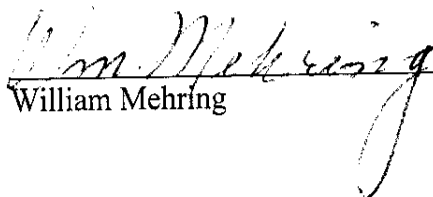
That the total value of decedent's estate at death, including the taxable interest in the above property was less than \$675,000.00 and that the value of the above property individually was less than \$675,000.00.

That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

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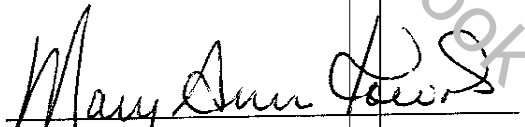
That affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever indemnify, protect, defend and hold NA harmless and to reimburse said title company for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature which said title company 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 HELEN E. JOHNSON, 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 of contribution.

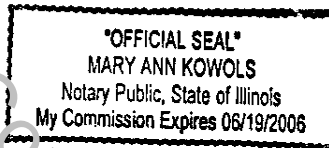


 William Mehring

Signed and sworn to before me this
1st day of March,
 2004



 Notary Public



Cook County Clerk's Office

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STATE OF ILLINOIS)
County of Cook)

DAVID ORR, County Clerk

MAR 05 2004

I, DAVID ORR, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David Orr
COUNTY CLERK

REGISTRATION DISTRICT NO. <u>16.0</u>		STATE OF ILLINOIS				STATE FILE NUMBER
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH				
DECEASED-NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)		
1. HELEN ELIZABETH JOHNSON		2. FEMALE		3. DECEMBER 26, 2002		
CITY OF DEATH		AGE - LAST BIRTHDAY (YRS)		UNDER 1 YEAR		DATE OF BIRTH (MONTH, DAY, YEAR)
4. COOK		5a. 93		5b. 5c.		5d. JULY 4, 1909
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)	
6a. PARK RIDGE		6b. LUTHERAN GENERAL HOSPITAL			6c. EMER. ROOM	
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. CHICAGO, IL		8a. MARRIED		8b. HENRY JOHNSON		9. NO
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
10. 336-12-3249		11a. RETIRED STORE MANAGER		11b. FOOD RETAIL		12. 7 Elementary/Secondary (0-12) College (1-4 or 5+)
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY
13a. 7017 N. OSCEOLA AVENUE		13b. CHICAGO		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. 60631		14a. WHITE		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST				
15. PAUL MEHRING		16. ANNA ZOCH				
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)		
17a. MR. HENRY JOHNSON		17b. HUSBAND		17c. 7017 N. OSCEOLA, CHICAGO, IL 60631		
18. PART I. Enter the diseases, 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.						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Immediate Cause (Final disease or condition resulting in death)		(a) <u>CARDIAC ARRYTHMIA</u>				<u>1 DAY</u>
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF				
		(c) DUE TO, OR AS A CONSEQUENCE OF				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.						AUTOPSY (YES/NO) 19a. NO
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a.		20b.		20c.		
I (DID) (OR NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH		
21a. <u>12/19/02</u>		21b. NO		21c. 12:36 A.M.		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)		
22a. <u>Ashok D. Sawlani</u>		22b. <u>12-27-02</u>				
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER				
22c. <u>Ashok D. Sawlani M.D., 7447 Talcott Rd., Chicago, Illinois</u>		22d. <u>036 088986</u>				
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.						
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)
24a. ENTOMBMENT		24b. RIDGEWOOD CEMETERY		24c. DES PLAINES, ILLINOIS		24d. 12/30/2002
FUNERAL HOME		NAME		STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE		ZIP
25a. RYAN-PARKE FUNERAL HOME		120 S. NORTHWEST HWY.		PARK RIDGE, ILLINOIS		60068
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER				
25b. <u>Michael C. Ryan</u>		25c. <u>034-015012</u>				
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)				
26a. <u>Stephen A. Martin, Jr., Ph.D.</u>		26b. <u>December 30, 2002</u>				
REGISTRAR						